

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 OR 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.

- | | No | Yes |
|-----------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. I was dieting (changing my eating habits) to lose weight | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was exercising 3 or more days of the week | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I was regularly taking prescription medicines other than birth control | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I visited a health care worker and was checked for diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I visited a health care worker and was checked for high blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I visited a health care worker and was checked for depression or anxiety | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I talked to a health care worker about my family medical history | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I had my teeth cleaned by a dentist or dental hygienist | <input type="checkbox"/> | <input type="checkbox"/> |

8. During the *month before* you got pregnant with your new baby, what kind of *health insurance* did you have?

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 or Dr. Dynasaur
- VHAP
- Green Mountain Care
- Catamount Health
- 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

10. 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 → **Go to Question 12**

Yes
↓

11. Before you got pregnant with your new baby, 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 talked with you about it.

- | | No | Yes |
|-------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. Taking vitamins with folic acid before pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Being a healthy weight before pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Controlling any medical conditions such as diabetes and high blood pressure..... | <input type="checkbox"/> | <input type="checkbox"/> |

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.

- | | No | Yes |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. Type 1 or Type 2 diabetes (<u>NOT</u> the same as gestational diabetes or diabetes that starts during pregnancy) ... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. High blood pressure or hypertension..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Depression | <input type="checkbox"/> | <input type="checkbox"/> |

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?

Check ONE answer

- 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

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 Page 4, Question 19

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?

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 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:

If you were not trying to get pregnant when you got pregnant with your new baby, go to Page 4, Question 19.

18. Did you take any fertility drugs or receive any medical procedures from a doctor, nurse, or other health care worker to help you get pregnant with your new baby?

This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.

- No
- Yes

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.)

19. 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).

Weeks OR Months
 I didn't go for prenatal care → Go to Question 24

20. 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 or Dr. Dynasaur
 VHAP
 Green Mountain Care
 Catamount Health
 Some other kind of health insurance → Please tell us:

- I did not have any health insurance to 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, check **No** if no one talked with you about it or **Yes** if someone did.

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

22. During your most recent pregnancy, 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 one, check No if no one talked with you about it or Yes if someone did.

- | | No | Yes |
|--------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. Foods that are good to eat during pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Exercise during pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Programs or resources to help me gain the right amount of weight during pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Programs or resources to help me lose weight after pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |

23. During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you not to drink alcohol while you were pregnant?

- No
 Yes

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

- No
 Yes → **Go to Question 30**
 I don't know

25. Were you offered an HIV test during your most recent pregnancy or delivery?

- No → **Go to Question 28**
 Yes
Go to Question 26

26. Did you turn down the HIV test?

- No → **Go to Question 28**
 Yes

27. Why did you turn down the HIV test?

Check ALL that apply

- I did not think I was at risk for HIV
 I did not want people to think I was at risk for HIV
 I was afraid of getting the result
 I was tested before this pregnancy, and did not think I needed to be tested again → **Go to Question 29**
 Other → Please tell us:

28. Had you been tested for HIV before this pregnancy?

- No → **Go to Question 30**
 Yes
 I don't know → **Go to Question 30**

29. When were you tested before this pregnancy?

Check ONE answer

- Less than 6 months before I got pregnant
 6 months to 1 year before I got pregnant
 More than 1 year before I got pregnant

30. 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?

- No
 Yes

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

Check ONE answer

No → **Go to Question 33**

Yes, before my pregnancy

Yes, during my pregnancy

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

/ 20

Month Year

I don't remember

33. 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.

No Yes

- a. I knew it was important to care for my teeth and gums during my pregnancy.....
- b. A dental or other health care worker talked with me about how to care for my teeth and gums.....
- c. I had my teeth cleaned by a dentist or dental hygienist.....
- d. I had insurance to cover dental care during my pregnancy.....
- e. I needed to see a dentist for a **problem**.....
- f. I went to a dentist or dental clinic about a **problem**.....

If you did not have any problems with your teeth or gums during your pregnancy, go to Question 35.

34. Did any of the following things make it hard for you to go to a dentist or dental clinic about the problem you had during *your most recent pregnancy*? For each item, check **No** if it was not something that made it hard for you to go to a dentist during pregnancy or **Yes** if it was.

No Yes

- a. I could not find a dentist or dental clinic that would take pregnant patients.....
- b. I could not find a dentist or dental clinic that would take Medicaid patients.....
- c. I did not think it was safe to go to the dentist during pregnancy.....
- d. I could not afford to go to the dentist or dental clinic.....

35. During *your most recent pregnancy*, did you take a class or classes to prepare for childbirth and learn what to expect during labor and delivery?

- No
 Yes

36. During *your most recent pregnancy*, did a home visitor come to your home to help you prepare for 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 pregnant women.

- No
 Yes

37. During *your most recent pregnancy*, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

- No
 Yes

38. 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

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

39. Have you smoked any cigarettes in the *past 2 years*?

- No → **Go to Question 43**
 Yes

40. In the *3 months before* you got pregnant, how many cigarettes did you smoke on an average 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

41. In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average 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

42. How many cigarettes do you smoke on an average day *now*? 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 don't smoke now

The next questions are about drinking alcohol around the time of pregnancy (before and during).

43. 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 → **Go to Page 8, Question 47**
 Yes

44. 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 →

Go to Page 8, Question 46

Go to Page 8, Question 45

45. During the *3 months before* you got pregnant, how many times did you drink 4 alcoholic drinks or more in a 2 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 a 2 hour time span

46. 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.

47. 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I got separated or divorced from my husband or partner | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I moved to a new address..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I was homeless or had to sleep outside, in a car, or in a shelter | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My husband or partner lost his job | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I lost my job even though I wanted to go on working..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My husband, partner, or I had a cut in work hours or pay | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I was apart from my husband or partner due to military deployment or extended work-related travel | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I argued with my husband or partner more than usual..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. My husband or partner said he didn't want me to be pregnant | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I had problems paying the rent, mortgage, or other bills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. My husband, partner, or I went to jail | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Someone very close to me had a problem with drinking or drugs | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Someone very close to me died | <input type="checkbox"/> | <input type="checkbox"/> |

48. During the 12 months before your new baby was born, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- No
 Yes

49. 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

50. 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.

51. When was your new baby born?

___ / ___ / 20

Month Day Year

52. 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.

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

- No
 Yes
 I don't know

54. 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 → **Go to Question 57**

55. Is your baby alive now?

- No → *We are very sorry for your loss.*
 Yes → **Go to Page 11, Question 65**

56. Is your baby living with you now?

- No → **Go to Page 11, Question 64**
 Yes

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

- No → **Go to Page 10, Question 61**
 Yes

58. Are you currently breastfeeding or feeding pumped milk to your new baby?

- No
 Yes → **Go to Page 10, Question 60**

Go to Page 10, Question 59

59. How many weeks or months did you breastfeed or pump milk to feed your baby?

_____ Weeks OR _____ Months

Less than 1 week

If your baby was not born in a hospital, go to Question 61.

60. This question asks about things that may have happened at the hospital where your new baby was born. For each item, check **No** if it did not happen or **Yes** if it did happen.

- | | No | Yes |
|-------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. Hospital staff gave me information about breastfeeding..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My baby stayed in the same room with me at the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Hospital staff helped me learn how to breastfeed..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I breastfed in the first hour after my baby was born..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I breastfed my baby in the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My baby was fed only breast milk at the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Hospital staff told me to breastfeed whenever my baby wanted..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The hospital gave me a breast pump to use..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The hospital gave me a gift pack with formula..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. The hospital gave me a telephone number to call for help with breastfeeding..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Hospital staff gave my baby a pacifier..... | <input type="checkbox"/> | <input type="checkbox"/> |

61. Since your new baby was born, 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.

- | | No | Yes |
|---------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. Help with or information about breastfeeding..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How long to wait before getting pregnant again..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Birth control methods that I can use after giving birth..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Postpartum depression..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Support groups for new parents..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Resources in my community such as nurse home visitation programs, telephone hotlines, counseling, etc..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Getting to and staying at a healthy weight after delivery..... | <input type="checkbox"/> | <input type="checkbox"/> |

If your baby is still in the hospital, go to Question 64.

62. 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

63. How often does your new baby sleep in the same bed with you or anyone else?

- Always
 Often
 Sometimes
 Rarely
 Never

64. *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.

- No
 Yes

65. *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 67

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

Check ALL that apply

- 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 68.

67. *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:

68. *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 → Go to Page 12, Question 70
 Yes

69. *At that postpartum visit, did a doctor, nurse, or other health care worker advise you to take multivitamins, prenatal vitamins, or folic acid vitamins?*

- No
 Yes

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
- Often
- Sometimes
- Rarely
- Never

72. **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 or Dr. Dynasaur
- VHAP
- Green Mountain Care
- Catamount Health
- 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.

73. *Before your new baby was born, did any of the following things happen?*

Check ALL that apply

- Someone answered my questions about breastfeeding
- I was offered a class on breastfeeding
- I attended a class on breastfeeding
- I decided or planned to feed *only* breast milk to my baby
- I discussed feeding *only* breast milk to my baby with my family
- I discussed feeding *only* breast milk to my baby with my health care worker
- I planned to breastfeed within the first hour after giving birth

74. **During your most recent pregnancy, did you feel you *needed* any of the following services?** For each one, check **No** if you did not feel you needed the service or **Yes** if you felt you needed the service.

- | | No | Yes |
|-----------------------------------------------------------------|--------------------------|--------------------------|
| a. Food stamps, WIC vouchers, or money to buy food..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Counseling information for family and personal problems..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Help to quit smoking..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Help to reduce violence in my home..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please tell us: —————>

If you did not smoke during the 3 months before you got pregnant with your new baby, go to Question 76.

75. 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—

- | | No | Yes |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. Set a specific date to stop smoking..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Use booklets, videos, or other materials to help you quit | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Call a national or state quit line or go to a website | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Attend a class or program to stop smoking..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Go to counseling for help with quitting..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Use a nicotine patch, gum, lozenge, nasal spray or inhaler | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Take a pill like Zyban® (also known as Wellbutrin® or Bupropion®) or Chantix® (also known as Varenicline) to stop smoking..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Try to quit on your own (e.g., cold turkey)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Other | <input type="checkbox"/> | <input type="checkbox"/> |
| Please tell us: _____ | → | |
| | | |

76. At any time during your most recent pregnancy, did you work at a job for pay?

No —————→ **Go to Page 14, Question 81**

Yes

Go to Question 77

77. Have you returned to the job you had during your most recent pregnancy?

Check ONE answer

No —————→ **Go to Page 14, Question 81**

No, but I will be returning

Yes

78. Which of the following describes the leave or time you took off from work after your new baby was born?

Check ALL that apply

I took *paid* leave from my job

I took *unpaid* leave from my job

I did not take leave

79. How did you feel about the amount of time you were able to take off after the birth of your new baby?

Check ONE answer

Too little time

Just the right amount of time

Too much time

80. Did any of the things listed below affect your decision about taking leave from work after your new baby was born? For each item, check No if it does not apply to you or Yes if it does.

No Yes

a. I could not financially afford to take leave

b. I was afraid I'd lose my job if I took leave or stayed out longer.....

c. I had too much work to do to take leave or stay out longer.....

d. My job does not have paid leave

e. My job does not offer a flexible work schedule

f. I had not built up enough leave time to take any or more time off.....

81. During any of the following time periods, did you smoke marijuana or hash? For each time period, check **No** if you did not smoke then or **Yes** if you smoked then.

- | | No | Yes |
|-----------------------------------------------------|--------------------------|--------------------------|
| a. During the 12 months before I got pregnant | <input type="checkbox"/> | <input type="checkbox"/> |
| b. During my most recent pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Since my new baby was born | <input type="checkbox"/> | <input type="checkbox"/> |

82. Did you experience discrimination by health care providers during your prenatal care, labor, or delivery because of the things listed below? For each item, check **No** if you did not experience discrimination or **Yes** if you experienced discrimination.

- | | No | Yes |
|------------------------------------------|--------------------------|--------------------------|
| a. My race, ethnicity, or culture | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My insurance or Medicaid status | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My weight..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My marital status | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other | <input type="checkbox"/> | <input type="checkbox"/> |

Please tell us: _____>

83. 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

The last questions are about the time during the *12 months before your new baby was born*.

84. 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

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

People

86. 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 Vermont.

Thanks for answering our questions!

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