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

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

4. During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions? For each one, check No if you did not have the condition or Yes if you did.
   - Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy)..........................
   - High blood pressure or hypertension
   - Depression

5. 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

6. In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?
   - No
   - Yes

    Go to Page 2, Question 9

7. What type of health care visit did you have in the 12 months before you got pregnant with your new baby?
   - Regular checkup at my family doctor’s office
   - Regular checkup at my OB/GYN’s office
   - Visit for an illness or chronic condition
   - Visit for an injury
   - Visit for family planning or birth control
   - Visit for depression or anxiety
   - Visit to have my teeth cleaned by a dentist or dental hygienist
   - Other

    Please tell us:

    Check ALL that apply

    Regular checkup at my family doctor’s office
    Regular checkup at my OB/GYN’s office
    Visit for an illness or chronic condition
    Visit for an injury
    Visit for family planning or birth control
    Visit for depression or anxiety
    Visit to have my teeth cleaned by a dentist or dental hygienist
    Other
8. During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker do any of the following things? For each item, check No if they did not or Yes if they did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tell me to take a vitamin with folic acid...</td>
<td></td>
</tr>
<tr>
<td>b. Talk to me about maintaining a healthy weight</td>
<td></td>
</tr>
<tr>
<td>c. Talk to me about controlling any medical conditions such as diabetes or high blood pressure</td>
<td></td>
</tr>
<tr>
<td>d. Talk to me about my desire to have or not have children</td>
<td></td>
</tr>
<tr>
<td>e. Talk to me about using birth control to prevent pregnancy</td>
<td></td>
</tr>
<tr>
<td>f. Talk to me about how I could improve my health before a pregnancy</td>
<td></td>
</tr>
<tr>
<td>g. Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis</td>
<td></td>
</tr>
<tr>
<td>h. Ask me if I was smoking cigarettes</td>
<td></td>
</tr>
<tr>
<td>i. Ask me if someone was hurting me emotionally or physically</td>
<td></td>
</tr>
<tr>
<td>j. Ask me if I was feeling down or depressed</td>
<td></td>
</tr>
<tr>
<td>k. Ask me about the kind of work I do</td>
<td></td>
</tr>
<tr>
<td>l. Test me for HIV (the virus that causes AIDS)</td>
<td></td>
</tr>
</tbody>
</table>

9. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about preparing for a pregnancy?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Getting my vaccines updated before pregnancy</td>
<td></td>
</tr>
<tr>
<td>b. Visiting a dentist or dental hygienist before pregnancy</td>
<td></td>
</tr>
<tr>
<td>c. Getting counseling for any genetic diseases that run in my family</td>
<td></td>
</tr>
<tr>
<td>d. Getting counseling or treatment for depression or anxiety</td>
<td></td>
</tr>
<tr>
<td>e. The safety of using prescription or over-the-counter medicines during pregnancy</td>
<td></td>
</tr>
<tr>
<td>f. How smoking during pregnancy can affect a baby</td>
<td></td>
</tr>
<tr>
<td>g. How drinking alcohol during pregnancy can affect a baby</td>
<td></td>
</tr>
<tr>
<td>h. How using illegal drugs during pregnancy can affect a baby</td>
<td></td>
</tr>
</tbody>
</table>
The next questions are about your health insurance coverage before, during, and after your pregnancy with your new baby.

11. 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 or partner
- Private health insurance from my parents
- Private health insurance from Vermont Health Connect, another state marketplace or HealthCare.gov
- Medicaid or Dr. Dynasaur
- Other health insurance

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

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

Check ALL that apply

- I did not go for prenatal care
- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from Vermont Health Connect, another state marketplace or HealthCare.gov
- Medicaid or Dr. Dynasaur
- Other health insurance

☐ I did not have any health insurance for my prenatal care

13. 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 or partner
- Private health insurance from my parents
- Private health insurance from Vermont Health Connect, another state marketplace or HealthCare.gov
- Medicaid or Dr. Dynasaur
- Other health insurance

☐ I do not have health insurance now

14. 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

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

- 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.)

16. How many weeks or months pregnant were you when you had your first visit for prenatal care?

- [ ] Weeks
- [ ] Months

  [ ] I didn’t go for prenatal care  
  [ ] Go to Question 20

17. 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. Using a seat belt during my pregnancy .................................................................

b. Doing tests to screen for birth defects or diseases that run in my family..............................

c. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due).................................................................

d. The health of my teeth and gums .................................................................

e. Suggest that I go see a dentist .................................................................

18. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, check No if they did not ask you about it or Yes if they did.

- [ ] No
- [ ] Yes

a. If I knew how much weight I should gain during pregnancy........................................

b. If I was taking any prescription medication..........................................................

c. If I was smoking cigarettes ..............................................................................

d. If I was drinking alcohol ...............................................................................

e. If someone was hurting me emotionally or physically .............................................

f. If I was feeling down or depressed ..................................................................

g. If I was using drugs such as marijuana, cocaine, crack, or meth ................................

h. If I wanted to be tested for HIV (the virus that causes AIDS) ................................

i. If I planned to breastfeed my new baby .............................................................

j. If I planned to use birth control after my baby was born ........................................

19. 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

20. 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

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

- [ ] No
- [ ] Yes, before my pregnancy
- [ ] Yes, during my pregnancy
22. **During your most recent** pregnancy, did you get a Tdap shot or vaccination? A Tdap vaccination is a tetanus booster shot that also protects against pertussis (whooping cough).

- No
- Yes
- I don’t know

23. **During your most recent** pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?

- No
- Yes

24. **This question is about other 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..
   - No
   - Yes

   b. A dental or other health care worker talked with me about how to care for my teeth and gums.
   - No
   - Yes

   c. I had insurance to cover dental care during my pregnancy.
   - No
   - Yes

   d. I needed to see a dentist for a problem.
   - No
   - Yes

   e. I went to a dentist or dental clinic about a problem.
   - No
   - Yes

25. Did any of the following things make it hard for you to go to a dentist or dental clinic 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.
   - No
   - Yes

   b. I could not find a dentist or dental clinic that would take Medicaid patients.
   - No
   - Yes

   c. I did not think it was safe to go to the dentist during pregnancy.
   - No
   - Yes

   d. I could not afford to go to the dentist or dental clinic.
   - No
   - Yes

26. **During your most recent** pregnancy, did you have any of the following health conditions? For each one, check No if you did not have the condition or Yes if you did.

   a. Gestational diabetes (diabetes that started during this pregnancy).
   - No
   - Yes

   b. High blood pressure (that started during this pregnancy), pre-eclampsia or eclampsia.
   - No
   - Yes

   c. Depression.
   - No
   - Yes

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

   - No
   - Yes

28. 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

29. 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
If you did not smoke at any time in the 3 months before you got pregnant, go to Question 33.

### 30. During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you to quit smoking?

- [ ] No
- [ ] Yes
- [ ] I didn’t go for prenatal care

- [ ] Go to Question 32

### 31. Listed below are some things about quitting smoking that a doctor, nurse, or other health care worker might have done during any of your prenatal care visits. For each thing, check No if it was not done or Yes if it was.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Spend time with me discussing how to quit smoking</td>
<td>✗</td>
</tr>
<tr>
<td>b. Suggest that I set a specific date to stop smoking</td>
<td>✗</td>
</tr>
<tr>
<td>c. Suggest I attend a class or program to stop smoking</td>
<td>✗</td>
</tr>
<tr>
<td>d. Provide me with booklets, videos, or other materials to help me quit smoking</td>
<td>✗</td>
</tr>
<tr>
<td>e. Refer me to counseling for help with quitting</td>
<td>✗</td>
</tr>
<tr>
<td>f. Ask if a family member or friend would support my decision to quit</td>
<td>✗</td>
</tr>
<tr>
<td>g. Refer me to a national or state quit line (like 802Quits) or go to a website</td>
<td>✗</td>
</tr>
<tr>
<td>h. Recommend using nicotine gum</td>
<td>✗</td>
</tr>
<tr>
<td>i. Recommend using a nicotine patch</td>
<td>✗</td>
</tr>
<tr>
<td>j. Prescribe a nicotine nasal spray or nicotine inhaler</td>
<td>✗</td>
</tr>
<tr>
<td>k. Prescribe a pill like Zyban® (also known as Wellbutrin® or bupropion) to help me quit</td>
<td>✗</td>
</tr>
<tr>
<td>l. Prescribe a pill like Chantix® (also known as varenicline) to help me quit</td>
<td>✗</td>
</tr>
<tr>
<td>m. Use a nicotine patch, gum, lozenge, nasal spray or inhaler</td>
<td>✗</td>
</tr>
<tr>
<td>n. Other</td>
<td>✗</td>
</tr>
</tbody>
</table>

Please tell us:

### 32. During your most recent pregnancy, did you do any of the following things about quitting smoking? For each thing, check No if you did not do it or Yes if you did.

<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 me quit</td>
<td>✗</td>
</tr>
<tr>
<td>c. Call a national or state quit line (like 802Quits) 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) to stop smoking</td>
<td>✗</td>
</tr>
<tr>
<td>h. Take a pill like Chantix® (also known as varenicline) to stop smoking</td>
<td>✗</td>
</tr>
<tr>
<td>i. Try to quit on my own (e.g., cold turkey)</td>
<td>✗</td>
</tr>
<tr>
<td>j. Use the internet</td>
<td>✗</td>
</tr>
<tr>
<td>k. Use an “e-cigarette”</td>
<td>✗</td>
</tr>
<tr>
<td>l. Use a cessation texting program</td>
<td>✗</td>
</tr>
<tr>
<td>m. Use a cessation application or “app”</td>
<td>✗</td>
</tr>
<tr>
<td>n. Other</td>
<td>✗</td>
</tr>
</tbody>
</table>

Please tell us:

### 33. 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 using other tobacco products around the time of pregnancy.

**E-cigarettes (electronic cigarettes) and other electronic nicotine products** (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.

A **hookah** is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

34. Have you used any of the following products **in the past 2 years**? For each item, check **No** if you did not use it or **Yes** if you did.

<table>
<thead>
<tr>
<th>Product Description</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-cigarettes or other electronic nicotine products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hookah</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chewing tobacco, snuff, or snus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cigars, cigarillos, or little cigars</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you used e-cigarettes or other electronic nicotine products in the past 2 years, go to Question 35. Otherwise, go to Question 37.

35. During the **3 months before** you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- I did not use e-cigarettes or other electronic nicotine products then

36. During the **last 3 months** of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- I did not use e-cigarettes or other electronic nicotine products then

The next questions are about drinking alcohol around the time of pregnancy.

37. 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 Page 8, Question 41

38. 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
- 8 to 13 drinks a week
- 4 to 7 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 40

39. 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
40. 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
- 8 to 13 drinks a week
- 4 to 7 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. The next questions are about things that may have happened before and during your most recent pregnancy.

41. In the 12 months before you got pregnant with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.

- My husband or partner ..................................
- My ex-husband or ex-partner ......................

42. During your most recent pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.

- My husband or partner ..................................
- My ex-husband or ex-partner ......................

43. When was your new baby born?

___ / ___ / 20____

Month Day Year

44. 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

45. Is your baby alive now?

- No  We are very sorry for your loss. Go to Page 10, Question 58
- Yes

46. Is your baby living with you now?

- No  Go to Page 10, Question 58
- Yes

47. 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 chose not to breastfeed my baby

AFTER PREGNANCY

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

43. When was your new baby born?

___ / ___ / 20____

Month Day Year
48. **Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources?** For each one, check **No** if you did not receive information from this source or **Yes** if you did.

<table>
<thead>
<tr>
<th>Source</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. A nurse, midwife, or doula</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. A breastfeeding or lactation specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. My baby's doctor or health care provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. A breastfeeding support group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. A breastfeeding hotline or toll-free number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Family or friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please tell us:

52. **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.

<table>
<thead>
<tr>
<th>Item</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hospital staff gave me information about breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. My baby stayed in the same room with me at the hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. I breastfed my baby in the hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Hospital staff helped me learn how to breastfeed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. I breastfed in the first hour after my baby was born</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. My baby was placed in skin-to-skin contact within the first hour of life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. My baby was fed only breast milk at the hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Hospital staff told me to breastfeed whenever my baby wanted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. The hospital gave me a breast pump to use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. The hospital gave me a gift pack with formula</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. The hospital gave me a telephone number to call for help with breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Hospital staff gave my baby a pacifier</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If your baby was not born in a hospital, go to Question 53.

53. **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

If your baby is still in the hospital, go to Page 10, Question 58.
54. In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed?

- Always
- Often
- Sometimes
- Rarely
- Never

Go to Question 56

55. When your new baby sleeps alone, is his or her crib or bed in the same room where you sleep?

- No
- Yes

56. Listed below are some more things about how babies sleep. How did your new baby usually sleep in the past 2 weeks? For each item, check No if your baby did not usually sleep like this or Yes if he or she did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. In a crib, bassinet, or pack and play</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. On a twin or larger mattress or bed</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. On a couch, sofa, or armchair</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. In an infant car seat or swing</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. In a sleeping sack or wearable blanket</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. With a blanket</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>g. With toys, cushions, or pillows, including nursing pillows</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>h. With crib bumper pads (mesh or non-mesh)</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

57. Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check No if they did not tell you or Yes if they did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Place my baby on his or her back to sleep</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. Place my baby to sleep in a crib, bassinet, or pack and play</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. Place my baby’s crib or bed in my room</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. What things should and should not go in bed with my baby</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

58. 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 having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- No
- Yes

Go to Question 60

59. 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 want to get pregnant
- I am pregnant now
- I had my tubes tied or blocked
- I don’t want to use birth control
- I am worried about side effects from birth control
- I am not having sex
- My husband or partner doesn’t want to use anything
- I have problems paying for birth control
- Other

Please tell us:

If you or your husband or partner is not doing anything to keep from getting pregnant now, go to Question 61.
60. **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 or Essure®)
- [ ] Vasectomy (male sterilization)
- [ ] Birth control pills
- [ ] Condoms
- [ ] Shots or injections (Depo-Provera®)
- [ ] Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- [ ] IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- [ ] Contraceptive implant in the arm (Nexplanon® or Implanon®)
- [ ] Natural family planning (including rhythm method)
- [ ] Withdrawal (pulling out)
- [ ] Not having sex (abstinence)
- [ ] Other

61. **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

62. **During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things?** For each item, check No if they did not do it or Yes if they did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tell me to take a vitamin with folic acid</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>b. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>c. Talk to me about how long to wait before getting pregnant again</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>d. Talk to me about birth control methods I can use after giving birth</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>e. Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®, NuvaRing®, or condoms)</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>f. Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®)</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>g. Ask me if I was smoking cigarettes</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>h. Ask me if someone was hurting me emotionally or physically</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>i. Ask me if I was feeling down or depressed</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>j. Test me for diabetes</td>
<td>[ ] [ ]</td>
</tr>
</tbody>
</table>

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

- [ ] Always
- [ ] Often
- [ ] Sometimes
- [ ] Rarely
- [ ] Never

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

- [ ] Always
- [ ] Often
- [ ] Sometimes
- [ ] Rarely
- [ ] Never
OTHER EXPERIENCES

The next questions are on a variety of topics.

65. During the month before you got pregnant, did you take or use any of the following drugs for any reason? Your answers are strictly confidential. For each item, check No if you did not use it or Yes if you did.

   a. Over-the-counter pain relievers such as aspirin, Advil®, Aleve®, or Tylenol®
   b. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine
   c. Adderall®, Ritalin® or another stimulant
   d. Marijuana or hash
   e. Synthetic marijuana (K2, Spice)
   f. Heroin (smack, junk, Black Tar)
   g. Amphetamines (uppers, speed, crystal meth, crank, ice)
   h. Cocaine (crack, rock, coke, blow, snow)

66. During your most recent pregnancy, did you take or use any of the following drugs for any reason? Your answers are strictly confidential. For each item, check No if you did not use it or Yes if you did.

   a. Over-the-counter pain relievers such as aspirin, Advil®, Aleve®, or Tylenol®
   b. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine
   c. Adderall®, Ritalin® or another stimulant
   d. Marijuana or hash
   e. Synthetic marijuana (K2, Spice)
   f. Heroin (smack, junk, Black Tar)
   g. Amphetamines (uppers, speed, crystal meth, crank, ice)
   h. Cocaine (crack, rock, coke, blow, snow)

67. During any of the following time periods, did you use Methadone, Suboxone®, or another drug used for maintenance treatment? For each time period, check No if you did not use then or Yes if you did.

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

68. During your most recent pregnancy, would you have had the kinds of help listed below if you needed them? For each one, check No if you would not have had it or Yes if you would have had it.

   a. Someone to loan me $50
   b. Someone to help me if I were sick and needed to be in bed
   c. Someone to take me to the clinic or doctor’s office if I needed a ride
   d. Someone to talk with about my problems

69. Did you experience discrimination by health care providers during your prenatal care, labor, or delivery because of any of the things listed below?

   [Check ALL that apply]

   - My race, ethnicity, or culture
   - My insurance or Medicaid status
   - My weight
   - My marital status
   - My age
   - Prescription use of Suboxone®, Methadone, or other drug addiction treatment
   - Other Please tell us: __________________________________________________________________________
70. At any time during your most recent pregnancy, did you work at a job for pay?

- No
- Yes

Go to Question 76

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

- No, and I do not plan to return
- No, but I will be returning
- Yes

Go to Question 76

72. Did you take leave 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 any leave

Go to Question 74

73. How many weeks or months of leave, in total, did you take or will you take?

- Weeks
- Months
- Less than 1 week

74. 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

Check ONE answer

75. 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.

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 .....................

If your baby is not alive, is not living with you, or is still in the hospital, go to Page 14, Question 82.

76. Since you delivered your new baby, would you have the kinds of help listed below if you needed them? For each one, check No if you would not have it or Yes if you would.

a. Someone to loan me $50 .................................................................

b. Someone to help me if I were sick and needed to be in bed ........................

c. Someone to talk with about my problems ..................................................

d. Someone to take care of my baby .........................................................

e. Someone to help me if I were tired and feeling frustrated with my new baby ...........................
77. Do you have an infant car seat(s) that you can use for your new baby?

- No
- Yes

**Go to Question 80**

78. How did you get your new baby’s infant car seat(s)?

- I bought a car seat **new**
- I received it new for this baby as a gift
- I had one from another one of my babies
- I bought a car seat **used**
- I borrowed a car seat from a friend or family member
- I borrowed or rented a car seat from a loaner program
- The hospital where my new baby was born gave me a car seat
- A community program gave me a car seat
- Other

**Check ALL that apply**

79. How did you learn to install and use your infant car seat(s)?

- I read the instructions
- A friend or family member showed me
- A health or safety professional showed me
- I figured it out myself
- I already knew how to install it because I have other children
- Some other way

**Check ALL that apply**

80. 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

**Go to Question 80**

81. Listed below are some statements about infant car seats. For each one, check True if you agree with the statement or False if you do not agree.

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. New babies should be in rear-facing car seats.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Car seats should not be placed in front of an air bag.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

82. 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 $16,000
- $16,001 to $20,000
- $20,001 to $24,000
- $24,001 to $28,000
- $28,001 to $32,000
- $32,001 to $40,000
- $40,001 to $48,000
- $48,001 to $57,000
- $57,001 to $60,000
- $60,001 to $73,000
- $73,001 to $85,000
- $85,001 or more

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

______ People

84. What is today’s date?

______ / ____ / 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 keep mothers and babies in Vermont healthy.