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.

   a. I was dieting (changing my eating habits) to lose weight
   b. I was exercising 3 or more days of the week
   c. I was regularly taking prescription medicines other than birth control
   d. I visited a health care worker and was checked for diabetes
   e. I visited a health care worker and was checked for high blood pressure
   f. I visited a health care worker and was checked for depression or anxiety
   g. I talked to a health care worker about my family medical history
   h. I had my teeth cleaned by a dentist or dental hygienist
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
- Yes

Go to Question 12

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
- b. Being a healthy weight before pregnancy
- c. Controlling any medical conditions such as diabetes and high blood pressure

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 (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

Check ONE answer

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 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.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How much weight I should gain during my pregnancy</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. How smoking during pregnancy could affect my baby</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Breastfeeding my baby</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. How drinking alcohol during pregnancy could affect my baby</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. Using a seat belt during my pregnancy</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. Medicines that are safe to take during my pregnancy</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. How using illegal drugs could affect my baby</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h. Doing tests to screen for birth defects or diseases that run in my family</td>
<td>☐</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>
<td>☐</td>
</tr>
<tr>
<td>j. Getting tested for HIV (the virus that causes AIDS)</td>
<td>☐</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>
<td>☐</td>
</tr>
<tr>
<td>l. Physical abuse to women by their husbands or partners</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Foods that are good to eat during pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Exercise during pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Programs or resources to help me gain the right amount of weight during pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Programs or resources to help me lose weight after pregnancy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

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

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

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

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

26. Did you turn down the HIV test?

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

27. Why did you turn down the HIV test?

|   | 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 | Other |

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

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

29. When were you tested before this pregnancy?

|   | 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?

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

☐ 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.

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 ....................................... ☐ ☐

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.

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

If you did not have any problems with your teeth or gums during your pregnancy, go to Question 35.
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 45

Go to Page 8, Question 46
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.)

<table>
<thead>
<tr>
<th>Item</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A close family member was very sick and had to go into the hospital</td>
<td></td>
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<tr>
<td>b. I got separated or divorced from my husband or partner</td>
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<tr>
<td>c. I moved to a new address</td>
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<tr>
<td>d. I was homeless or had to sleep outside, in a car, or in a shelter</td>
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<td>e. My husband or partner lost his job</td>
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<tr>
<td>f. I lost my job even though I wanted to go on working</td>
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<tr>
<td>g. My husband, partner, or I had a cut in work hours or pay</td>
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<tr>
<td>h. I was apart from my husband or partner due to military deployment or extended work-related travel</td>
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<tr>
<td>i. I argued with my husband or partner more than usual</td>
<td></td>
<td></td>
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<tr>
<td>j. My husband or partner said he didn’t want me to be pregnant</td>
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<tr>
<td>k. I had problems paying the rent, mortgage, or other bills</td>
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<td></td>
</tr>
<tr>
<td>l. My husband, partner, or I went to jail</td>
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<td></td>
</tr>
<tr>
<td>m. Someone very close to me had a problem with drinking or drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. Someone very close to me died</td>
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<td></td>
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</tbody>
</table>
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?

Month / Day / 20 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

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.

Go to Page 11, Question 65

☐ Yes

Go to Page 11, Question 64

56. Is your baby living with you now?

☐ No

Go to Page 11, Question 64

☐ Yes

Go to Page 11, Question 64

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

Go to Page 10, Question 60

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

☐ No

Go to Page 10, Question 60

☐ Yes

Go to Page 10, Question 59
59. How many weeks or months did you breastfeed or pump milk to feed your baby?

☐ Less than 1 week

☐ _____ Weeks OR ☐ _____ Months

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........................... ☐ ☐

b. My baby stayed in the same room with me at the hospital...................... ☐ ☐

c. Hospital staff helped me learn how to breastfeed................................. ☐ ☐

d. I breastfed in the first hour after my baby was born............................. ☐ ☐

e. I breastfed my baby in the hospital.................................................. ☐ ☐

f. My baby was fed only breast milk at the hospital.................................. ☐ ☐

g. Hospital staff told me to breastfeed whenever my baby wanted ............. ☐ ☐

h. The hospital gave me a breast pump to use........................................... ☐ ☐

i. The hospital gave me a gift pack with formula...................................... ☐ ☐

j. The hospital gave me a telephone number to call for help with breastfeeding.................................................. ☐ ☐

k. Hospital staff gave my baby a pacifier ................................................. ☐ ☐

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................................. ☐ ☐

b. How long to wait before getting pregnant again............................... ☐ ☐

c. Birth control methods that I can use after giving birth ....................... ☐ ☐

d. Postpartum depression................................................................. ☐ ☐

e. Support groups for new parents.................................................... ☐ ☐

f. Resources in my community such as nurse home visitation programs, telephone hotlines, counseling, etc. .... ☐ ☐

g. Getting to and staying at a healthy weight after delivery ................... ☐ ☐

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?

☐ On his or her side
☐ On his or her back
☐ On his or her stomach

Check ONE answer

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?

- ☐ 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: __________

Check ALL that apply

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?

- ☐ 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: __________

Check ALL that apply

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?

- [ ] 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
- [ ] I do not have health insurance now

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

- [ ] 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.

- [ ] a. Food stamps, WIC vouchers, or money to buy food
- [ ] b. Counseling information for family and personal problems
- [ ] c. Help to quit smoking
- [ ] d. Help to reduce violence in my home
- [ ] e. Other

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—

<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: ____________________________

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

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ No</td>
<td>❑ ❑ Go to Page 14, Question 81</td>
</tr>
<tr>
<td>❑ Yes</td>
<td></td>
</tr>
</tbody>
</table>

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

| ❑ 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?

| ❑ 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?

| ❑ 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.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I could not financially afford to take leave</td>
<td>❑ ❑</td>
</tr>
<tr>
<td>b. I was afraid I’d lose my job if I took leave or stayed out longer</td>
<td>❑ ❑</td>
</tr>
<tr>
<td>c. I had too much work to do to take leave or stay out longer</td>
<td>❑ ❑</td>
</tr>
<tr>
<td>d. My job does not have paid leave</td>
<td>❑ ❑</td>
</tr>
<tr>
<td>e. My job does not offer a flexible work schedule</td>
<td>❑ ❑</td>
</tr>
<tr>
<td>f. I had not built up enough leave time to take any or more time off</td>
<td>❑ ❑</td>
</tr>
</tbody>
</table>
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.

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

  a. During the 12 months before I got pregnant ..............................................
  b. During my most recent pregnancy ......
  c. Since my new baby was born ............

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.

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

  a. My race, ethnicity, or culture ............
  b. My insurance or Medicaid status ........
  c. My weight ....................................
  d. My marital status .............................
  e. Other ........................................

  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

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

  20
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.