

First, we would like to ask a few questions about you and the time before you became pregnant with your new baby. Please check the box next to your answer.

1. **Just before you got pregnant, did you have health insurance?** (Do not count Medicaid/Medical Assistance/MinnesotaCare.)

- No
- Yes

2. **Just before you got pregnant, were you on Medicaid/Medical Assistance/MinnesotaCare?**

- No
- Yes

3. **In the month before you got pregnant with your new baby, how many times a week did you take a multivitamin (a pill that contains many different vitamins and minerals)?**

- I didn't take a multivitamin at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

4. **What is your date of birth?**

\_\_\_\_\_  
 Month      Day      Year

5. **Just before you got pregnant, how much did you weigh?**

Pounds OR  Kilos

6. **How tall are you without shoes?**

Feet  Inches

OR  Centimeters

7. **Would you say that, in general, your health is—**

- Excellent
- Very good
- Good
- Fair
- Poor

8. **In the three months before you got pregnant, did you have any of the following health problems?** For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not.

	No	Yes
a. Asthma .....	N	Y
b. High blood pressure (hypertension) .....	N	Y
c. High blood sugar (diabetes) .....	N	Y
d. Anemia (poor blood, low iron) .....	N	Y
e. Heart problems .....	N	Y

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

- No → Go to Page 2, Question 12
- Yes

10. **Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?**

- No
- Yes

11. Was the baby just before your new one born *more than 3 weeks* before its due date?

- No  
 Yes

12. Thinking back to *just before* you got pregnant, how did you feel about becoming pregnant?

Check one answer

- I wanted to be pregnant sooner  
 I wanted to be pregnant later  
 I wanted to be pregnant then  
 I didn't want to be pregnant then or at any time in the future

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

- No  
 Yes → Go to Question 17

14. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm], and using birth control methods such as the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, having their tubes tied, or their partner having a vasectomy.)

- No  
 Yes → Go to Question 16

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

Check all that apply, then go to Question 17.

- 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  
 Other → Please tell us:

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16. When you got pregnant with your new baby, what were you or your husband or partner doing to keep from getting pregnant?

Check all that apply

- Pill  
 Condoms  
 Foam, jelly, cream  
 Norplant®  
 Shots (Depo-Provera®)  
 Withdrawal  
 Tubes tied (sterilization)  
 Vasectomy (sterilization)  
 Other → Please tell us:

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Please use this space for any additional comments you would like to make about the health of mothers and babies in Minnesota.

Thanks for answering our questions!

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

80. Listed below are some things about safety. For each thing, circle Y (Yes) if it applies to you or circle N (No) if it does not.

- |   | No | Yes |
|---|----|-----|
| a. My infant was brought home from the hospital in an infant car seat . . . . . | N  | Y   |
| b. My baby always or almost always rides in an infant car seat . . . . .        | N  | Y   |
| c. My home has a working smoke alarm . . . . .                                  | N  | Y   |
| d. There are <b>loaded</b> guns, rifles, or other firearms in my home . . .     | N  | Y   |

81. Since you delivered your new baby, who would help you if a problem came up? For example, who would help you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks?

Check all that apply

- My husband or partner
- My mother, father, or in-laws
- Other family member or relative
- A friend
- Someone else —————> Please tell us:  
\_\_\_\_\_
- No one would help me

82. This question is about things that may have happened during your most recent pregnancy. For each thing, circle Y (Yes) if it happened to you or circle N (No) if it did not.

During your most recent pregnancy—

- |  | No | Yes |
|--|----|-----|
| a. Your husband or partner threatened you or made you feel unsafe in some way . . . . .  | N  | Y   |
| b. You were frightened for the safety of yourself or your family because of the anger or threats of your husband or partner . . . . .                      | N  | Y   |
| c. Your husband or partner tried to control your daily activities, for example, controlling who you could talk to or where you could go . . . . .          | N  | Y   |
| d. Your husband or partner forced you to take part in any sexual activity when you did not want to (including touch that made you uncomfortable) . . . . . | N  | Y   |

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 a calendar when you answer these questions.)

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

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

I don't remember

18. How many weeks or months pregnant were you when you had your first visit for prenatal care? (Don't 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

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

- No
- Yes —————> **Go to Question 21**
- I didn't want —————> prenatal care

20. Did any of these things keep you from getting prenatal care as early as you wanted? **Check all that apply**

- I couldn't get an appointment earlier in my pregnancy
- I didn't have enough money or insurance to pay for my visits
- I didn't know that I was pregnant
- I had no way to get to the clinic or doctor's office
- The doctor or my health plan would not start care earlier
- I didn't have my Medicaid/Medical Assistance/MinnesotaCare card
- I had no one to take care of my children
- I had too many other things going on
- Other —————> Please tell us:  
\_\_\_\_\_

If you did not go for prenatal care, go to Page 5, Question 26.

21. Where did you go *most of the time* for your prenatal visits? (Do not include visits for WIC.) **Check one answer**

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Community health clinic
- Indian Health Service clinic
- Other —————> Please tell us:  
\_\_\_\_\_

22. How was your prenatal care paid for?

Check all that apply

- Medicaid/Medical Assistance/ MinnesotaCare
- Personal income (cash, check, or credit card)
- Health insurance or HMO
- Indian Health Service
- Other —————> Please tell us:

\_\_\_\_\_

23. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? (Please count only discussions, not reading materials or videos.) For each item, circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.

- |  | No | Yes |
|--|----|-----|
| a. How smoking during pregnancy could affect your baby . . . . .                         | .N | Y   |
| b. Breastfeeding your baby . . . . .   | .N | Y   |
| c. How drinking alcohol during pregnancy could affect your baby . .                      | .N | Y   |
| d. Using a seat belt during your pregnancy . . . . .                                     | .N | Y   |
| e. Birth control methods to use after your pregnancy . . . . .                           | .N | Y   |
| f. Medicines that are safe to take during your pregnancy . . . . .                       | .N | Y   |
| g. How using illegal drugs could affect your baby . . . . .                              | .N | Y   |
| h. Doing tests to screen for birth defects or diseases that run in your family . . . . . | .N | Y   |
| i. What to do if your labor starts early . . . . .                                       | .N | Y   |
| j. Getting your blood tested for HIV (the virus that causes AIDS) . . . .                | .N | Y   |
| k. Physical abuse to women by their husbands or partners . . . . .                       | .N | Y   |

24. We would like to know how you felt about the prenatal care you got during your most recent pregnancy. If you went to more than one place for prenatal care, answer for the place where you got most of your care. For each item, circle Y (Yes) if you were satisfied or circle N (No) if you were not satisfied.

Were you satisfied with—

- |   | No | Yes |
|---|----|-----|
| a. The amount of time you had to wait after you arrived for your visits . . . . .       | .N | Y   |
| b. The amount of time the doctor or nurse spent with you during your visits . . . . .   | .N | Y   |
| c. The advice you got on how to take care of yourself . . . . .                         | .N | Y   |
| d. The understanding and respect that the staff showed toward you as a person . . . . . | .N | Y   |

25. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the following questions? For each item, circle Y (Yes) if someone asked you about it or circle N (No) if no one asked you about it.

- |  | No | Yes |
|--|----|-----|
| a. How much alcohol you were drinking . . . . .  | .N | Y   |
| b. If someone was hurting you emotionally or physically . . .                          | .N | Y   |
| c. If you were using illegal drugs (marijuana or hash, cocaine, crack, etc.) . . . . . | .N | Y   |
| d. If you wanted to be tested for HIV (the virus that causes AIDS) . . . . .           | .N | Y   |
| e. If you planned to use birth control after your baby was born . . . . .              | .N | Y   |

77. During your most recent pregnancy, did you feel you needed any of the following services? For each thing, circle Y (Yes) if you felt you needed the service or N (No) if you did not feel you needed the service.

Did you need—

- |  | No | Yes |
|--|----|-----|
| a. Money to buy food, food stamps, or WIC vouchers . . . . .   | .N | Y   |
| b. Help with an alcohol or drug problem. . . . .               | .N | Y   |
| c. Help to reduce violence in your home . . . . .              | .N | Y   |
| d. Counseling information for family and personal problems . . | .N | Y   |
| e. Help to quit smoking . . . . .                              | .N | Y   |
| f. Help with or information about breastfeeding . . . . .      | .N | Y   |
| g. Other . . . . .   | .N | Y   |
- Please tell us:

\_\_\_\_\_

78. During your most recent pregnancy, did you receive any of the following services? For each thing, circle Y (Yes) if you received the service or N (No) if you did not receive the service.

Did you receive—

- |  | No | Yes |
|--|----|-----|
| a. Money to buy food, food stamps, or WIC vouchers . . . . .   | .N | Y   |
| b. Help with an alcohol or drug problem . . . . .              | .N | Y   |
| c. Help to reduce violence in your home . . . . .              | .N | Y   |
| d. Counseling information for family and personal problems . . | .N | Y   |
| e. Help to quit smoking . . . . .                              | .N | Y   |
| f. Help with or information about breastfeeding . . . . .      | .N | Y   |
| g. Other . . . . .   | .N | Y   |
- Please tell us:

\_\_\_\_\_

If you did not smoke during the 3 months before you got pregnant with your new baby, go to Page 14, Question 80.

If you did not go for prenatal care, go to Page 14, Question 80.

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

- No
- Yes
- I had quit smoking before my first prenatal care visit

If your baby died, or is no longer living with you, go to Page 14, Question 82.

**72. Counting yourself, how many people live in your house, apartment, or trailer?**

\_\_\_\_\_ Adults (people aged 18 years or older)

\_\_\_\_\_ Babies, children, or teenagers (people aged 17 years or younger)

**73. What were the sources of your household's income during the past 12 months?** Check all that apply

- Paycheck or money from a job
- Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, general assistance, food stamps, or Supplemental Security Income
- Unemployment benefits
- Child support or alimony
- Social security, workers' compensation, veteran benefits, or pensions
- Money from a business, fees, dividends, or rental income
- Money from family or friends
- Other —————> Please tell us:

\_\_\_\_\_

**On the last few pages, there are questions on a variety of topics. Your answers should be for your most recent birth and the pregnancy leading up to that birth.**

**74. Which of the following statements best describes you during the 3 months before you became pregnant?**

- I was trying to get pregnant
- I wasn't trying to get pregnant or trying to keep from getting pregnant
- I was trying to keep from getting pregnant but was not trying very hard
- I was trying hard to keep from getting pregnant

**75. Thinking back to just before you got pregnant with your new baby, how did your husband or partner feel about your becoming pregnant?**

Check one answer

- He wanted me to be pregnant sooner
- He wanted me to be pregnant later
- He wanted me to be pregnant then
- He didn't want me to be pregnant then or at any time in the future
- I don't know
- I didn't have a husband or partner

**76. How did you feel when you found out you were pregnant with your new baby?**

**Were you—**

- Very unhappy to be pregnant
- Unhappy to be pregnant
- Not sure
- Happy to be pregnant
- Very happy to be pregnant

**The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.**

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

- No
- Yes

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

	No	Yes
a. Labor pains more than 3 weeks before your baby was due (preterm or early labor) . . . . .	.N	Y
b. High blood pressure (including preeclampsia or toxemia) or retained water (edema) . . . . .	.N	Y
c. Vaginal bleeding . . . . .	.N	Y
d. Problems with the placenta (such as abruptio placentae, placenta previa) . . . . .	.N	Y
e. Severe nausea, vomiting, or dehydration . . . . .	.N	Y
f. High blood sugar (diabetes) . . . . .	.N	Y
g. Kidney or bladder (urinary tract) infection . . . . .	.N	Y
h. Water broke more than 3 weeks before your baby was due (premature rupture of membranes, PROM) . . . . .	.N	Y
i. Cervix had to be sewn shut (incompetent cervix, cerclage) . . . . .	.N	Y
j. You were hurt in a car accident . . . . .	.N	Y

If you did not have any of these problems, go to Question 29.

**28. Did you do any of the following things because of these problem(s)?**

Check all that apply

- I went to the hospital or emergency room and stayed less than 1 day
- I went to the hospital and stayed 1 to 7 days
- I went to the hospital and stayed more than 7 days
- I stayed in bed at home more than 2 days because of my doctor's or nurse's advice

**The next questions are about smoking cigarettes and drinking alcohol.**

**29. Have you smoked at least 100 cigarettes in the past 2 years?** (A pack has 20 cigarettes.)

- No —————> Go to Page 6, Question 33
- Yes

**30. In the 3 months before you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day?** (A pack has 20 cigarettes.)

\_\_\_\_\_ Cigarettes OR \_\_\_\_\_ Packs

- Less than 1 cigarette a day
- I didn't smoke
- I don't know

**31. In the last 3 months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?**

\_\_\_\_\_ Cigarettes OR \_\_\_\_\_ Packs

- Less than 1 cigarette a day
- I didn't smoke
- I don't know

32. How many cigarettes or packs of cigarettes do you smoke on an average day *now*?

\_\_\_\_\_ Cigarettes OR \_\_\_\_\_ Packs

- Less than 1 cigarette a day  
 I don't smoke  
 I don't know

33. 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 36  
 Yes

34. a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?

- I didn't drink then  
 Less than 1 drink a week  
 1 to 3 drinks a week  
 4 to 6 drinks a week  
 7 to 13 drinks a week  
 14 drinks or more a week  
 I don't know

b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

\_\_\_\_\_ Times

- I didn't drink then  
 I don't know

35. a. During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?

- I didn't drink then  
 Less than 1 drink a week  
 1 to 3 drinks a week  
 4 to 6 drinks a week  
 7 to 13 drinks a week  
 14 drinks or more a week  
 I don't know

b. During the *last 3 months* of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

\_\_\_\_\_ Times

- I didn't drink then  
 I don't know

The next few questions are about the time after you gave birth to your new baby and things that may have happened after delivery.

66. 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 or their partner having a vasectomy, using birth control methods like the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, and not having sex at certain times [rhythm].)

- No  
 Yes → Go to Question 68

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

Check all that apply

- I am not having sex  
 I want to get pregnant  
 I don't want to use birth control  
 My husband or partner doesn't want to use anything  
 I don't think I can get pregnant (sterile)  
 I can't pay for birth control  
 I am pregnant now  
 Other → Please tell us:

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 after she gives birth.)

- No  
 Yes

69. In the months after your delivery, would you say that you were—

Check one answer

- Not depressed at all  
 A little depressed  
 Moderately depressed  
 Very depressed  
 Very depressed and had to get help

70. At any time during your pregnancy or after delivery, did a doctor, nurse, or other health care worker talk with you about "baby blues" (postpartum depression)?

- No  
 Yes

The next questions are about your family and the place where you live.

71. Which rooms are in the house, apartment, or trailer where you live?

Check all that apply

- Living room  
 Separate dining room  
 Kitchen  
 Bathroom(s)  
 Recreation room, den, or family room  
 Finished basement  
 Bedrooms → How many? \_\_\_\_\_

57. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

- \_\_\_\_\_ Hours
- Less than one hour a day
  - My baby is never in the same room with someone who is smoking

58. How 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

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

- Always
- Almost always
- Sometimes
- Rarely
- Never

60. Was your baby seen by a doctor, nurse, or other health care provider in the first week after he or she left the hospital?

- No —————→ Go to Question 62
- Yes

61. Was your new baby seen at home or at a health care facility?

- At home
- At a doctor's office, clinic, or other health care facility

62. Has your baby had a well-baby checkup?

- No —————→ Go to Question 65
- Yes

63. How many times has your baby been to a doctor or nurse for a well-baby checkup? (It may help to use the calendar.)

\_\_\_\_\_ Times

64. Where do you usually take your baby for well-baby checkups? Check one answer

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Community clinic
- Indian Health Service clinic
- Other —————→ Please tell us:

\_\_\_\_\_

65. Did any of these things keep your baby from having a well-baby checkup? Check all that apply

- I didn't have enough money or insurance to pay for it
- I had no way to get my baby to the clinic or office
- I didn't have anyone to take care of my other children
- I couldn't get an appointment
- My baby was too sick to go for routine care
- Other —————→ Please tell us:

\_\_\_\_\_

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

36. This question is about things that may have happened during the 12 months before your new baby was born. For each item, circle Y (Yes) if it happened to you or circle N (No) if it did not. (It may help to use the calendar.)

		No	Yes
a. A close family member was very sick and had to go into the hospital . . . . .	.N		Y
b. You got separated or divorced from your husband or partner . . .	.N		Y
c. You moved to a new address . . .	.N		Y
d. You were homeless . . . . .	.N		Y
e. Your husband or partner lost his job . . . . .	.N		Y
f. You lost your job even though you wanted to go on working . . .	.N		Y
g. You argued with your husband or partner more than usual . . . .	.N		Y
h. Your husband or partner said he didn't want you to be pregnant . . .	.N		Y
i. You had a lot of bills you couldn't pay . . . . .	.N		Y
j. You were in a physical fight . . . .	.N		Y
k. You or your husband or partner went to jail . . . . .	.N		Y
l. Someone very close to you had a bad problem with drinking or drugs . . . . .	.N		Y
m. Someone very close to you died . .	.N		Y

37. a. During the 12 months before you got pregnant, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

b. During the 12 months before you got pregnant, did anyone else physically hurt you in any way?

- No
- Yes

38. a. 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

b. During your most recent pregnancy, did anyone else physically hurt you in any way?

- No
- Yes

39. How would you describe the time during your pregnancy? Check one answer

- One of the happiest times of my life
- A happy time with few problems
- A moderately hard time
- A very hard time
- One of the worst times of my life

The next questions are about your labor and delivery. (It may help to look at the calendar when you answer these questions.)

**40. When was your baby due?**

Month Day Year

**41. When did you go into the hospital to have your baby?**

Month Day Year

I didn't have my baby in a hospital

**42. When was your baby born?**

Month Day Year

**43. When were you discharged from the hospital after your baby was born?**  
(It may help to use the calendar.)

Month Day Year

I didn't have my baby in a hospital

**44. After your baby was born, was he or she put in an intensive care unit?**

- No  
 Yes  
 I don't know

**45. After your baby was born, how long did he or she stay in the hospital?**

- Less than 24 hours (Less than 1 day)  
 24–48 hours (1–2 days)  
 3 days  
 4 days  
 5 days  
 6 days or more  
 My baby was not born in a hospital  
 My baby is still in the hospital

**46. How was your delivery paid for?**

Check all that apply

- Medicaid/Medical Assistance/MinnesotaCare  
 Personal income (cash, check, or credit card)  
 Health insurance or HMO  
 Indian Health Service  
 Other → Please tell us:

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

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

Month Day Year

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

- No  
 Yes → Go to Question 50

**49. When did your baby die?**

Month Day Year

Go to Page 11, Question 66

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

- No → Go to Page 11, Question 66  
 Yes

**51. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?**

- No  
 Yes → Go to Question 53

**52. What were your reasons for not breastfeeding your new baby?**

Check all that apply, then go to Page 10, Question 57.

- I had other children to take care of  
 I had too many household duties  
 I didn't like breastfeeding  
 I didn't want to be tied down  
 I was embarrassed to breastfeed  
 I went back to work or school  
 My husband or partner did not want me to breastfeed  
 I wanted my body back to myself  
 Other → Please tell us:

**53. Are you still breastfeeding or feeding pumped milk to your new baby?**

- No  
 Yes → Go to Question 56

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

Weeks OR  Months

- Less than 1 week

**55. What were your reasons for stopping breastfeeding?**

Check all that apply

- My baby had difficulty nursing  
 Breast milk alone did not satisfy my baby  
 I thought my baby was not gaining enough weight  
 My baby became sick and could not breastfeed  
 My nipples were sore, cracked, or bleeding  
 I thought I was not producing enough milk  
 I had too many other household duties  
 I felt it was the right time to stop breastfeeding  
 I became sick and could not breastfeed  
 I went back to work or school  
 My husband or partner wanted me to stop breastfeeding  
 I wanted or needed someone else to feed the baby  
 Other → Please tell us:

**56. How old was your baby the first time you fed him or her anything besides breast milk? (Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.)**

Weeks OR  Months

- My baby was less than one week old  
 I have not fed my baby anything besides breast milk

If your baby is still in the hospital, go to Page 11, Question 66.