

First, we would like to ask you a few questions about the time before your new baby was born. Please check the box next to the best answer.

1. Before your new baby, did you ever have any other babies who were born alive?
 No- **Go to Question 4**
 Yes
2. Did the baby just before your new one weigh 5 pounds, 8 ounces *or less* at birth?
 No
 Yes
3. Was the baby just before your new one born *more* than 3 weeks before its due date?
 No
 Yes

Next are some questions about the time just before and during your pregnancy with your new baby. It may help to look at the calendar when you answer these questions.

4. 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
5. Thinking back to *just before* you got pregnant, how did you feel about becoming pregnant?
Check the best answer.
 I wanted to become pregnant sooner.
 I wanted to become pregnant later.
 I wanted to be pregnant then.
 I didn't want to be pregnant then or at any time in the future.
 I don't know
6. *Just before* you got pregnant, did you have health insurance?
Don't count Medicaid.
 No
 Yes
7. *Just before* you got pregnant, were you on Medicaid?
 No
 Yes

8. When you got pregnant with your new baby, were you or your husband or partner using any kind of birth control?
Birth control means the pill, condoms, diaphragm, foam, rhythm, Norplant®, shots (Depo-Provera®), or ANY other way to keep from getting pregnant.
- No
 Yes- **Go to Question 10**
9. Why were you or your husband or partner not using any birth control?
Check all that apply.
- I wanted to get pregnant.
 I didn't think I could get pregnant.
 I had been having side effects from the birth control I used
 I didn't want to use birth control.
 I didn't think I was going to have sex.
 My husband or partner didn't want to use birth control.
 Other- Please tell us:

The next questions are about the prenatal care you got 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 check-ups and advice about pregnancy. It may help to look at a calendar when you answer these questions.

10. 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 (Women, Infants, and Children's Nutrition Program).
- _____ Weeks or _____ Months
- I did not go for prenatal care
11. Did you get prenatal care as early in your pregnancy as you wanted?
- No
 Yes- **Go to Question 13**
 I did not want prenatal Care-**Go to Question 13**
12. 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
- I couldn't find a doctor or a nurse who would take me as a patient
- 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 Question 17.

13. During each month of your pregnancy, about how many visits for prenatal care did you have? **If you don't know exactly How many, please give us your best guess. Don't count visits for WIC. It may help to use the calendar.**

Month of Pregnancy How many visits?

First month		
Second month		
Third month		
Fourth month		
Fifth month	_____	
Sixth month		_____
Seventh month		_____
Eighth month		_____
Ninth month		_____

I did not go for prenatal Care- **Go to Question 17**

14. Where did you go *most of the time* for your prenatal visits? **Don't count visits for WIC. Check one answer.**

- Hospital clinic
- Health department clinic
- Private doctor's office
- Community health clinic
- Other- Please tell us:

15. How was your prenatal care paid for? **Check all that apply.**

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance
- Other- Please tell us:

16. 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? **For each thing, please circle Y (Yes) if someone talked with you about it or N (No) if no one talked with you about it.**

No Yes

a. What you should eat during your pregnancy..... N Y

- b. How smoking during pregnancy could affect your baby..... N Y
- c. Breast-feeding your baby..... N Y
- d. How drinking alcohol during pregnancy could affect your baby..... N Y
- e. Using a seat belt during your pregnancy..... N Y
- f. Birth control methods to use after your pregnancy..... N Y
- g. The kinds of medicines that were safe to take during your pregnancy..... N Y
- h. How using illegal drugs could affect your baby..... N Y
- i. How your baby grows and develops during your pregnancy..... N Y
- j. What to do if your labor starts early..... N Y
- k. How to keep from getting HIV (the virus that causes AIDS)..... N Y
- l. Getting your blood tested for HIV (the virus that causes AIDS)..... N Y
- m. Physical abuse to women by their husbands or partners..... N

17. During your pregnancy, were you on WIC? No
 Yes

18. *Just before* you got pregnant, _____ Pounds or _____ Kilos
how much did you weigh? I don't know

19. How tall are you without shoes? _____ Feet _____ Inches
or
_____ Centimeters

20. Have you ever heard or read that taking the
vitamin folic acid can help prevent
some birth defects? No
 Yes

The next questions are about smoking cigarettes and drinking alcohol.

21. Have you smoked at least 100
cigarettes in your entire life? No- **Go to Question 25**
 Yes

22. 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.) Less than 1 cigarette a day
 I didn't smoke
 I don't know
how many times did you drink 5 or more
alcoholic drinks at one sitting?

23. In the *last 3 months* of your pregnancy, 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
24. 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 didn't smoke
 I don't know
- 25a. During the *3 months before* you got pregnant, how many alcoholic drinks did you have in an average week? (A drink is one glass of wine, one can or bottle of beer, one shot of liquor, or one mixed drink.)
 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 or more drinks a week
 I don't know
- 25b. During the *3 months before* you got pregnant, how many times did you drink 5 or more alcoholic drinks at one sitting? _____ Times
 I didn't drink then
 I don't know
- 26a. 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 or more drinks a week
 I don't know
- 26b. During the *last 3 months* of your pregnancy, _____ Times
 I didn't drink then
 I don't know

The next questions are about times you may have had to stay in the hospital while you were pregnant. Please **DO NOT COUNT** the time you went to the hospital to have your baby.

27. *Not counting* the time you went to the hospital to have your baby, how many *other* times during your pregnancy did you go into a hospital and stay *at least one night*? None- **Go to Question 30**
 1 Time
 2 Times
 3 Times
 4 Times or more
28. What problems caused you to stay in the hospital?
Check all of the problems that you had. Labor pains more than 3 weeks my due date (premature labor)
 High blood pressure preeclampsia or toxemia)
 Vaginal bleeding or placenta problems
 Nausea, vomiting, or dehydration
 Kidney or bladder infection
 High blood sugar (diabetes)
 Other- Please tell us:
29. How many months pregnant were you the *first* time you had to go into a hospital and stay at least one night? _____ Months

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

30. This question is about things that may have happened during the *12 months before you delivered* your new baby. This includes the months before you got pregnant. **For each thing, circle Y (Yes) if it happened to you or 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 and your husband or partner argued more than usual..... | N | Y |
| h. Your husband or partner said he did not want you to be pregnant..... | N | Y |
| i. You had a lot of bills you couldn't pay..... | N | Y |
| j. You were involved 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. Some one very close to you died..... | N | Y |

The next questions are about physical abuse. Physical abuse means pushing, hitting, slapping, kicking, or any other way of physically hurting someone.

31. During the **12 months before you got pregnant** with your new baby, did any of these people physically abuse you?
Check all that apply.
- My husband or partner
 - A family or household member **other than** my husband or partner
 - A friend
 - Someone else- Please tell us:

 - No one physically abused me during the 12 months before I got pregnant

32. **During your most recent pregnancy**, did any of these people physically abuse you?
Check all that apply.
- My husband or partner
 - A family or household member, **other than** my husband or partner
 - A friend
 - Someone else- Please tell us:

 - No one physically abused me during my pregnancy- **Go to Question 34**

33. **During your most recent pregnancy**, would you say that you were physically abused **more** often, **less** often, or **about the same** compared with the **12 months before** you got pregnant?
Check only one answer.
- I was physically abused **more often** during my pregnancy
 - I was physically abused **less often** during my pregnancy
 - I was physically abused **about the same** during my pregnancy
 - No one physically abused me during the **12 months before** I got pregnant

The next questions are about your labor and delivery.

34. When was your baby due? _____ / _____ / _____
Month Day Year
35. When was your baby born? _____ / _____ / _____
Month Day Year
36. When did you go into the hospital to have your baby? _____ / _____ / _____
Month Day Year
- I did not have my baby in a hospital
37. When you had your baby, how many nights did you stay in the hospital? _____ Nights
- I did not stay overnight in the hospital
 - I did not have my baby in a hospital

38. When your baby was born, how many nights did he or she stay in the hospital? _____ Nights
 My baby did not stay overnight in the hospital
 My baby was not born in a hospital

39. When your baby was born, was he or she put in an intensive care unit?
 No
 Yes
 I don't know

40. How was your delivery paid for?
Check all that apply.
 Medicaid
 Personal income (cash, check, or credit card)
 Health insurance
 Other- Please tell us:

41. Is your baby alive now?
 No - When did your baby die? _____ / _____ / _____
month day year
 Yes- Is your baby living with you now?
 No
 Yes

If your baby is not alive or is not living with you now, go to Question 48.

42. For how many weeks did you breast-feed your new baby? _____ Weeks
 I didn't breast-feed my baby- **Go to Question 44**
 I breast-fed less than 1 week- **Go to Question 44**
 I'm still breast-feeding

43. How many weeks old was your baby the first time you fed him or her anything besides breast milk?
Include formula, baby food, juice, cow's milk, or anything else. _____ Weeks
 My baby was less than 1 week old
 I haven't fed my baby anything besides breast milk

44. About how many hours a day, on average is your new baby in the same room with someone who is smoking? _____ Hour(s)
 My baby is never in the same room with someone who is smoking

45. How do you put your new baby down to sleep *most* of the time?
Check one answer.
 On his or her side
 On his or her back
 On his or her stomach

46. How many times has your baby been to _____ Time(s)
 a doctor or nurse for *routine* well baby care? My baby hasn't been for routine
Don't count the times you took your baby well baby care- Go to Question 48
for care when he or she was sick. It may help to use the calendar.

47. When your baby goes for *routine* well baby care, where do you take him or her?
Check all the places that you use.

- Hospital clinic
- Health department clinic
- Private doctor's office
- Community health clinic
- Other- Please tell us:

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

48. Which rooms are in the house, apartment, or trailer where you live?
Check all that you have.

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

49. How many people live in your house, apartment, or trailer? **Count yourself.**

How many?

Babies, children, or teens aged 17 years or younger _____
 Adults aged 18 years or older _____

50. What were the sources of your family income during the past 12 months?
Check all that apply.

- Money from a job or business
- Aid such as TANF (formerly AFDC), Welfare, public assistance, general assistance, food stamps, or SSI
- Unemployment benefits
- Child support or alimony
- Fees, rental income, commissions, interest, dividends
- Social Security, worker's compensation, veteran benefits, or pensions
- Other-Please tell us:

51. What is today's date? _____/_____/_____
Month Day Year

52. What is *your* date of birth? _____/_____/_____
Month Day Year

If you *did not* go for prenatal care, go to Question 56.

53. 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 thing, circle Y (Yes) if you were satisfied or N (No) if you were not satisfied.**

	No	Yes
Were you satisfied with---		
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

54. At any time during your prenatal care, No
did a doctor, nurse, or other health care Yes
worker ask if you were smoking?

55. At any time during your prenatal care, No
did a doctor, nurse, or other health care Yes
worker ask if you were drinking alcoholic
beverages (beer, wine, wine cooler, or liquor)?

56. At any time during your most recent No
pregnancy *or* delivery, did you have Yes
a blood test for HIV (the virus that I don't know
causes AIDS)?

57. This question is about care of your teeth during your most recent pregnancy. **For each thing, circle Y (Yes) if it is true or N (No) if it is not true.**

	No	Yes
a. I needed to see a dentist for a problem.....	N	Y
b. I went to a dentist or dental clinic.....	N	Y
c. A dental or other health care worker talked with me about how to care for my teeth and gums.....	N	Y

58. Are you or your husband or partner using any kind of birth control *now*?
 No
 Yes- **Go to Question 60**

Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant®, shots (Depo-Provera®), or ANY other way to keep from getting pregnant.

59. What are your reasons for not using any birth control 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 birth control
- I don't think I can get pregnant
- I can't pay for birth control
- I am pregnant now
- Other- Please tell us:

60. After your new baby was born, did a doctor, nurse, or other health care worker talk with you about using birth control?
 No
 Yes

If your baby is not alive or living with you now, go to Question 65.

61. Has your baby gone as many times as you wanted for *routine* well baby care?
 No
 Yes- **Go to Question 63**

62. Did any of these things keep your baby from having *routine* well baby care?
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 for routine care
- Other- Please tell us:

If you ever breast-fed your new baby, go to Question 64.

63. What were your reasons for *not* breast-feeding?
Check all that apply.
- I didn't want to breast-feed.
 - I had to go to work or school
 - I think it's better for my baby to be bottle-fed
 - It takes too much time to breast-feed
 - I was taking medicine
 - My baby was not with me
 - Other- Please tell us:

If your baby was not born in a hospital, go to Question 65.

64. This question asks about things that may have happened at the hospital where your new baby was born. **For each thing, circle Y (Yes) if it happened or circle N (No) if it did not happen.**

	No	Yes
a. Hospital staff gave me information about breast-feeding.....	N	Y
b. My baby stayed in the same room with me at the hospital.....	N	Y
c. I breast-fed my baby at the hospital.....	N	Y
d. Hospital staff helped me learn how to breast-feed.....	N	Y
e. My baby was fed <i>only</i> breast milk at the hospital.....	N	Y
f. Hospital staff told me to breast-feed whenever my baby wanted.....	N	Y
g. The hospital gave me a gift pack with formula.....	N	Y
h. The hospital gave me a telephone number to call for help about breast-feeding	N	Y

65. Which category best describes your annual household income from all sources? **Include your income and the income of others living with you.**
- Less than \$10,000
 - \$10,000 to less than \$15,000
 - \$15,000 to less than \$20,000
 - \$20,000 to less than \$25,000
 - \$25,000 to less than \$35,000
 - \$35,000 or more

66. How many people, including yourself, depended on this income? _____ People

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

Thanks for answering our questions!

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