Please mark your answers. Follow the directions included with the questions. If no directions are presented, check the box next to your answer or fill in the blanks. Because not all questions will apply to everyone, you may be asked to skip certain questions.

BEFORE PREGNANCY

First, we would like to ask a few questions about *you* and the time <u>before</u> you got pregnant with your new baby.

1. 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, circle Y (Yes) if you did it or circle N (No) if you did not.

	No	Ye
a.	I was dieting (changing my eating	
	habits) to lose weight N	Y
b.	I was exercising 3 or more days	
	of the week N	Y
c.	I was regularly taking prescription	
	medicines other than birth control N	Y
d.	I visited a health care worker to	
	be checked or treated for diabetes N	Y
e.	I visited a health care worker to	
	be checked or treated for high	
	blood pressureN	Y
f.	I visited a health care worker to	
	be checked or treated for depression	
	or anxiety	Y
g.	I talked to a health care worker	
	about my family medical history N	Y
h.	I had my teeth cleaned by a dentist	
	or dental hygienistN	Y

W	with your new baby, were you covered by any of these health insurance plans?			
	Check <u>all</u> that apply			
	or the job of your husband, partner, or parents Health insurance that you or someone else paid for (not from a job)			
☐ Medicaid ☐ TRICARE or other military health car ☐ Other source(s) → Please tell				
	I did not have any health insurance before I got pregnant			
w w	3. During the <i>month before</i> 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 at all			
	1 to 3 times a week 4 to 6 times a week Every day of the week			
	ust before you got pregnant with your new aby, how much did you weigh?			
	Pounds OR Kilos			

_				
5.	How tall are you without shoes?	b	defore you got pregna aby, did you ever ha who were born alive?	ve any other babies
	Feet Inches OR Meters		No — >	Go to Question 12
		V		
6.	What is your date of birth?	0	Did the baby born <i>jus</i> ne weigh <i>more</i> than : 2.5 kilos) at birth?	
	$\frac{19}{\text{Month}} / \frac{19}{\text{Day}} / \frac{19}{\text{Year}}$		No Yes	
	Month Bay Tour	_	1 ies	
7.	Before you got pregnant with your new baby, were you ever told by a doctor, nurse or other health care worker that you had Type 1 or Type 2 diabetes? This is not the	n	nore than 3 weeks be ate?	ore your new one born fore his or her due
	same as gestational diabetes or diabetes that starts during pregnancy.		No Yes	
	□ No □ Yes		next questions are got pregnant with y	about the time when your <i>new</i> baby.
8.	During the 3 months before you got pregnan with your new baby, did you have any of the following health problems? For each one, circle Y (Yes) if you had the problem or circle	12. T	Thinking back to <i>just</i> regnant with your <i>no</i> cel about becoming p	ew baby, how did you
	N (No) if you did not.			Check one answer
a. b. c. d. e. f. g. h.	Asthma No Ye Asthma No Y High blood pressure (hypertension) No Y Anemia (poor blood, low iron) No Y Heart problems No Y Epilepsy (seizures) No Y Thyroid problems No Y Depression No Y Anxiety No Y		I wanted to be pred I wanted to be pred I wanted to be pred I didn't want to be or at any time in the	gnant sooner gnant later gnant then pregnant then

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

No	
Yes —	Go to Question 16

14. 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 not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

No	
Yes —	 Go to Question 16

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

Check all that apply

- ☐ 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 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
- ☐ Other Please tell us:

DURING PREGNANCY

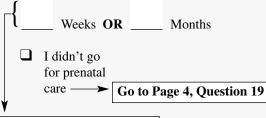
The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

16. How many weeks or months pregnant were you when you were *sure* you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

Weeks **OR** ____ Months

☐ I don't remember

17. How many weeks or months pregnant were you 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).



Go to Page 4, Question 18

18.	Did you get prenatal care as early in yopregnancy as you wanted?	our	
\big	No Yes → Go to Question	on 20	
19.	Did any of these things keep you from getting prenatal care at all or as early a wanted? For each item, circle T (True) it was a reason that you didn't get prenatal owhen you wanted or circle F (False) if it was a reason for you or if something does apply to you.	f it care was	
	True	False	
a.	I couldn't get an appointment		
h	when I wanted one T I didn't have enough money or	F	
b.	insurance to pay for my visits T	F	
c.	I had no transportation to get to	•	
	the clinic or doctor's office T	F	
d.	The doctor or my health plan		
	would not start care as early	F	
e.	as I wanted	Г	
C.	going on	F	
f.	I couldn't take time off from work		
	or schoolT	F	
g.	I didn't have my Medicaid cardT	F	
h.	I had no one to take care of my	_	
	childrenT	F	
i.	I didn't know that I was pregnant T I didn't want anyone else to know	F	
j.	I was pregnant T	F	
k.	I didn't want prenatal care T	F	
If you did not go for prenatal care, go to Question 22.			

20. Did any of these health insurance plans help you pay for your *prenatal care*?

Check all that apply

	Health insurance from your job or the job of your husband, partner, or
<u> </u>	parents Health insurance that you or someone else paid for (not from a job) Medicaid
	TRICARE or other military health care Other source(s) Please tell us:
	I did not have health insurance to help

pay for my prenatal care

21.	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,
	circle Y (Yes) if someone talked with you
	about it or circle N (No) if no one talked with
	you about it.

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

22.	At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?
	□ No□ Yes□ I don't know
23.	During your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?
	□ No □ Yes
24.	During your most recent pregnancy, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during this pregnancy)?
	□ No □ Yes

25.	Did you have any of the following problems
	during your most recent pregnancy? For
	each item, circle Y (Yes) if you had the
	problem or circle N (No) if you did not.

		No	Yes
a.	Vaginal bleeding	. N	Y
b.	Kidney or bladder (urinary tract)		
	infection	. N	Y
c.	Severe nausea, vomiting, or		
	dehydration	. N	Y
d.	Cervix had to be sewn shut		
	(cerclage for incompetent cervix)	. N	Y
e.	High blood pressure, hypertension		
	(including pregnancy-induced		
	hypertension [PIH]), preeclampsia,		
	or toxemia	. N	Y
f.	Problems with the placenta (such as		
	abruptio placentae or		
	placenta previa)	. N	Y
g.	Labor pains more than 3 weeks		
	before my baby was due (preterm		
	or early labor)	. N	Y
h.	Water broke more than 3 weeks		
	before my baby was due (premature		
	rupture of membranes [PROM])	. N	Y
i.	I had to have a blood transfusion	. N	Y
j.	I was hurt in a car accident	. N	Y

The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).

26.		ve you smoked any cigarettes in the <i>past</i> ears?
↓		No — Go to Question 30 Yes
27.	hov	he 3 months before you got pregnant, v many cigarettes did you smoke on an rage day? (A pack has 20 cigarettes.)
		41 cigarettes or more 21 to 40 cigarettes 11 to 20 cigarettes 6 to 10 cigarettes 1 to 5 cigarettes Less than 1 cigarette I didn't smoke then
28.	hov	the <u>last 3</u> months of your pregnancy, w many cigarettes did you smoke on an rage day? (A pack has 20 cigarettes.)
		41 cigarettes or more 21 to 40 cigarettes 11 to 20 cigarettes 6 to 10 cigarettes 1 to 5 cigarettes Less than 1 cigarette I didn't smoke then

29. How many cigarettes do you smoke on an average day now? (A pack has 20 cigarettes.)	The next questions are about drinking alcohol around the time of pregnancy (before, during, and after).
☐ 41 cigarettes or more ☐ 21 to 40 cigarettes ☐ 11 to 20 cigarettes ☐ 6 to 10 cigarettes ☐ 1 to 5 cigarettes ☐ Less than 1 cigarette ☐ I don't smoke now	31. 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. Go to Page 8, Question 34 Yes
30. Which of the following statements best describes the rules about smoking <i>inside</i> your home <i>now</i> ?	32a. During the <i>3 months before</i> you got pregnant, how many alcoholic drinks did you have in an average week?
□ No one is allowed to smoke anywhere inside my home □ Smoking is allowed in some rooms or at some times □ Smoking is permitted anywhere inside my home	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 → Go to Page 8, Question 33a 32b. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span. 6 or more times 4 to 5 times 2 to 3 times 1 time I didn't have 4 drinks or more in 1 sitting

0			
33a.	how		hs of your pregnancy, inks did you have in
		14 drinks or more a 7 to 13 drinks a wee 4 to 6 drinks a wee 1 to 3 drinks a wee Less than 1 drink a I didn't drink then	ek k k
33b.	how drin	w many times did yo	hs of your pregnancy, ou drink 4 alcoholic sitting? A sitting is a
		6 or more times 4 to 5 times 2 to 3 times 1 time I didn't have 4 drin in 1 sitting	ks or more

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

34. This question is about things that may have happened during the 12 months before your new baby was born. For each item, circle Y (Yes) if it happened to you or circle N (No) if it did not. (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 N	Y
b.	I got separated or divorced from my	
	husband or partner N	Y
c.	I moved to a new address N	Y
d.	I was homeless N	Y
e.	My husband or partner lost his job N	Y
f.	I lost my job even though I wanted	
	to go on workingN	Y
g.	I argued with my husband or partner	
_	more than usualN	Y
h.	My husband or partner said he	
	didn't want me to be pregnant N	Y
i.	I had a lot of bills I couldn't pay N	Y
j.	I was in a physical fight N	Y
k.	My husband or partner or I	
	went to jail N	Y
1.	Someone very close to me had a	
	problem with drinking or drugs N	Y
m.	Someone very close to me died N	Y
	•	

35. 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?	39. When was your baby born? / / 20 Year
□ No □ Yes	40. When were you discharged from the hospital after your baby was born?
36. During your most recent pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?	Month Day 20 Year ☐ I didn't have my baby in a hospital
□ No □ Yes	41. Did any of these health insurance plans help you pay for the <i>delivery</i> of your new baby?
The next questions are about your labor and delivery. (It may help to look at the calendar when you answer these questions.) 37. When was your baby due? / / / / / / /	Check <u>all</u> that apply ☐ Health insurance from job or the job of your husband, partner, or parents ☐ Health insurance that you or someone else paid for (not from a job) ☐ Medicaid ☐ TRICARE or other military health care ☐ Other source(s) — Please tell us:
38. When did you go into the hospital to have your baby? \[\sum_{\text{Month}} \sum_{\text{Day}} \sum_{\text{Year}} \] \[\text{I didn't have my baby in a hospital} \]	☐ I did not have health insurance to help pay for my delivery

AFTER PREGNANCY

The next questions are about the time since

your new baby was born. 42. After your baby was born, was he or she put in an intensive care unit? ☐ No ☐ Yes ☐ I don't know 43. After your baby was born, 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) \Box 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-**Go to Question 46**

Go to Question 44

44. Is your baby alive now? ☐ No -Go to Question 52 ☐ Yes 45. Is your baby living with you now? ☐ No -Go to Question 52 ☐ Yes 46. Did you ever breastfeed or pump breast milk to feed your new baby after delivery, even for a short period of time? ■ No – Go to Question 49b ☐ Yes 47. Are you currently breastfeeding or feeding pumped milk to your new baby? ☐ No ☐ Yes -Go to Question 49a 48. How many weeks or months did you breastfeed or pump milk to feed your baby? Weeks **OR** _____ Months Less than 1 week

49a. How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)?	52. Are you or your husband or partner doing anything <i>now</i> to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)		
Weeks OR Months□ My baby was less than 1 week old□ My baby has not had any liquids other			
than breast milk 49b. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?	No Yes Go to Question 54 53. What are your reasons or your husband's or partner's reasons for not doing anything		
	to keep from getting pregnant now?		
Weeks OR Months	Check <u>all</u> that apply		
☐ My baby was less than 1 week old ☐ My baby has not eaten any foods If your baby is still in the hospital, go to Question 52. 50. In which <i>one</i> position do you <i>most often</i> lay your baby down to sleep now? Check <u>one</u> answer	☐ I am not having sex ☐ I want to get pregnant ☐ I don't want to use birth control ☐ My husband or partner doesn't want to use anything ☐ I don't think I can get pregnant (sterile) ☐ I can't pay for birth control ☐ I am pregnant now ☐ Other → Please tell us:		
On his or her side	54 Dalamia a list of facilings and amenioness		
On his or her backOn his or her stomach	54. Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine how well it describes your feelings and		
51. Was your new baby seen by a doctor, nurse, or other health care worker for a <i>one week check-up</i> after he or she was born?	experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced		
☐ No	things this way since your new baby was born. Use the scale when answering:		
☐ Yes	1 2 3 4 5 Never Rarely Sometimes Often Always		
	a. I felt down, depressed, or sad		
	b. I felt hopeless		
	c. I felt slowed down		

OTHER EXPERIENCES

The next questions are on a variety of topics.

If your baby is not alive or is not living with you, go to Question 56.

safe	ety. For each thing, circle Y (Yes) if it		
	No	Yes	
the	hospital in an infant car seat N	Y	
ride	rides in an infant car seat		
smo			
		Y	
Wh	ere did you deliver your baby?		
	In Wyoming — Go to Question Out-of-state	58	
		u	
	Check <u>all</u> that ap	ply	
	The physicians, nurses, and other med staff are believed to be better out-of-s. The medical facilities are believed to better out-of-state My doctor is located out-of-state It was closer to deliver in an out-of-state hospital than in a Wyoming hospital My baby was born in a Level III Neon Intensive Care Unit (NICU) I was transported out-of-state due to medical conditions of pregnancy Other Please tell upon the medical conditions of pregnancy	tate be ate natal	
	My the My ride My smo The or o	My baby was brought home from the hospital in an infant car seat	

The last questions are about the time during the <u>12 months before</u> your new baby was born.

58.	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.)
	□ Less than \$10,000 □ \$10,000 to \$14,999 □ \$15,000 to \$19,999 □ \$20,000 to \$24,999 □ \$25,000 to \$34,999 □ \$35,000 to \$49,999 □ \$50,000 or more
59.	During the 12 months before your new baby was born, how many people, including yourself, depended on this income?
	People
60.	What is today's date?
	Month Day / 20 Year

Please use this space for any additional comments you would like to make about 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.