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

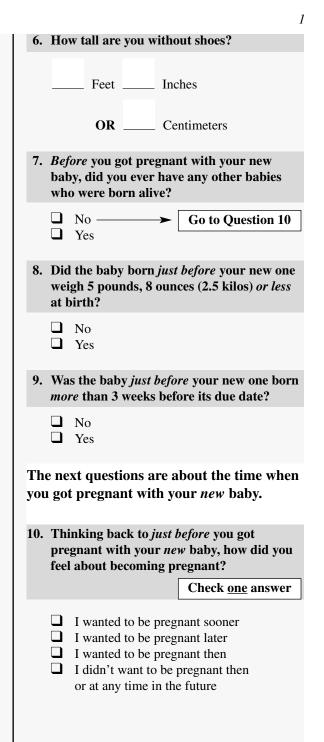
- 1. Just before you got pregnant, did you have health insurance? Do not count Medicaid.
  - No
  - **Y**es
- 2. *Just before* you got pregnant, were you on Medicaid?
  - No
  - Yes
- 3. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin? These are pills that contain many different vitamins and minerals.
  - □ I didn't take a multivitamin or a prenatal vitamin at all
  - □ 1 to 3 times a week
  - $\Box$  4 to 6 times a week
  - Every day of the week
- 4. What is your date of birth?

Month Day

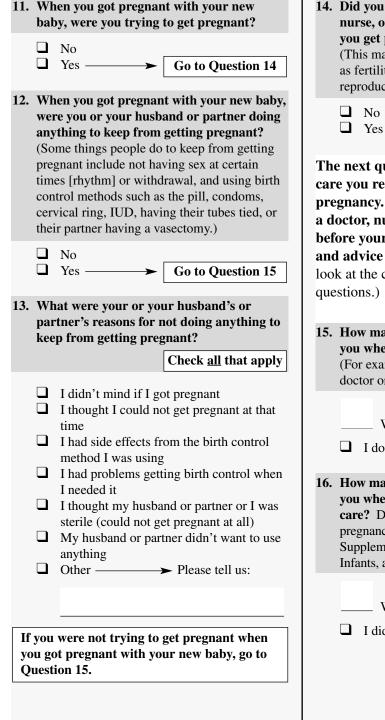
19 Year

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

Pounds **OR** Kilos



2



14. Did you receive treatment from a doctor, nurse, or other health care worker to help you get pregnant with your new baby? (This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.)

No

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.)

15. 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.)

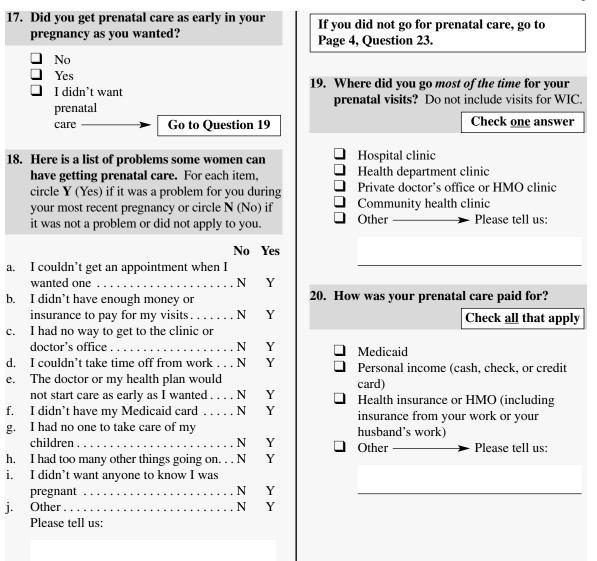
Weeks **OR** Months

□ I don't remember

16. 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



21. 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 my baby	. N	Y
b.	Breastfeeding my baby	. N	Y
c.	How drinking alcohol during		
	pregnancy could affect my baby	. N	Y
d.	Using a seat belt during my		
	pregnancy	. N	Y
e.	Birth control methods to use after my		
	pregnancy	. N	Y
f.	Medicines that are safe to take during	;	
	my pregnancy	. N	Y
g.	How using illegal drugs could affect		
	my baby	. N	Y
h.	Doing tests to screen for birth defects		
	or diseases that run in my family	. N	Y
i.	What to do if my labor starts early	. N	Y
j.	Getting tested for HIV (the virus that		
	causes AIDS)	. N	Y
k.	Physical abuse to women by their		
	husbands or partners	. N	Y
	-		
22.	During any of your prenatal care v		
	a doctor, nurse, or other health car	e wo	rker
	do either of the following?		
		No	Yes
a.	Talk with you about how much		
	weight you should gain during your		
	pregnancy?	. N	Y
b.	Ask if you were drinking alcoholic		-
2.	beverages (beer, wine, wine cooler,		
	or liquor)?	Ν	Y
	or inquor)		

23. At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)? □ Yes — Go to Question 27 □ I don't know 24. Were you offered an HIV test during your most recent pregnancy or delivery? 🔲 No – Go to Question 27 □ Yes 25. Did you turn down the HIV test? 🛛 No -Go to Question 27 **Y**es 26. Why did you turn down the HIV test? Check all that apply I did not think I was at risk for HIV I did not want people to think I was at risk for HIV □ I was afraid of getting the result □ I was tested before this pregnancy, and did not think I needed to be tested again  $\Box$  Other  $\longrightarrow$  Please tell us: 27. 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 your most recent pregnancy and things that might have happened during your pregnancy.

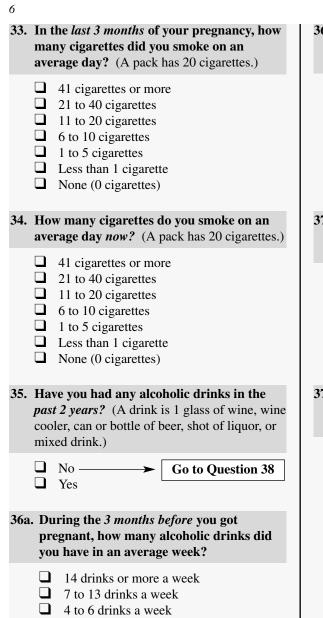
- 28. During your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?
  - No
  - Yes
- 29. Did you have any of these problems during your most recent pregnancy? For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not.

	No	Yes
a.	High blood sugar (diabetes) that	
	started <i>before</i> this pregnancyN	Y
b.	High blood sugar (diabetes) that	
	started <i>during</i> this pregnancy N	Y
c.	Vaginal bleeding N	Y
d.	Kidney or bladder (urinary tract)	
	infectionN	Y
e.	Severe nausea, vomiting, or	
	dehydration N	Y
f.	Cervix had to be sewn shut	
	(incompetent cervix)N	Y
g.	High blood pressure, hypertension	
	(including pregnancy-induced	
	hypertension [PIH]), preeclampsia,	
	or toxemia N	Y
h.	Problems with the placenta (such	
	as abruptio placentae or	
	placenta previa)N	Y
i.	Labor pains more than 3 weeks	
	before my baby was due (preterm	
	or early labor) N	Y
j.	Water broke more than 3 weeks	
	before my baby was due (premature	
	rupture of membranes [PROM])N	Y
k.	I had to have a blood transfusion N	Y
1.	I was hurt in a car accident N	Y

If you did not have any of these problems, go to Question 31.

- **30.** Did you do any of the following things because of these problems? For each item, circle **Y** (Yes) if you did that thing or circle N (No) if you did not. No Yes I went to the hospital or emergency a. room and stayed less than 1 day . . . . N Y I went to the hospital and stayed b. 1 to 7 days.....N Y c. I went to the hospital and stayed more than 7 days ..... N Y I stayed in bed at home more than d. 2 days because of my doctor's or nurse's advice . . . . . . . . . . . . . . . . N Y The next questions are about smoking cigarettes and drinking alcohol. 31. Have you smoked at least 100 cigarettes in the past 2 years? (A pack has 20 cigarettes.) 🖵 No – Go to Page 6, Question 35 **Yes** 32. 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
  - $\Box$  21 to 40 cigarettes
  - □ 11 to 20 cigarettes
  - $\Box$  6 to 10 cigarettes
  - $\Box$  1 to 5 cigarettes
  - Less than 1 cigarette
  - □ None (0 cigarettes)

5



- $\Box$  1 to 3 drinks a week
- Less than 1 drink a week
- □ I didn't drink then

## 36b. During the *3 months before* you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

- **6** or more times
- $\Box$  4 to 5 times
- $\Box 2 \text{ to } 3 \text{ times}$
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then
- 37a. 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
  - $\Box$  7 to 13 drinks a week
  - **4**to 6 drinks a week
  - $\Box$  1 to 3 drinks a week
  - Less than 1 drink a week
  - I didn't drink then

37b. During the *last 3 months* of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

- **6** or more times
- $\Box$  4 to 5 times
- $\Box$  2 to 3 times
- $\Box$  1 time
- I didn't have 5 drinks or more in 1 sitting
- □ I didn't drink then

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

38. 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.	I got separated or divorced from my	
	husband or partner N	Y
c.	I moved to a new address N	Y
d.	I was homeless N	Y
e.	My husband or partner lost his job N	Y
f.	I lost my job even though I wanted to	
	go on working N	Y
g.	I argued with my husband or partner	
	more than usual N	Y
h.	My husband or partner said he didn't	
	want me to be pregnantN	Y
i.	I had a lot of bills I couldn't payN	Y
j.	I was in a physical fight N	Y
k.	My husband or partner or I	
	went to jailN	Y
1.	Someone very close to me had a bad	
	problem with drinking or drugs N	Y
m.	Someone very close to me diedN	Y

The next questions are about the time during the *12 months before* you got pregnant with your new baby.

- **39a.** During the *12 months before* you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?
  - No
  - **Yes**

- **39b.** During the *12 months before* you got pregnant, were you physically hurt in any way by your husband or partner?
  - No No
  - **Yes**

The next questions are about the time during your most recent pregnancy.

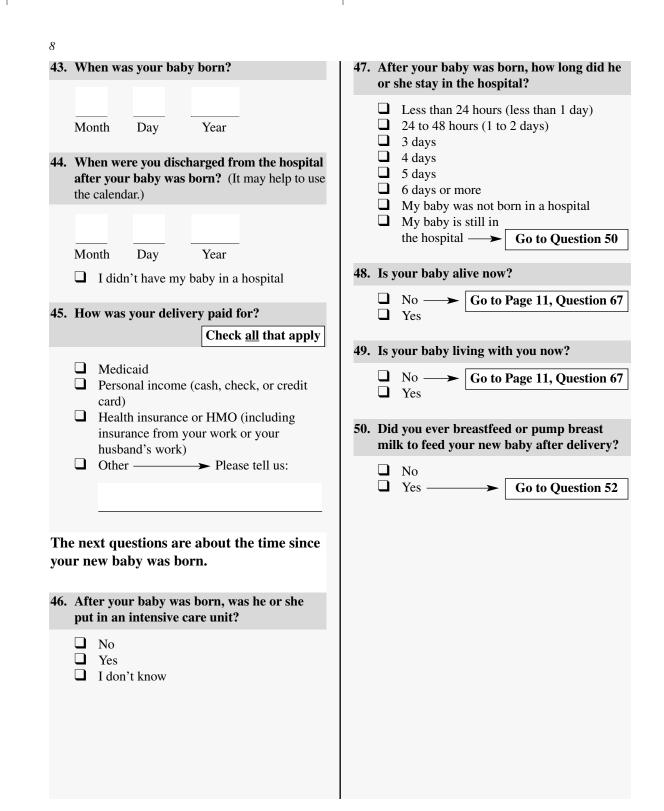
- 40a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?
  - 🗋 No
  - Yes

40b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?

NoYes

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

41. When was your baby due?
41. When was your baby due?
42. When did you go into the hospital to have your baby?
42. When did you go into the hospital to have your baby?
43. I didn't have my baby in a hospital



# 51. What were your reasons for not breastfeeding your new baby?

My baby was sick and could not

Check all that apply

- breastfeed I was sick or on medicine 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 I wanted my body back to myself Other → Please tell us: If you did not breastfeed your new baby, go to Page 10, Question 56.
- 52. Are you still breastfeeding or feeding pumped milk to your new baby?
- 53. How many weeks or months did you breastfeed or pump milk to feed your baby?
  - Week
    - Weeks **OR** \_\_\_\_\_ Months
  - Less than 1 week

# 54. 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 got 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 got sick and could not breastfeed I went back to work or school □ I wanted or needed someone else to feed the baby □ My baby was jaundiced (yellowing of the skin or whites of the eyes)  $\Box$  Other  $\longrightarrow$  Please tell us: 55. 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 1 week old □ I have not fed my baby anything besides breast milk If your baby was not born in a hospital, go to Page 10, Question 57.

#### 10

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

	Ν	NO.	Yes
a.	Hospital staff gave me information		
	about breastfeeding	Ν	Y
b.	My baby stayed in the same room		
	with me at the hospital	Ν	Y
c.	I breastfed my baby in the hospital]	Ν	Y
d.	I breastfed my baby in the first hour		
	after my baby was born	Ν	Y
e.	Hospital staff helped me learn how to		
	breastfeed	Ν	Y
f.	My baby was fed only breast milk at		
	the hospital	Ν	Y
g.	Hospital staff told me to breastfeed		
	whenever my baby wanted	Ν	Y
h.	The hospital gave me a gift pack with		
	formula	Ν	Y
i.	The hospital gave me a telephone		
	number to call for help with		
	breastfeeding	Ν	Y
j.	My baby used a pacifier in the		
	hospital	Ν	Y

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

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 1 hour a day
- My baby is never in the same room with someone who is smoking

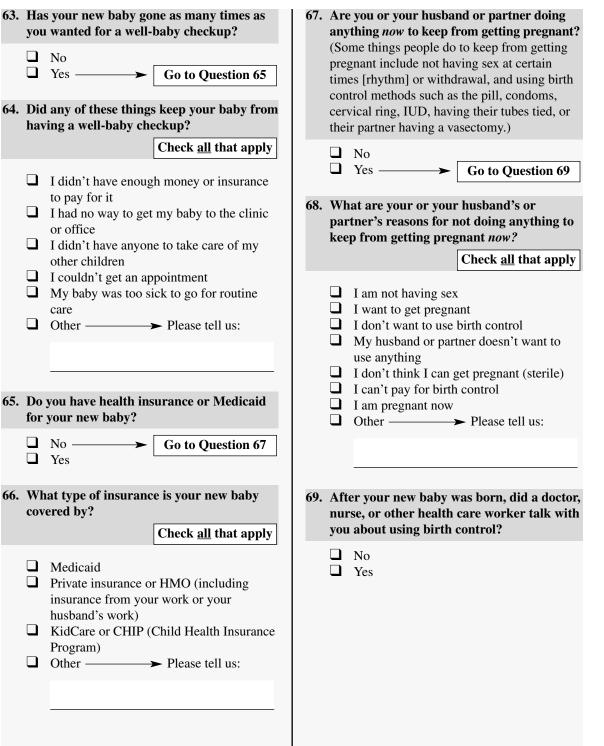
- 58. How do you most often lay your baby down to sleep now?
  Check one answer
  On his or her side
  On his or her back
  On his or her stomach
- 59. Was your new baby seen by a doctor, nurse, or other health care worker during the first week after he or she left the hospital?
  - No No
    - **Y**es
- **60. Has your new baby had a well-baby checkup?** (A well-baby checkup is a regular health visit for your baby usually at 2, 4, or 6 months of age.)
  - □ No → Go to Question 63
    □ Yes
- 61. How many times has your new baby been to a doctor or nurse for a well-baby checkup? (It may help to use the calendar.)

#### Times

62. Where do you *usually* take your new baby for well-baby checkups?

Check one answer

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Community health clinic
- $\bigcirc \quad \text{Other} \longrightarrow \text{Please tell us:}$



12

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

70. During the *12 months before* your new baby was born, what were the sources of your household's income?

Check <u>all</u> that apply

- Paycheck or money from a job
- □ Money from family or friends
- Money from a business, fees, dividends, or rental income
- Aid such as Temporary Assistance for Needy Families (TANF), welfare, WIC, public assistance, general assistance, food stamps, or Supplemental Security Income
- Unemployment benefits
- **Child support or alimony**
- Social security, workers' compensation, disability, veteran benefits, or pensions
- $\bigcirc \quad \text{Other} \longrightarrow \text{Please tell us:}$
- 71. During the 12 months before your new baby was born, what was your total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have used. (All information will be kept private and will not affect any services you are now getting.)

Check one answer

- Less than \$10,000
- **1** \$10,000 to \$14,999
- □ \$15,000 to \$19,999
- □ \$20,000 to \$24,999
- □ \$25,000 to \$34,999
- **\$35,000 to \$49,999**
- **\$50,000 to \$74,999**
- □ \$75,000 or more

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

\_\_\_\_ People

The next few questions are on a variety of topics.

If you did not smoke during the *3 months before* you got pregnant with your new baby, go to Question 74.

If you did not go for prenatal care, go to Question 74.

- 73. 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
- 74. During your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had a urinary tract infection (UTI), a sexually transmitted disease (STD), or any vaginal infection, including bacterial vaginosis or Group B Strep (Beta Strep)?
  - 🗋 No
  - **Y**es

75. At any time during your most recent

a.

c.

e.

you, go to Question 82.

pregnancy or after delivery, did a doctor, new baby? nurse, or other health care worker talk with No -Go to Question 81 you about "baby blues" or postpartum □ Yes depression? No 80. How did you learn to install and use your □ Yes infant car seat(s)? Check all that apply If you were on Medicaid before you got pregnant with your new baby, go to □ I read the instructions **Ouestion 78.** A friend or family member showed me □ Someone from a loaner program showed me 76. Did you try to get Medicaid coverage during  $\Box$  A health or safety professional showed me your most recent pregnancy? □ I figured it out myself □ No — Some other way  $\longrightarrow$  Please tell us: Go to Ouestion 78 Yes 77. When did Medicaid coverage begin during your most recent pregnancy? 81. Since your new baby was born, have you used WIC services for your new baby? U During the first 3 months of my pregnancy During the second 3 months of my □ No pregnancy □ Yes During the last 3 months of my pregnancy I did not get Medicaid during my 82. Between the time you got pregnant and now, pregnancy have you applied for TANF (Temporary Assistance for Needy Families or welfare)? 78. During your most recent pregnancy, did you get any of these services? For each one, circle □ No Y (Yes) if you got the service or circle N (No) □ Yes if you did not get it. 83. Since your new baby was born, has a doctor, No Yes nurse, or other health care worker diagnosed Childbirth classes ..... N Y you with depression? b. Parenting classes ..... N Y Visits to your home by a nurse or 🖵 No – → Go to Page 14, Question 86 other health care worker . . . . . . . N Y **Yes** d. Food stamps .....N Y TANF (welfare).....N Y If your baby is not alive or is not living with

79. Do you have an infant car seat(s) for your

14

- 84. *Since your new baby was born*, have you taken prescription medicine for your depression?
  - No
  - **Yes**
- 85. *Since your new baby was born*, have you gotten counseling for your depression?
  - No
  - **Y**es

## 86. This question is about the care of your teeth during your most recent pregnancy. For each item, circle Y (Yes) if it is true or circle 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

### 87. What is today's date?

Day

Month

Year

comments you would like to make about th

# 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.