

PRAMS Survey Phase 8

Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

BEFORE PREGNANCY

The first questions are about *you*.

1. How tall are *you* without shoes?

___ feet ___ inches **OR** ___ centimeters

2. *Just before you got pregnant with your new baby, how much did you weigh?*

___ pounds **OR** ___ kilos

3. What is your date of birth?

___ / ___ / ___

Month Day Year

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

4. During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

- a. Type 1 or Type 2 diabetes (**not** gestational diabetes or diabetes that starts during pregnancy)
- b. High blood pressure or hypertension
- c. Depression
- d. Asthma
- e. Anemia (poor blood, low iron)
- f. Heart problems
- g. Epilepsy (seizures)
- h. Thyroid problems
- i. PCOS (polycystic ovarian syndrome)
- j. Anxiety

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

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

6. In the **12 months before you got pregnant with your new baby**, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?

- No
- Yes (**Go to Question 8**)

7. Why didn't you have any health care visits in the **12 months before you got pregnant with your new baby**? [Check ALL that apply]

- I didn't have health insurance to cover the cost of the visit
- I felt fine and did not think I needed to have a visit
- I couldn't get an appointment when I wanted one
- I didn't have any transportation to get to the clinic or doctor's office
- I couldn't take time off from work
- Other (Please tell us: _____)

If you did not have any health care visits, go to Question 10.

8. 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]

- a. Regular checkup at my family doctor's office
- b. Regular checkup at my OB/GYN's office
- c. Visit for an illness or chronic condition
- d. Visit for an injury
- e. Visit for family planning or birth control
- f. Visit for depression or anxiety
- g. Visit to have my teeth cleaned by a dentist or a dental hygienist
- h. Other (Please tell us: _____)

9. 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.

- a. Tell me to take a vitamin with folic acid
- b. Talk to me about maintaining a healthy weight
- c. Talk to me about controlling any medical conditions such as diabetes or high blood pressure
- d. Talk to me about my desire to have or not have children
- e. Talk to me about using birth control to prevent pregnancy
- f. Talk to me about how I could improve my health before a pregnancy
- g. Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis
- h. Ask me if I was smoking cigarettes
- i. Ask me if someone was hurting me emotionally or physically
- j. Ask me if I was feeling down or depressed
- k. Ask me about the kind of work I do

- I. Test me for HIV (the virus that causes AIDS)

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

10. 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 Health Insurance Marketplace or MNSure or HealthCare.gov
- Medicaid or Medical Assistance
- MinnesotaCare
- TRICARE or other military health care
- Indian Health Service or Tribal Health Service
- Other health insurance (Please tell us: _____)
- I did not have any health insurance during the *month before* I got pregnant

11. 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 Question 12)
- 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 Health Insurance Marketplace or MNSure or HealthCare.gov
- Medicaid or Medical Assistance
- MinnesotaCare
- TRICARE or other military health care
- Indian Health Service or Tribal Health Service
- Other health insurance (Please tell us: _____)
- I did not have any health insurance for my *prenatal care*

12. 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 Health Insurance Marketplace or MNSure or HealthCare.gov
- Medicaid or Medical Assistance
- MinnesotaCare
- TRICARE or other military health care
- Indian Health Service or Tribal Health Service
- Other health insurance (Please tell us: _____)
- I do not have health insurance *now*

13. 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

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

- No
- Yes (**Go to page 4, Question 16**)

15. 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

DURING PREGNANCY

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

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

___ Weeks OR ___ Months

- I didn't go for prenatal care (**Go to Question 18**)

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

- No (**Go to Question 18**)
- Yes (**Go to Question 19**)

18. 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.

- a. I couldn't get an appointment when I wanted one
- b. I didn't have enough money or insurance to pay for my visits
- c. I didn't have any transportation to get to the clinic or doctor's office
- d. The doctor or my health plan would not start care as early as I wanted
- e. I had too many other things going on
- f. I couldn't take time off from work or school
- g. I didn't have my Medicaid, Medical Assistance, or MinnesotaCare card

- h. I didn't have anyone to take care of my children
- i. I didn't know that I was pregnant
- j. I didn't want anyone else to know I was pregnant
- k. I didn't want prenatal care

If you did not get prenatal care, go to Question 20.

19. 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.

- a. If I knew how much weight I should gain during pregnancy
- b. If I was taking any prescription medication
- c. If I was smoking cigarettes
- d. If I was drinking alcohol
- e. If someone was hurting me emotionally or physically
- f. If I was feeling down or depressed
- g. If I was using drugs such as marijuana, cocaine, crack, or meth
- h. If I wanted to be tested for HIV (the virus that causes AIDS)
- i. If I planned to breastfeed my new baby
- j. If I planned to use birth control after my baby was born

20. During the 12 months *before the delivery* of your new baby, did a doctor, nurse, or other health care worker *offer* you a flu shot or *tell* you to get one?

- No
- Yes

21. During the 12 months *before the delivery* of your new baby, did you get a flu shot? [Check ONE answer]

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

22. During your *most recent* pregnancy, did you get a Tdap shot or vaccination? A Tdap vaccination is a tetanus booster shot that also protects against pertussis (whooping cough).

- No
- Yes
- I don't know

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

- No
- Yes

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

- a. I knew it was important to care for my teeth and gums during my pregnancy
- 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**

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

- a. I could not find a dentist or dental clinic that would take pregnant patients
- b. I could not find a dentist or dental clinic that would take Medicaid patients
- c. I did not think it was safe to go to the dentist during pregnancy
- d. I could not afford to go to the dentist or dental clinic

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

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

27. During your most recent pregnancy, did a doctor, nurse, or other health care worker give you a series of weekly shots of a medicine called progesterone, Makena, or 17P (17 alpha-hydroxyprogesterone) to try to keep your new baby from being born too early?

- No
- Yes
- I don't know

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

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

- No (**Go to Question 32**)
- Yes

29. 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

30. 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

31. 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

32. How many cigarette smokers, not including yourself, live in your home *now*?

_____ Number of smokers

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.

33. 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.

- E-cigarettes or other electronic nicotine products
- Hookah

If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 34. Otherwise, go to Question 36.

34. 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

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

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

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

36. Have you had any alcoholic drinks in the *past 2 years*? A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

- No (**Go to page 8, Question 39**)
- Yes

37. 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

38. 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.

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

- a. A close family member was very sick and had to go into the hospital
- b. I got separated or divorced from my husband or partner
- c. I moved to a new address

- d. I was homeless or had to sleep outside, in a car, or in a shelter
- e. My husband or partner lost their job
- f. I lost my job even though I wanted to go on working
- g. My husband, partner, or I had a cut in work hours or pay
- h. I was apart from my husband or partner due to military deployment or extended work-related travel
- i. I argued with my husband or partner more than usual
- j. My husband or partner said they didn't want me to be pregnant
- k. I had problems paying the rent, mortgage, or other bills
- l. My husband, partner, or I went to jail
- m. Someone very close to me had a problem with drinking or drugs
- n. Someone very close to me died

40. 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?

- No
- Yes

41. During the 12 months before your new baby was born, how often did you feel unsafe in the neighborhood where you lived?

- Always
- Often
- Sometimes
- Rarely
- Never

42. 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?

- No
- Yes

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

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

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

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

AFTER PREGNANCY

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

45. When was your new baby born?

____ / ____ / 20____
Month Day Year

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

- 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 49**)

47. Is your baby alive now?

- No *We are very sorry for your loss. Go to page 11, Question 59*
- Yes

48. Is your baby living with you now?

- No (**Go to page 11, Question 59**)
- Yes (**Go to Question 49**)

49. 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.

- a. My doctor
- b. A nurse, midwife, or doula
- c. A breastfeeding or lactation specialist
- d. My baby's doctor or health care provider
- e. A breastfeeding support group
- f. A breastfeeding hotline or toll-free number
- g. Family or friends
- h. Other

Please tell us: _____

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

- No (**Go to page 10, Question 54**)
- Yes

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

- No (Go to page 10, Question 53)
- Yes

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

- Less than 1 week
_____ Weeks OR _____ Months

If your baby was not born in a hospital, go to Question 54.

53. This question asks about things that may have happened at the hospital where your new baby was born. For each item, check **No** if it did not happen or **Yes** if it did.

- a. Hospital staff gave me information about breastfeeding
- b. My baby stayed in the same room with me at the hospital
- c. I breastfed my baby in the hospital
- d. Hospital staff helped me learn how to breastfeed
- e. I breastfed in the first hour after my baby was born
- f. My baby was placed in skin-to-skin contact within the first hour of life
- g. My baby was fed only breast milk at the hospital
- h. Hospital staff told me to breastfeed whenever my baby wanted
- i. The hospital gave me a breast pump to use
- j. The hospital gave me a gift pack with formula
- k. The hospital gave me a telephone number to call for help with breastfeeding
- l. Hospital staff gave my baby a pacifier

If your baby is still in the hospital, go to Question 59

54. 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

55. 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 57)

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

- No
- Yes

57. 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.**

- a. In a crib, bassinet, or pack and play
- b. On a twin or larger mattress or bed
- c. On a couch, sofa, or armchair
- d. In an infant car seat or swing
- e. In a sleeping sack or wearable blanket
- f. With a blanket
- g. With toys, cushions, or pillows, including nursing pillows
- h. With crib bumper pads (mesh or non-mesh)

58. 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.**

- a. Place my baby on his or her back to sleep
- b. Place my baby to sleep in a crib, bassinet, or pack and play
- c. Place my baby's crib or bed in my room
- d. What things should and should not go in bed with my baby

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

- No
- Yes (**Go to Question 61**)

60. 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 62.

61. 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: _____

62. Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.

- No (Go to page 12, Question 64)
- Yes (Go to Page 12, Question 63)

63. 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.

- a. Tell me to take a vitamin with folic acid
- b. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy
- c. Talk to me about how long to wait before getting pregnant again
- d. Talk to me about birth control methods I can use after giving birth
- e. Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera), NuvaRing, or condoms
- f. Insert an IUD (Mirena, ParaGard, Liletta, or Skyla) or a contraceptive implant (Nexplanon or Implanon)
- g. Ask me if I was smoking cigarettes
- h. Ask me if someone was hurting me emotionally or physically
- i. Ask me if I was feeling down or depressed
- j. Test me for diabetes

64. Since your new baby was born, have you been tested for diabetes or high blood sugar?

- No
- Yes

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

- Always
- Often
- Sometimes
- Rarely
- Never

66. 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

67. Since your new baby was born, have any of the following things happened to you? For each thing, check **No** if it did not happen to you or **Yes** if it did.

- a. My husband or partner threatened me or made me feel unsafe in some way
- b. I was frightened for my safety or my family's safety because of the anger or threats of my husband or partner
- c. My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go
- d. My husband or partner forced me to take part in touching or any sexual activity when I did not want to

OTHER EXPERIENCES

The next questions are on a variety of topics.

68. During your most recent pregnancy, did you get any of these services? For each one, check **No** if you did not get the service and **Yes** if you did.

- a. Parenting classes
- b. Counseling for depression or anxiety

69. During your most recent pregnancy, did you receive any of the following services? For each one, check **No** if you did not receive the service or **Yes** if you received the service.

- a. Food stamps or money to buy food
- b. WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)
- c. Counseling information for family and personal problems
- d. Help to quit smoking
- e. Help to reduce violence in my home
- f. Other

Please tell us: _____

70. Did you experience discrimination by health care providers during your prenatal care, labor, or delivery because of the things listed below? For each item, check **No** if you did not experience discrimination or **Yes** if you experienced discrimination.

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

Please tell us: _____

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

- No (Go to page 14, Question 77)
- Yes

72. Which of the following best describes your work schedule during the last month of your most recent pregnancy? [Check ONE answer]

- I worked up to the time of delivery with no change in schedule
- I cut back on my work hours
- I took time off before the birth of my baby
- I stopped working due to doctor's orders
- I quit my job (Go to page 14, Question 77)
- I was laid off or fired from my job (Go to page 14, Question 77)

73. 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 page 14, Question 77)
- No, but I will be returning
- Yes

74. 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 (Go to page 14, Question 76)

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

____ Weeks **OR** ____ Months

- Less than 1 week

76. Did any of the things listed below affect your decision about taking leave from work after your new baby was born? For each item, check No if it does not apply to you or Yes if it does.

- a. I could not financially afford to take leave
- b. I was afraid I'd lose my job if I took leave or stayed out longer
- c. I had too much work to do to take leave or stay out longer
- d. My job does not have paid leave
- e. My job does not offer a flexible work schedule
- f. I had not built up enough leave time to take any or more time off

77. 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
- Religious community
- Someone else
- Please tell us: _____
- No one would help me

If your baby is not alive or is not living with you, go to Question 79.

78. Since your new baby was born, have you used any of these services? For each one, check **No** if you did not use the service or **Yes** if you did.

- a. Parenting classes
- b. Counseling for depression or anxiety

79. Have you ever had chickenpox (varicella) or been vaccinated for chickenpox?

- No
- Yes

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

80. 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

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

_____ People

82. 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 mother and babies in Minnesota.

Thanks for answering our questions! Your answers will help us work to keep mothers and babies in Minnesota healthy.