

Minnesota PRAMS Questionnaire 2012-2015

Please mark your answers 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*. Please fill in your answers.

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 20

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

Yes Go to Question 5

No Go to Question 7

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

Yes

No

6. Was the baby *just before* your new one born *earlier* than 3 weeks before his or her due date? Circle one

Yes

No

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

7. At any time during the *12 months before* you got pregnant with your new baby, did you do any of the following things? For each item, circle **Yes** if you did and **No** if you did not do it.

a. I was dieting (changing my eating habits) to lose weight **Yes / No**

b. I was exercising 3 or more days of the week **Yes / No**

c. I was regularly taking prescription medicines other than birth control **Yes / No**

- d. I visited a health care worker and was checked for diabetes **Yes / No**
- e. I visited a health care worker and was checked for high blood pressure **Yes / No**
- f. I visited a health care worker and was checked for depression or anxiety **Yes / No**
- g. I talked to a health care worker about my family medical history **Yes / No**
- h. I had my teeth cleaned by a dentist or dental hygienist **Yes / No**

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

- a. Private health insurance from my job or the job of my husband, partner, or parents
- b. Private health insurance purchased directly from an insurance company
- c. Medicaid or Medical Assistance
- d. MinnesotaCare
- e. TRICARE or other military health care
- f. Indian Health Service or Tribal Health Service
- g. Some other kind of health insurance
- h. Please tell us:
- j. I did not have any health insurance during the *month before* I got pregnant

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

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

10. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about how to improve your health before pregnancy? Circle One Yes
No

11. Before you got pregnant, would you say that, in general, your health was— Circle One a.
Excellent
b. Very good
c. Good
d. Fair
e. Poor

12. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker tell you that you had any of the following health conditions? For each one, Circle Yes if you did and No if you did not have the condition.

- a. Type 1 or Type 2 diabetes (NOT the same as gestational diabetes or diabetes that starts during pregnancy) **Yes / No**
- b. High blood pressure or hypertension **Yes / No**
- c. Depression **Yes / No**

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

13. Thinking back to *just before* you got pregnant with your new baby, how did you feel about becoming pregnant? Circle One

- a. I wanted to be pregnant later **Go to Question 14**
- b. I wanted to be pregnant sooner **Go to Question 15**
- c. I wanted to be pregnant then **Go to Question 15**
- d. I didn't want to be pregnant then or at any time in the future **Go to Question 15**
- e. I wasn't sure what I wanted **Go to Question 15**

14. How much longer did you want to wait to become pregnant? Circle One

- a. Less than 1 year
- b. 1 year to less than 2 years
- c. 2 years to less than 3 years
- d. 3 years to 5 years
- e. More than 5 years

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

Yes **Go to Question 18**

No **Go to the next Question 16**

16. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? Some things people do to keep from getting pregnant include using birth control pills, condoms, withdrawal, or natural family planning.

Yes **Go to Question 18**

No **Go to the next Question 17**

17. What were your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant? Circle all that apply

- a. I didn't mind if I got pregnant
- b. I thought I could not get pregnant at that time
- c. I had side effects from the birth control method I was using
- d. I had problems getting birth control when I needed it
- e. I thought my husband or partner or I was sterile (could not get pregnant at all)
- d. My husband or partner didn't want to use anything
- e. I forgot to use a birth control method
- f. 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.)

18. How many weeks or months pregnant were you when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

Weeks **OR** Months

I didn't go for prenatal care Go to Question 20

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

Yes Go to Page 4, Question 21

No Go to Page 4, Question 20

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

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

If you did not get prenatal care, go to Question 24.

21. During your most recent pregnancy, what kind of health insurance did you have to pay for your prenatal care? Circle all that apply.

- a. Private health insurance from my job or the job of my husband, partner, or parents

- b. Private health insurance purchased directly from an insurance company
- c. Medicaid or Medical Assistance
- d. MinnesotaCare
- e. TRICARE or other military health care
- f. Indian Health Service or Tribal Health Service
- g. Some other kind of health insurance
- h. Please tell us:
- i. I did not have any health insurance to pay for my *prenatal care*.

If you had health insurance to pay for your *prenatal care*, go to Question 23.

22. What was the reason that you did not have any health insurance to pay for your *prenatal care*? Circle all that apply.

- a. Health insurance was too expensive
- b. I could not get health insurance from my job or the job of my husband or partner
- c. I applied for health insurance, but was waiting to get it
- d. I applied for health insurance, but was refused because of a preexisting medical condition
- e. I had problems with the health insurance application or paperwork
- f. My income was too high for the public program I wanted to apply for
- g. I didn't know how to get health insurance
- h. 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 **Yes if someone did and **No** if no one talked with you about it.**

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

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

Yes

No

I don't know

25. 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? Circle one. Yes

No

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

Yes, before my pregnancy **Go to Question 27** Yes,
during my pregnancy **Go to Question 27**

No **Go to Question 28**

27. During what month and year did you get the flu shot? Circle one answer.

Month Year 20

I don't remember

28. This question is about the care of your teeth *during your most recent* pregnancy. For each item, circle **Yes** if it is true and **No** if it is not true or does not apply to you.

a. I knew it was important to care for my teeth and gums during my pregnancy **Yes / No**

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

c. I had my teeth cleaned by a dentist or dental hygienist **Yes / No**

d. I had insurance to cover dental care during my pregnancy **Yes / No**

e. I needed to see a dentist for a problem **Yes / No**

f. I went to a dentist or dental clinic about a problem **Yes / No**

If you did not have any problems with your teeth or gums during your pregnancy, go to Question 30.

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

a. I could not find a dentist or dental clinic that would take pregnant patients **Yes / No**

- b. I could not find a dentist or dental clinic that would take Medicaid patients **Yes / No**
- c. I did not think it was safe to go to the dentist during pregnancy **Yes / No**
- d. I could not afford to go to the dentist or dental clinic **Yes / No**

30. 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? Circle one. Yes
No

31. 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. **Circle one.**
Yes **Go to Question 32**
No **Go to Question 33**

32. During *your most recent* pregnancy, how many times did the home visitor come to your home to help you learn how to prepare for your new baby? Circle one. a. 1 time
b. 2 to 4 times
c. 5 or more times

33. During *your most recent* pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)? Circle one.
Yes No

34. During *your most recent* pregnancy, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during *this* pregnancy)? Circle one.
Yes
No

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

35. Have you smoked any cigarettes in the *past 2 years*?
Yes **Go to Question 36**
No **Go to Question 39**

36. In the *3 months before* you got pregnant, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes. Circle one.
a. .41 cigarettes or more b. 21 to 40 cigarettes
c. 11 to 20 cigarettes
d. 6 to 10 cigarettes

- e. 1 to 5 cigarettes
- f. Less than 1 cigarette
- g. I didn't smoke then

37. In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes. Circle one.

- a. 41 cigarettes or more
- b. 21 to 40 cigarettes
- c. 11 to 20 cigarettes
- d. 6 to 10 cigarettes
- e. 1 to 5 cigarettes
- f. Less than 1 cigarette
- g. I didn't smoke then

38. How many cigarettes do you smoke on an average day *now*? A pack has 20 cigarettes. Circle one.

- a. 41 cigarettes or more
- b. 21 to 40 cigarettes
- c. 11 to 20 cigarettes
- d. 6 to 10 cigarettes
- e. 1 to 5 cigarettes
- f. Less than 1 cigarette
- g. I don't smoke now

39. 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? Circle one.

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

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

40. 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. Circle one.

Yes **Go to Question 43**

No **Go to Question 41**

41. During the *3 months before* you got pregnant, how many alcoholic drinks did you have in an average week? Circle one.

- a. 14 drinks or more a week
- b. 7 to 13 drinks a week
- c. 4 to 6 drinks a week
- d. 1 to 3 drinks a week
- e. Less than 1 drink a week
- f. I didn't drink then

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

- a. 14 drinks or more a week
- b. 7 to 13 drinks a week
- c. 4 to 6 drinks a week
- d. 1 to 3 drinks a week
- e. Less than 1 drink a week
- f. I didn't drink then

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

43. This question is about things that may have happened during the *12 months before your new baby was born*. For each item, circle **Yes** if you did and **No** if it did not happen to you. (It may help to look at the calendar when you answer these questions.)

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

44. During the 12 months before your new baby was born, did you ever get emergency food from a church, a food pantry, or a food bank, or eat in a food kitchen? Circle one. Yes

No

45. During the 12 months before your new baby was born, did you feel emotionally upset (for example, angry, sad, or frustrated) as a result of how you were treated *based on your race*? Circle one.

Yes

No

46. During the 12 months before you got pregnant with your new baby, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way? Circle one.

Yes

No

47. During your most recent pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way? Circle one.

Yes

No

The next questions are about your labor and delivery.

48. When was your new baby born? Please complete.

Month Day Year 20

49. By the end of your most recent pregnancy, how much weight had you gained? Please complete or choose one.

a. I gained pounds

b. I didn't gain any weight, but I lost pounds

c. My weight didn't change during my pregnancy

d. I don't know

AFTER PREGNANCY

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

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

Yes

No

I don't know

51. After your baby was delivered, how long did he or she stay in the hospital? Circle one.

a. Less than 24 hours (less than 1 day)

b. 24 to 48 hours (1 to 2 days)

c. 3 to 5 days

d. 6 to 14 days

- e. More than 14 days
- f. My baby was not born in a hospital
- g. My baby is still in the hospital **Go to Question 54**

52. Is your baby alive now? Circle one. Yes Go to Page 10, Question 53

No *We are very sorry for your loss.* **Go to Question 67**

53. Is your baby living with you now?

Yes **Go to Question 54**

No **Go to Question 65**

54. During *your most recent* pregnancy, what did you think about breastfeeding your new baby? Circle one.

- a. I knew I would breastfeed
- b. I thought I might breastfeed
- c. I knew I would ***not*** breastfeed
- d. I didn't know what to do about breastfeeding

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

Yes

No **Go to Question 60**

56. Are you currently breastfeeding or feeding pumped milk to your new baby? Choose one.

Yes **Go to Question 59**

No

57. How many weeks or months did you breastfeed or pump milk to feed your baby? Choose one and complete.

Weeks **OR** Months

Less than 1 week

58. What were your reasons for stopping breastfeeding? Circle ALL that apply

- a. My baby had difficulty latching or nursing
- b. Breast milk alone did not satisfy my baby
- c. I thought my baby was not gaining enough weight
- d. My nipples were sore, cracked, or bleeding
- e. It was too hard, painful, or too time consuming
- f. I thought I was not producing enough milk, or my milk dried up
- g. I had too many other household duties
- h. I felt it was the right time to stop breastfeeding

- i. I got sick or I had to stop for medical reasons
- j. I went back to work or school
- k. My baby was jaundiced (yellowing of the skin or whites of the eyes)
- l. Other Please tell us:

59. How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)? Complete or circle one.

Weeks **OR** Months

My baby was less than 1 week old

My baby has not had any liquids other than breast milk

60. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)? Complete or circle one.

Weeks **OR** Months

My baby was less than 1 week old

My baby has not eaten any foods

61. Since your new baby was born, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, circle Yes if someone did and No if no one talked with you about it.

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

62. Did a doctor, nurse, or other health care worker talk with you about how to lay your new baby down to sleep? Circle one.

Yes

No

If your baby is still in the hospital, go to Question 65.

63. In which one position do you most often lay your baby down to sleep now? Circle one. a.

On his or her side

b. On his or her back

c. On his or her stomach

64. Listed below are some things that describe how your new baby *usually* sleeps. For each item, circle **Yes** if it usually applies to your baby and **No** if it doesn't usually apply to your baby.

- a. My new baby sleeps in a crib or portable crib **Yes /**
- b. My new baby sleeps on a firm or hard mattress **Yes / No**
- c. My new baby sleeps with pillows **Yes / No**
- d. My new baby sleeps with bumper pads **Yes / No**
- e. My new baby sleeps with plush or thick blankets **Yes / No**
- f. My new baby sleeps with stuffed toys **Yes / No**
- g. My new baby sleeps with an infant positioner **Yes / No**
- h. My new baby sleeps with me or another person **Yes / No**

65. *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. Circle one.

Yes **Go to Question 66**

No **Go to Question 67**

66. *Since your new baby was born, how many times has a home visitor come to your home to help you learn how to take care of yourself or your new baby?* Circle one.

- a. 1 time
- b. 2 to 4 times
- c. 5 or more times

67. Are you or your husband or partner doing anything *now* to keep from getting pregnant? Some things people do to keep from getting pregnant include using birth control pills, condoms, withdrawal, or natural family planning. Circle one.

Yes **Go to Question 69**

No **Go to Question 68**

68. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*? Circle all that apply.

- a. I am not having sex
- b. I want to get pregnant
- c. I don't want to use birth control
- d. I am worried about side effects from birth control
- e. My husband or partner doesn't want to use anything
- f. I have problems getting birth control when I need it
- g. I had my tubes tied or blocked
- h. My husband or partner had a vasectomy

- i. I am pregnant now
- j. Other Please tell us:

If you or your husband or partner is not doing anything to keep from getting pregnant now, go to Question 70.

69. What kind of birth control are you or your husband or partner using *now* to keep from getting pregnant? Circle ALL that apply

- a. Tubes tied or blocked (female sterilization, Essure[®], Adiana[®])
- b. Vasectomy (male sterilization)
- c. Birth control pill
- d. Condoms
- e. Injection (Depo-Provera[®])
- f. Contraceptive implant (Implanon[®])
- g. Contraceptive patch (OrthoEvra[®]) or vaginal ring (NuvaRing[®])
- h. IUD (including Mirena[®] or ParaGard[®])
- i. Natural family planning (including rhythm method)
- j. Withdrawal (pulling out)
- k. Not having sex (abstinence)
- l. Other Please tell us:

70. *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. Circle one.

Yes **Go to Question 71**

No **Go to Question 72**

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

No

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

- a. Always
- b. Often
- c. Sometimes
- d. Rarely
- e. Never

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

- a. Always
- b. Often
- c. Sometimes
- d. Rarely
- e. Never

74. What kind of *health insurance* do you have *now*? Circle ALL that apply.

- a. Private health insurance from my job or the job of my husband, partner, or parents
- b. Private health insurance purchased directly from an insurance company
- c. Medicaid or Medical Assistance
- d. MinnesotaCare
- e. TRICARE or other military health care
- f. Indian Health Service or Tribal Health Service
- g. Some other kind of health insurance Please tell us:
- h. I do not have health insurance *now*

OTHER EXPERIENCES

The next questions are on a variety of topics.

75. *Before your new baby was born, did any of the following things happen?* Circle ALL that apply.

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

76. *During your most recent pregnancy, about how many hours a day, on average, were you in the same room or vehicle with another person who was smoking?* Complete or circle one.

Hours

1 hour a day or less

I was never in the same room or vehicle with someone who was smoking

77. *How would you describe the time during your most recent pregnancy?* Circle one.

- a. One of the happiest times of my life
- b. A happy time with few problems
- c. A moderately hard time

- d. A very hard time
- e. One of the worst times of my life

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

- a. Someone to loan me \$50 **Yes / No**
- b. Someone to help me if I were sick and needed to be in bed **Yes / No**
- c. Someone to take me to the clinic or doctor's office if I needed a ride **Yes / No**
- d. Someone to talk with about my problems **Yes / No**

If your baby is not alive, is not living with you, or is still in the hospital, go to Question 80.

79. Since you delivered your new baby, would you have the kinds of help listed below if you needed them? For each one, circle **Yes** if you would and **No** if you would not have it.

- a. Someone to loan me \$50 **Yes / No**
- b. Someone to help me if I were sick and needed to be in bed **Yes / No**
- c. Someone to talk with about my problems **Yes / No**
- d. Someone to take care of my baby **Yes / No**
- e. Someone to help me if I were tired and feeling frustrated with my new baby **Yes / No**

80. Since your new baby was born, have you been tested for diabetes or high blood sugar?
Yes / No

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

81. 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. **Please circle one.**

- a. \$0 to \$15,000
- b. \$15,001 to \$19,000
- c. \$19,001 to \$22,000
- d. \$22,001 to \$26,000
- e. \$26,001 to \$29,000
- f. \$29,001 to \$37,000
- g. \$37,001 to \$44,000
- h. \$44,001 to \$52,000

- i. \$52,001 to \$56,000
- j. \$56,001 to \$67,000
- k. \$67,001 to \$79,000
- l. \$79,001 or more

82. During the 12 months before your new baby was born, how many people, including yourself, depended on this income? Please complete. Number of People

83. What is today's date? Please complete.

Month Day Year 20

Please use this space for any additional comments you would like to make about your experiences around the time of your pregnancy or the health of mothers and babies in Minnesota.

Thanks for answering our questions! Your answers will help us work to make Minnesota mothers and babies healthier.