

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

No → Go to Question 7  
 Yes

### 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

### 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 for fitness outside of my regular job ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I was regularly taking prescription medicines other than birth control.....             | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A health care worker checked me for diabetes.....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I talked to a health care worker about my family medical history .....                  | <input type="checkbox"/> | <input type="checkbox"/> |

### 8. 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.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. Type 1 or Type 2 diabetes ( <b>not</b> 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"/> |

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

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

**Go to Question 11**

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

**Check ALL that apply**

- I wasn't planning to get pregnant
- I didn't think I needed to take vitamins
- I didn't want to take vitamins
- The vitamins were too expensive
- The vitamins gave me side effects (such as nausea or constipation)
- Other \_\_\_\_\_ → Please tell us:

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**11. 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 \_\_\_\_\_ → **Go to Question 14**
- Yes

**Go to Question 12**

**12. What type of health care visit did you have in the *12 months before* you got pregnant with your new baby?**

**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 \_\_\_\_\_ → Please tell us:

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**13. 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.**

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

14. **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?**

- No  
 Yes

→ **Go to Question 16**

15. **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 about preparing for a pregnancy?** 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. Getting my vaccines updated before pregnancy .....
- b. Visiting a dentist or dental hygienist before pregnancy .....
- c. Getting counseling for any genetic diseases that run in my family.....
- d. Getting counseling or treatment for depression or anxiety .....
- e. The safety of using prescription or over-the-counter medicines during pregnancy .....
- f. How smoking during pregnancy can affect a baby .....
- g. How drinking alcohol during pregnancy can affect a baby .....
- h. How using illegal drugs during pregnancy can affect a baby .....

The next questions are about your **health insurance coverage** before, during, and after your pregnancy with your **new baby**.

16. **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 the Tennessee Health Insurance Marketplace or HealthCare.gov
- Medicaid or TennCare
- CoverKids
- CoverTN
- TRICARE or other military health care
- Other health insurance → Please tell us:
- I did not have any health insurance during the *month before* I got pregnant

17. **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 → **Go to Page 4, Question 18**
- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the Tennessee Health Insurance Marketplace or HealthCare.gov
- Medicaid or TennCare
- CoverKids
- CoverTN
- TRICARE or other military health care
- Other health insurance → Please tell us:
- I did not have any health insurance for my *prenatal care*

**18. 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 the Tennessee Health Insurance Marketplace or HealthCare.gov
- Medicaid or TennCare
- CoverKids
- CoverTN
- TRICARE or other military health care
- Other health insurance → Please tell us:
- I do not have health insurance *now*

**19. 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 21**

**20. 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

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

- No
- Yes →

**Go to Question 25**

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

- No
- Yes →

**Go to Question 24**

**23. 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 or your husband or partner was not doing anything to keep from getting pregnant, go to Question 25.**

**24. What method of birth control were you using when you got pregnant?**

**Check ALL that apply**

- Birth control pills
- Condoms
- Shots or injections (Depo-Provera®)
- Contraceptive implant in the arm (Nexplanon® or Implanon®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Other \_\_\_\_\_ → Please tell us:

**DURING PREGNANCY**

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

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

{ \_\_\_\_\_ Weeks OR \_\_\_\_\_ Months

- I didn't go for prenatal care → **Go to Question 27**

**26. Did you get prenatal care as early in your pregnancy as you wanted?**

- No
- Yes → **Go to Page 6, Question 28**

**Go to Question 27**

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

- |  | <b>No</b>                | <b>Yes</b>               |
|--|--------------------------|--------------------------|
| a. I couldn't get an appointment when I wanted one.....                          | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I didn't have enough money or insurance to pay for my visits.....             | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I didn't have any transportation to get to the clinic or doctor's office..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The doctor or my health plan would not start care as early as I wanted.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I had too many other things going on.....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I couldn't take time off from work or school.....                             | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I didn't have my Medicaid or TennCare card.....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I didn't have anyone to take care of my children.....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I didn't know that I was pregnant.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. I didn't want anyone else to know I was pregnant.....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I didn't want prenatal care.....  | <input type="checkbox"/> | <input type="checkbox"/> |

**If you did not get prenatal care, go to Page 6, Question 30.**

**28. 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 smoking during pregnancy could affect my baby .....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Breastfeeding my baby.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. How drinking alcohol during pregnancy could affect my baby.....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Using a seat belt during my pregnancy ...   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Medicines that are safe to take during my pregnancy.....                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| f. How using illegal drugs could affect my baby.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Doing tests to screen for birth defects or diseases that run in my family.....                | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. What to do if I feel depressed during my pregnancy or after my baby is born.....              | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Physical abuse to women by their husbands or partners.....                                    | <input type="checkbox"/> | <input type="checkbox"/> |

**29. 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.....         | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If I was taking any prescription medication.....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| c. If I was smoking cigarettes.....                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| d. If I was drinking alcohol .....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| e. If someone was hurting me emotionally or physically.....              | <input type="checkbox"/> | <input type="checkbox"/> |
| f. If I was feeling down or depressed.....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| g. If I was using drugs such as marijuana, cocaine, crack, or meth ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. If I wanted to be tested for HIV (the virus that causes AIDS) .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| i. If I planned to breastfeed my new baby..                              | <input type="checkbox"/> | <input type="checkbox"/> |
| j. If I planned to use birth control after my baby was born.....         | <input type="checkbox"/> | <input type="checkbox"/> |

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

- No  
 Yes  
 I don't know

**31. 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

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

Check ONE answer

- No  
 Yes, before my pregnancy  
 Yes, during my pregnancy

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

- No  
 Yes

**34. 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.

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 insurance to cover dental care during my pregnancy.....
- d. I needed to see a dentist for a **problem** ..
- e. I went to a dentist or dental clinic about a **problem** .....

**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 → **Go to Question 38**  
 Yes

**Go to Question 37**

**37. Who was the home visitor that came to your home during your most recent pregnancy?**

- A nurse or nurse's aide  
 A teacher or health educator  
 A doula or midwife  
 A social worker  
 Someone else → Please tell us:

- I don't know

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

- No  
 Yes

**39. 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.

No Yes

- a. Gestational diabetes (diabetes that **started** during *this* pregnancy) .....
- b. High blood pressure (that **started** during *this* pregnancy), pre-eclampsia or eclampsia.....
- c. Depression .....

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

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

- No → **Go to Page 8, Question 45**  
 Yes

**Go to Page 8, Question 41**

41. 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

42. 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 44.

43. 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

44. 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

45. Which of the following statements best describes the rules about smoking **inside** your home **now**, even if no one who lives in your home is a smoker?

Check ONE answer

- No one is allowed to smoke anywhere inside my home
- Smoking is allowed in some rooms or at some times
- Smoking is permitted anywhere inside my home

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.

46. 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.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. E-cigarettes or other electronic nicotine products..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Hookah.....   | <input type="checkbox"/> | <input type="checkbox"/> |

If you used e-cigarettes or other electronic nicotine products in the **past 2 years**, go to Question 47. Otherwise, go to Question 49.



**47. 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

**48. 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

**If you used hookah in the *past 2 years*, go to Question 49. Otherwise, go to Question 51.**

**49. In the 3 months *before* you got pregnant, on average, how often did you smoke hookah?**

- Daily
- 2-3 times per week
- Once a week
- 2-3 times per month
- Once a month
- I did not smoke hookah then

**50. In the *last 3 months* of your pregnancy, on average, how often did you smoke hookah?**

- Daily
- 2-3 times per week
- Once a week
- 2-3 times per month
- Once a month
- I did not smoke hookah then

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

**51. 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 Question 54**

Yes

**52. 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

**53. 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.**

**54. 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.

**No Yes**

- a. My husband or partner .....
- b. My ex-husband or ex-partner .....

**55. 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.

- |                                      | No                       | Yes                      |
|--------------------------------------|--------------------------|--------------------------|
| a. My husband or partner .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My ex-husband or ex-partner ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**AFTER PREGNANCY**

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

**56. When was your new baby born?**

	/		/	20
Month		Day		Year

**57. How was your new baby delivered?**

- Vaginally
- Cesarean delivery (c-section)

**58. 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 61**

**59. Is your baby alive now?**

- No → *We are very sorry for your loss.*
- Yes → **Go to Question 72**

**Go to Question 60**

**60. Is your baby living with you now?**

- No → **Go to Question 70**
- Yes

**61. 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.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. My doctor .....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A nurse, midwife, or doula .....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A breastfeeding or lactation specialist .....    | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My baby's doctor or health care provider.....    | <input type="checkbox"/> | <input type="checkbox"/> |
| e. A breastfeeding support group .....              | <input type="checkbox"/> | <input type="checkbox"/> |
| f. A breastfeeding hotline or toll-free number..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Family or friends .....                          | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Other .....                                      | <input type="checkbox"/> | <input type="checkbox"/> |

Please tell us:

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

- No → **Go to Question 65**
- Yes

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

- No
- Yes → **Go to Question 65**

**64. How many weeks or months did you breastfeed or feed pumped milk to your baby?**

- Less than 1 week

	Weeks	<b>OR</b>		Months
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**If your baby is still in the hospital, go to Question 70.**

**65. 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

**66. 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 68**

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

- No
- Yes

**68. 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.**

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

**69. 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.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. Place my baby on his or her back to sleep .....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Place my baby to sleep in a crib, bassinet, or pack and play ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Place my baby's crib or bed in my room ..                          | <input type="checkbox"/> | <input type="checkbox"/> |
| d. What things should and should not go in bed with my baby .....     | <input type="checkbox"/> | <input type="checkbox"/> |

**70. 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

**Go to Question 72**

**71. Who was the home visitor that came to your home during your most recent pregnancy?**

- A nurse or nurse's aide
- A teacher or health educator
- A doula or midwife
- A social worker
- Someone else

→ Please tell us:

- I don't know

**72. 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 Page 12, Question 74**

**Go to Page 12, Question 73**

**73. 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 75.**

**74. 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 \_\_\_\_\_ → Please tell us:

**75. 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 Question 77**

Yes

**76. 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.

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

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

- Always
- Often
- Sometimes
- Rarely
- Never

78. *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.

79. *During the 12 months before you got pregnant with your new baby, did you have a miscarriage, fetal death (baby died before being born), or stillbirth?*

- No
- Yes

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

- No → **Go to Question 83**
- Yes

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

**Check ONE answer**

- No, and I do not plan to return → **Go to Question 83**
- No, but I will be returning
- Yes

82. *Did you take leave 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 any leave

**If your baby is not alive or is not living with you, go to Page 14, Question 87.**

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

**No Yes**

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

**If your baby is still in the hospital, go to Page, 14, Question 87.**

84. *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 Page 14, Question 87**

85. *When your new baby rides in an infant car seat, is he or she usually in the front or back seat of the car, truck, or van?*

- Front seat
- Back seat

86. *When your new baby rides in an infant car seat, is he or she usually facing forward or facing the rear of the car, truck, or van?*

- Facing forward
- Facing the rear

**87. Below is a list of things that some people do to prepare for a disaster.** For each item, check **No** if it is not something you have done to prepare for a disaster or **Yes** if it is.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. I have an emergency meeting place for family members (other than my home) ...  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My family and I have practiced what to do in case of a disaster.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I have a plan for how my family and I would keep in touch if we were separated.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I have an evacuation plan if I need to leave my home and community .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I have an evacuation plan for my child or children in case of a disaster (permission for day care or school to release my child to another adult)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I have copies of important documents like birth certificates and insurance policies in a safe place outside my home .....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I have emergency supplies in my home for my family such as enough extra water, food, and medicine to last for at least three days.....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I have emergency supplies that I keep in my car, at work, or at home to take with me if I have to leave quickly.....                                   | <input type="checkbox"/> | <input type="checkbox"/> |

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

**88. 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

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

People

**90. What is today's date?**

/  /  20  
 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 Tennessee.**

***Thanks for answering our questions!***

***Your answers will help us work to keep mothers and babies in Tennessee healthy.***

