Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

### BEFORE PREGNANCY

The first questions are about you.

1. **How tall are you** without shoes?

   - Feet
   - Inches

   OR

   - Centimeters

2. **Just before** you got pregnant with your **new baby**, how much did you weigh?

   - Pounds
   - Kilos

3. **What is your** date of birth?

   - Month
   - Day
   - Year

4. **Before** you got pregnant with your **new baby**, did you ever have any other babies who were born alive?

   - No
   - Yes

   [Go to Question 7]

5. Did the baby born **just before** your new one weigh 5 pounds, 8 ounces (2.5 kilos) or **less** at birth?

   - No
   - Yes

6. **Was the baby** just before your new one born **earlier** than 3 weeks before his or her due date?

   - No
   - Yes

The next questions are about the time **before** you got pregnant with your **new baby**.

7. **At any time during the 12 months before** you got pregnant with your new baby, did you do any of the following things? For each item, check **No** if you did not do it or **Yes** if you did it.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>a. I was dieting (changing my eating habits) to lose weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. I was exercising 3 or more days of the week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. I was regularly taking prescription medicines other than birth control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. I visited a health care worker and was checked for diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. I visited a health care worker and was checked for high blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. I visited a health care worker and was checked for depression or anxiety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. I talked to a health care worker about my family medical history</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. I had my teeth cleaned by a dentist or dental hygienist</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8. During the month before you got pregnant with your new baby, what kind of health insurance did you have?

☐ Private health insurance from my job or the job of my husband, partner, or parents
☐ Private health insurance purchased directly from an insurance company
☐ Medicaid
☐ Kid Care CHIP
☐ TRICARE or other military health care
☐ Indian Health Service (IHS)
☐ Some other kind of health insurance → Please tell us: ____________________________

☐ I did not have any health insurance during the month before I got pregnant

9. During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

☐ I didn’t take a multivitamin, prenatal vitamin, or folic acid vitamin in the month before I got pregnant
☐ 1 to 3 times a week
☐ 4 to 6 times a week
☐ Every day of the week

Go to Question 10

10. During the month before you got pregnant with your new baby, what were your reasons for not taking multivitamins, prenatal vitamins, or folic acid vitamins?

☐ I wasn’t planning to get pregnant
☐ I didn’t think I needed to take vitamins
☐ The vitamins were too expensive
☐ The vitamins gave me side effects (such as constipation)
☐ Other → Please tell us: ____________________________

11. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about how to improve your health before pregnancy?

☐ No
☐ Yes

12. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker tell you that you had any of the following health conditions? For each one, check No if you did not have the condition or Yes if you did.

a. Type 1 or Type 2 diabetes (NOT the same as gestational diabetes or diabetes that starts during pregnancy) ... ☐ ☐
b. High blood pressure or hypertension..... ☐ ☐
c. Depression ............................................. ☐ ☐
The next questions are about the time when you got pregnant with your new baby.

13. Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?

☐ I wanted to be pregnant later
☐ I wanted to be pregnant sooner
☐ I wanted to be pregnant then
☐ I didn’t want to be pregnant then or at any time in the future
☐ I wasn’t sure what I wanted

Go to Question 15

14. How much longer did you want to wait to become pregnant?

☐ Less than 1 year
☐ 1 year to less than 2 years
☐ 2 years to less than 3 years
☐ 3 years to 5 years
☐ More than 5 years

Go to Question 17

15. When you got pregnant with your new baby, were you trying to get pregnant?

☐ No
☐ Yes

Go to Question 18

16. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? Some things people do to keep from getting pregnant include using birth control pills, condoms, withdrawal, or natural family planning.

☐ No
☐ Yes

Go to Question 17

17. What were your reasons or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant?

☐ I didn’t mind if I got pregnant
☐ I thought I could not get pregnant at that time
☐ I had side effects from the birth control method I was using
☐ I had problems getting birth control when I needed it
☐ I thought my husband or partner or I was sterile (could not get pregnant at all)
☐ My husband or partner didn’t want to use anything
☐ I forgot to use a birth control method
☐ Other Please tell us:

Go to Page 4, Question 19

18. When you got pregnant with your new baby, were you trying to get pregnant when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

☐ No
☐ Yes

Go to Question 18

Go to Page 4, Question 20
19. Did you get prenatal care as early in your pregnancy as you wanted?

☐ No
☐ Yes

Go to Question 21

20. Did any of these things keep you from getting prenatal care when you wanted it?
For each item, check No if it did not keep you from getting prenatal care or Yes if it did.

No  Yes

a. I couldn’t get an appointment when I wanted one.................................☐ ☐
b. I didn’t have enough money or insurance to pay for my visits..............☐ ☐
c. I didn’t have any transportation to get to the clinic or doctor’s office......☐ ☐
d. The doctor or my health plan would not start care as early as I wanted.......☐ ☐
e. I had too many other things going on...............................................☐ ☐
f. I couldn’t take time off from work or school...........................................( )
g. I didn’t have my Medicaid card.........................................................☐ ☐
h. I didn’t have anyone to take care of my children......................................☐ ☐
i. I didn’t know that I was pregnant.........................................................☐ ☐
j. I didn’t want anyone else to know I was pregnant......................................☐ ☐
k. I didn’t want prenatal care.................................................................☐ ☐

If you did not get prenatal care, go to Question 23.

21. During your most recent pregnancy, what kind of health insurance did you have to pay for your prenatal care?

Check ALL that apply

☐ Private health insurance from my job or the job of my husband, partner, or parents
☐ Private health insurance purchased directly from an insurance company
☐ Medicaid
☐ Kid Care CHIP
☐ TRICARE or other military health care
☐ Indian Health Service (IHS)
☐ Some other kind of health insurance Please tell us:

☐ I did not have any health insurance to pay for my prenatal care
22. **During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos.** For each item, check **No** if no one talked with you about it or **Yes** if someone did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How much weight I should gain during my pregnancy</td>
<td></td>
</tr>
<tr>
<td>b. How smoking during pregnancy could affect my baby</td>
<td></td>
</tr>
<tr>
<td>c. Breastfeeding my baby</td>
<td></td>
</tr>
<tr>
<td>d. How drinking alcohol during pregnancy could affect my baby</td>
<td></td>
</tr>
<tr>
<td>e. Using a seat belt during my pregnancy</td>
<td></td>
</tr>
<tr>
<td>f. Medicines that are safe to take during my pregnancy</td>
<td></td>
</tr>
<tr>
<td>g. How using illegal drugs could affect my baby</td>
<td></td>
</tr>
<tr>
<td>h. Doing tests to screen for birth defects or diseases that run in my family</td>
<td></td>
</tr>
<tr>
<td>i. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)</td>
<td></td>
</tr>
<tr>
<td>j. Getting tested for HIV (the virus that causes AIDS)</td>
<td></td>
</tr>
<tr>
<td>k. What to do if I feel depressed during my pregnancy or after my baby is born</td>
<td></td>
</tr>
<tr>
<td>l. Physical abuse to women by their husbands or partners</td>
<td></td>
</tr>
</tbody>
</table>

23. **At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?**

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>I don’t know</th>
</tr>
</thead>
</table>

24. **During the 12 months before the delivery of your new baby, did a doctor, nurse, or other health care worker offer you a flu shot or tell you to get one?**

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

25. **During the 12 months before the delivery of your new baby, did you get a flu shot?**

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

26. **During what month and year did you get the flu shot?**

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

27. **This question is about the care of your teeth during your most recent pregnancy.** For each item, check **No** if it is not true or does not apply to you or **Yes** if it is true.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I knew it was important to care for my teeth and gums during my pregnancy</td>
<td></td>
</tr>
<tr>
<td>b. A dental or other health care worker talked with me about how to care for my teeth and gums</td>
<td></td>
</tr>
<tr>
<td>c. I had my teeth cleaned by a dentist or dental hygienist</td>
<td></td>
</tr>
<tr>
<td>d. I had insurance to cover dental care during my pregnancy</td>
<td></td>
</tr>
<tr>
<td>e. I needed to see a dentist for a problem</td>
<td></td>
</tr>
<tr>
<td>f. I went to a dentist or dental clinic about a problem</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Options</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>28. During your most recent pregnancy, did you take a class or classes</td>
<td>☐ No  ❑ Yes</td>
</tr>
<tr>
<td>to prepare for childbirth and learn what to expect during labor and</td>
<td></td>
</tr>
<tr>
<td>delivery?</td>
<td></td>
</tr>
<tr>
<td>29. During your most recent pregnancy, did a home visitor come to your</td>
<td>☐ No  ❑ Yes</td>
</tr>
<tr>
<td>home to help you prepare for your new baby? A home visitor is a nurse,</td>
<td></td>
</tr>
<tr>
<td>a health care worker, a social worker, or other person who works for a</td>
<td></td>
</tr>
<tr>
<td>program that helps pregnant women.</td>
<td></td>
</tr>
<tr>
<td>30. During your most recent pregnancy, were you on WIC (the</td>
<td>☐ No  ❑ Yes</td>
</tr>
<tr>
<td>Special Supplemental Nutrition Program for Women, Infants, and Children)</td>
<td></td>
</tr>
<tr>
<td>31. During your most recent pregnancy, were you told by a doctor, nurse,</td>
<td>☐ No  ❑ Yes</td>
</tr>
<tr>
<td>or other health care worker that you had gestational diabetes (diabetes</td>
<td></td>
</tr>
<tr>
<td>that started during this pregnancy)?</td>
<td></td>
</tr>
<tr>
<td>32. Have you smoked any cigarettes in the past 2 years?</td>
<td>☐ No  ❑ Yes  ➔ Go to Question 36</td>
</tr>
<tr>
<td>33. In the 3 months before you got pregnant, how many cigarettes did</td>
<td>☐ 41 cigarettes or more  ❑ 21 to 40 cigarettes  ❑ 11 to 20 cigarettes  ❑ 6 to 10 cigarettes  ❑ 1 to 5 cigarettes</td>
</tr>
<tr>
<td>you smoke on an average day? A pack has 20 cigarettes.</td>
<td>☐ Less than 1 cigarette  ☐ I didn’t smoke then</td>
</tr>
<tr>
<td>34. In the last 3 months of your pregnancy, how many cigarettes did</td>
<td>☐ 41 cigarettes or more  ❑ 21 to 40 cigarettes  ❑ 11 to 20 cigarettes  ❑ 6 to 10 cigarettes  ❑ 1 to 5 cigarettes</td>
</tr>
<tr>
<td>you smoke on an average day? A pack has 20 cigarettes.</td>
<td>☐ Less than 1 cigarette  ☐ I didn’t smoke then</td>
</tr>
<tr>
<td>35. How many cigarettes do you smoke on an average day now? A pack had</td>
<td>☐ 41 cigarettes or more  ❑ 21 to 40 cigarettes  ❑ 11 to 20 cigarettes  ❑ 6 to 10 cigarettes  ❑ 1 to 5 cigarettes</td>
</tr>
<tr>
<td>20 cigarettes.</td>
<td>☐ Less than 1 cigarette  ☐ I don’t smoke now</td>
</tr>
</tbody>
</table>
The next questions are about drinking alcohol around the time of pregnancy (before and during).

36. Have you had any alcoholic drinks in the past 2 years? A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

- No
- Yes

Go to Question 39

37. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?

- 14 drinks or more a week
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn’t drink then

38. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?

- 14 drinks or more a week
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn’t drink then

Pregnancy can be a difficult time for some women. The next questions are about things that may have happened before and during your most recent pregnancy.

39. This question is about things that may have happened during the 12 months before your new baby was born. For each item, check No if it did not happen to you or Yes if it did. (It may help to look at the calendar when you answer these questions.)

- No
- Yes

a. A close family member was very sick and had to go into the hospital ....
b. I got separated or divorced from my husband or partner ........
c. I moved to a new address........................
d. I was homeless or had to sleep outside, in a car, or in a shelter ....
e. My husband or partner lost his job ....
f. I lost my job even though I wanted to go on working..........................
g. My husband, partner, or I had a cut in work hours or pay..................
h. I was apart from my husband or partner due to military deployment or extended work-related travel ........
i. I argued with my husband or partner more than usual..........................
j. My husband or partner said he didn’t want me to be pregnant ........
k. I had problems paying the rent, mortgage, or other bills..................
l. My husband, partner, or I went to jail ................................
m. Someone very close to me had a problem with drinking or drugs ........
n. Someone very close to me died ........
40. During the 12 months before you got pregnant with your new baby, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

☐ No
☐ Yes

41. During your most recent pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

☐ No
☐ Yes

The next questions are about your labor and delivery.

42. When was your new baby born?

___ / ___ / 20___
Month Day Year

43. By the end of your most recent pregnancy, how much weight had you gained?

Check ONE answer and fill in blank if needed

☐ I gained ___ pounds
☐ I didn’t gain any weight, but I lost ___ pounds
☐ My weight didn’t change during my pregnancy
☐ I don’t know

AFTER PREGNANCY

The next questions are about the time since your new baby was born.

44. After your baby was delivered, was he or she put in an intensive care unit (NICU)?

☐ No
☐ Yes
☐ I don’t know

45. After your baby was delivered, how long did he or she stay in the hospital?

☐ Less than 24 hours (less than 1 day)
☐ 24 to 48 hours (1 to 2 days)
☐ 3 to 5 days
☐ 6 to 14 days
☐ More than 14 days
☐ My baby was not born in a hospital
☐ My baby is still in the hospital

46. Is your baby alive now?

☐ No
☐ Yes

We are very sorry for your loss.

Go to Page 10, Question 57

47. Is your baby living with you now?

☐ No
☐ Yes

Go to Page 10, Question 56

48. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?

☐ No
☐ Yes

Go to Question 50

Go to Question 49
49. What were your reasons for not breastfeeding your new baby?  
Check ALL that apply
- [ ] I was sick or on medicine
- [ ] I had other children to take care of
- [ ] I had too many household duties
- [ ] I didn’t like breastfeeding
- [ ] I tried but it was too hard
- [ ] I didn’t want to
- [ ] I went back to work or school
- [ ] Other

If you did not breastfeed your new baby, go to Question 53.

50. Are you currently breastfeeding or feeding pumped milk to your new baby?
   - [ ] No
   - [ ] Yes  
   Go to Question 53

51. How many weeks or months did you breastfeed or pump milk to feed your baby?
   - [ ] Less than 1 week
   - [ ] ____ Weeks OR ____ Months

52. What were your reasons for stopping breastfeeding?  
Check ALL that apply
- [ ] My baby had difficulty latching or nursing
- [ ] Breast milk alone did not satisfy my baby
- [ ] I thought my baby was not gaining enough weight
- [ ] My nipples were sore, cracked, or bleeding
- [ ] It was too hard, painful, or too time consuming
- [ ] I thought I was not producing enough milk, or my milk dried up
- [ ] I had too many other household duties
- [ ] I felt it was the right time to stop breastfeeding
- [ ] I got sick or I had to stop for medical reasons
- [ ] I went back to work or school
- [ ] My baby was jaundiced (yellowing of the skin or whites of the eyes)
- [ ] Other

53. Have you ever heard or read about what can happen if a baby is shaken?
   - [ ] No
   - [ ] Yes

If your baby is still in the hospital, go to Question 56.

54. In which one position do you most often lay your baby down to sleep now?
   Check ONE answer
   - [ ] On his or her side
   - [ ] On his or her back
   - [ ] On his or her stomach
55. Listed below are some things that describe how your new baby **usually** sleeps. For each item, check No if it doesn’t usually apply to your baby or Yes if it usually applies to your baby.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My new baby sleeps in a crib or portable crib</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. My new baby sleeps on a firm or hard mattress</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. My new baby sleeps with pillows</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. My new baby sleeps with bumper pads</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. My new baby sleeps with plush or thick blankets</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. My new baby sleeps with stuffed toys</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>g. My new baby sleeps with an infant positioner</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>h. My new baby sleeps with me or another person</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

56. Since your new baby was born, has a home visitor come to your home to help you learn how to take care of yourself or your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps mothers of newborns.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

57. Are you or your husband or partner doing anything **now** to keep from getting pregnant? Some things people do to keep from getting pregnant include using birth control pills, condoms, withdrawal, or natural family planning.

- No
- Yes → Go to Question 59

58. What are your reasons or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant now?

- I am not having sex
- I want to get pregnant
- I don’t want to use birth control
- I am worried about side effects from birth control
- My husband or partner doesn’t want to use anything
- I have problems getting birth control when I need it
- I had my tubes tied or blocked
- My husband or partner had a vasectomy
- I am pregnant now
- Other → Please tell us:

If you or your husband or partner is **not doing** anything to keep from getting pregnant **now**, go to Question 60.
59. What kind of birth control are you or your husband or partner using now to keep from getting pregnant?  

**Check ALL that apply**

- Tubes tied or blocked (female sterilization, Essure®, Adiana®)
- Vasectomy (male sterilization)
- Birth control pill
- Condoms
- Injection (Depo-Provera®)
- Contraceptive implant (Implanon®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena® or ParaGard®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other  ➔ Please tell us: __________________________

---

60. Since your new baby was born, have you had a postpartum checkup for yourself?  

A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.

- No
- Yes

---

61. Since your new baby was born, how often have you felt down, depressed, or hopeless?

- Always
- Often
- Sometimes
- Rarely
- Never

---

62. Since your new baby was born, how often have you had little interest or little pleasure in doing things?

- Always
- Often
- Sometimes
- Rarely
- Never

---

63. What kind of health insurance do you have now?

**Check ALL that apply**

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid
- Kid Care CHIP
- TRICARE or other military health care
- Indian Health Service (IHS)
- Some other kind of health insurance ➔ Please tell us:

---

- I do not have health insurance now
OTHER EXPERIENCES

The next questions are on a variety of topics.

64. During the 3 months before you got pregnant with your new baby, how often did you participate in any physical activities or exercise for 30 minutes or more? For example, walking for exercise, swimming, cycling, dancing, or gardening.

☐ Less than 1 day per week
☐ 1 to 2 days per week
☐ 3 to 4 days per week
☐ 5 or more days per week
☐ I was told by a doctor, nurse, or other health care worker not to exercise

If you did not smoke during the 3 months before you got pregnant with your new baby, go to Question 67.

65. Listed below are some things about quitting smoking. For each thing, check No if it did not apply to you during your most recent pregnancy or Yes if it did.

During your most recent pregnancy, did you—

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Set a specific date to stop smoking.....</td>
<td></td>
</tr>
<tr>
<td>b. Use booklets, videos, or other materials to help you quit</td>
<td></td>
</tr>
<tr>
<td>c. Call a national or state quit line or go to a website</td>
<td></td>
</tr>
<tr>
<td>d. Attend a class or program to stop smoking</td>
<td></td>
</tr>
<tr>
<td>e. Go to counseling for help with quitting</td>
<td></td>
</tr>
<tr>
<td>f. Use a nicotine patch, gum, lozenge, nasal spray or inhaler</td>
<td></td>
</tr>
<tr>
<td>g. Take a pill like Zyban® (also known as Wellbutrin® or Bupropion®) or Chantix® (also known as Varenicline) to stop smoking</td>
<td></td>
</tr>
<tr>
<td>h. Try to quit on your own (e.g., cold turkey)</td>
<td></td>
</tr>
<tr>
<td>i. Other</td>
<td></td>
</tr>
</tbody>
</table>

Please tell us: ____________________________
66. Listed below are some things that can make it hard for some people to quit smoking. For each item, check No if it is not something that makes it hard for you or Yes if it is.

   a. Cost of medicines or products to help with quitting ...........................................
   b. Cost of classes to help with quitting ..................................................................
   c. Fear of gaining weight ......................................................................................
   d. Loss of a way to handle stress ...........................................................................
   e. Other people smoking around me .....................................................................
   f. Cravings for a cigarette ....................................................................................
   g. Lack of support from others to quit .................................................................
   h. Worsening depression ......................................................................................
   i. Worsening anxiety ............................................................................................
   j. Some other reason ............................................................................................

   Please tell us: ............................................................................................................

68. This question is about things that may have happened during your most recent pregnancy. For each thing, check No if it did not happen to you or Yes if it did.

   a. My husband or partner threatened me or made me feel unsafe in some way .............................................................
   b. I was frightened for my safety or my family’s safety because of the anger or threats of my husband or partner ..........................................................
   c. My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go ..................................................
   d. My husband or partner forced me to take part in touching or any sexual activity when I did not want to ........................................

   If your baby is not alive or is not living with you, go to Question 71.

69. Listed below are some statements about safety. For each one, check No if it does not apply to you or Yes if it does.

   a. I always used a seatbelt during my most recent pregnancy ................................
   b. My home has a working smoke alarm ................................................................
   c. There are loaded guns, rifles, or other firearms in my home ..........................
   d. I have received information about infant products that should be taken off the market (product recalls) since my new baby was born .............................

   If your baby is still in the hospital, go to Question 71.
70. When your new baby rides in a car, truck, or van, how often does he or she ride in an infant car seat?

- Always
- Often
- Sometimes
- Rarely
- Never

71. Since your new baby was born, has your husband or partner pushed, hit, slapped, kicked, choked, or physically hurt you in any other way?

- No
- Yes

72. During the past month, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

- I did not take a multivitamin, prenatal vitamin or folic acid vitamin at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

73. Are you a member of an American Indian tribe?

- No
- Yes

74. What is your tribal enrollment or your primary tribal affiliation?

- Eastern Shoshone
- Northern Arapaho
- Sioux
- Crow
- Northern Cheyenne
- Shoshone Bannock
- Other

75. During the 12 months before your new baby was born, what was your yearly total household income before taxes? Include your income, your husband’s or partner’s income, and any other income you may have received. All information will be kept private and will not affect any services you are now getting.

- $0 to $15,000
- $15,001 to $19,000
- $19,001 to $22,000
- $22,001 to $26,000
- $26,001 to $29,000
- $29,001 to $37,000
- $37,001 to $44,000
- $44,001 to $52,000
- $52,001 to $56,000
- $56,001 to $67,000
- $67,001 to $79,000
- $79,001 or more

76. During the 12 months before your new baby was born, how many people, including yourself, depended on this income?

- People

77. What is today’s date?

- Month
- Day
- Year
Please use this space for any additional comments you would like to make about your experiences around the time of your pregnancy or the health of mothers and babies in Wyoming.

Thanks for answering our questions!

Your answers will help us work to make Wyoming mothers and babies healthier.