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

1. Just before you got pregnant, did you have health insurance? (Do not count Medicaid.)

' No ' Yes

2. *Just before* you got pregnant, were you on Medicaid?

' No ' Yes

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

['] I didn't take a multivitamin at all

- ¹ 1 to 3 times a week
- ' 4 to 6 times a week
- ' Every day of the week

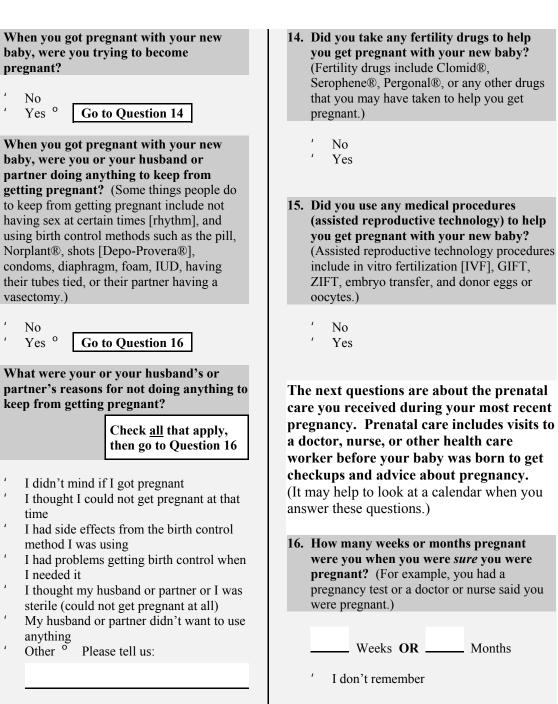
4. What is your date of birth?

Month Day Year

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

Pounds OR _____ Kilos

		1	2	
6.	How tall are you without shoes?		11.	ba
	Feet Inches			pr(
	OR Centimeters			'
7.	<i>Before</i> your new baby, did you ever have any other babies who were born alive?		12.	W ba pa
	 No ° Go to Question 10 Yes 			get to 1 hav usi
8.	Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilos) <i>or less</i> at birth?			con the vas
	' No ' Yes			1
9.	Was the baby just before your new one bor more than 3 weeks before its due date?	1	13.	W pa ke
	' No ' Yes			
10	. Thinking back to <i>just before</i> you got pregnant, how did you feel about becoming pregnant?	ş		1 1 1
	Check <u>one</u> answer			,
	 I wanted to be pregnant sooner I wanted to be pregnant later I wanted to be pregnant then I didn't want to be pregnant then or at any time in the future 			

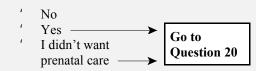


17. How many weeks or months pregnant were you when you had your first visit for prenatal care? (Don't count a visit that was only for a pregnancy test or only for WIC [the Special Supplemental Nutrition Program for Women, Infants, and Children].)

Weeks **OR** Months

I didn't go for prenatal care

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



19. Did any of these things keep you from getting prenatal care as early as you wanted?

Check all that apply

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

If you did not go for prenatal care, go to Page 5, Ouestion 25. 20. Where did you go *most of the time* for your prenatal visits? (Do not include visits for WIC.)

Check one answer

3

4

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

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

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

22. 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. How smoking during pregnancy could affect your baby N b. Breastfeeding your baby N Y c. How drinking alcohol during pregnancy could affect your

No Yes

Y

baby N Y d. Using a seat belt during your pregnancy N Y Birth control methods to use after your pregnancy N Y Medicines that are safe to take during your pregnancy N Y g. How using illegal drugs could affect your baby N Y h. Doing tests to screen for birth defects or diseases that run in vour family N Y What to do if your labor starts early N Y Getting your blood tested for HIV (the virus that causes AIDS) N Y k. Physical abuse to women by their husbands or partners N Y 23. We would like to know how you felt about the prenatal care you received 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 circle N (No) if you were not satisfied.

Were you satisfied with—

No Yes a. The amount of time you had to wait after you arrived for vour 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

24. At any time during your prenatal care. did a doctor, nurse, or other health care worker ask if you were:

a. Smoking cigarettes?

- No
- 1 Yes
- b. Drinking alcoholic beverages (beer, wine, wine cooler, or liquor)?
- 1 No
- 1 Yes

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

- ' No
- ı Yes
- 1 I don't know

26. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?

1 No 1 Yes

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

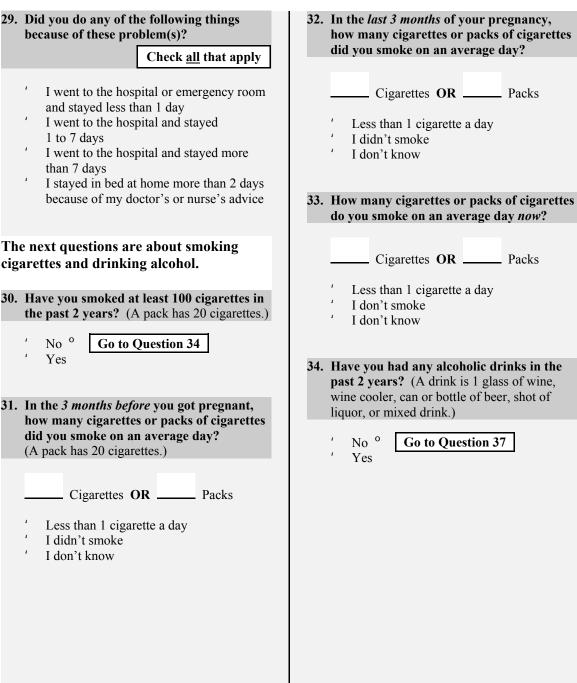
27. During your pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

' No

' Yes

 a. Labor pains more than 3 weeks before your baby was due (preterm or early labor) N Y b. High blood pressure (including preeclampsia or toxemia) or retained water (edema) N Y c. Vaginal bleeding N Y d. Problems with the placenta (such as abruptio placentae, placenta previa) N Y e. Severe nausea, vomiting, or dehydration N Y f. High blood sugar (diabetes) N Y g. Kidney or bladder (urinary tract) infection N Y h. Water broke more than 3 weeks before your baby was due (premature rupture of membranes, PROM) N Y Y. Cervix had to be sewn shut (incompetent cervix, cerclage) N Y 			3
during your pregnancy? For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not. No Yes No Labor pains more than 3 weeks before your baby was due (preterm or early labor) N Y Y High blood pressure (including preeclampsia or toxemia) or retained water (edema) N Y Y Problems with the placenta (such as abruptio placentae, placenta previa) N Y Y Exercise Revere nausea, vomiting, or dehydration N Y Y Kidney or bladder (urinary tract) infection N Y Y Ne Water broke more than 3 weeks before your baby was due (premature rupture of membranes, PROM) N Y Y How the to be sewn shut (incompetent cervix, cerclage) N Y Y If you did not have any of these problems, go Y	28.	Did you have any of these problems	
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If you did not have any of these problems, go	j.	You were hurt in a car	
		accident N	Y
	If y	ou did not have any of these problem	s, go
			<i>,</i> 0

5



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

- ['] I didn't drink then
- Less than 1 drink a week
- 1 to 3 drinks a week
- 4 to 6 drinks a week
- ['] 7 to 13 drinks a week
- ' 14 drinks or more a week
- ' I don't know
- b. During the *3 months before* you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

Times

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

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

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

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

Times

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

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

37. 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.)

NoYesa. A close family member was
very sick and had to go into the
hospital NYb. You got separated or divorced
from your husband or partner NY

- 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 You lost your job even though

f.

- you wanted to go on working N Y g. You argued with your husband
- or partner more than usual N Y h. Your husband or partner said
 - he didn't want you to be pregnant N Y
- i. You had a lot of bills you couldn't pay N Y
- j. You were in a physical fight N Yk. You or your husband or
- a bad problem with drinking or drugs N Y
- m. Someone very close to you diedN Y

38. a. During the 12 months before you got pregnant, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?
' No
' Yes

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

' No ' Yes

8

7

- **39.** a. *During your most recent pregnancy,* did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?
 - No

' Yes

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

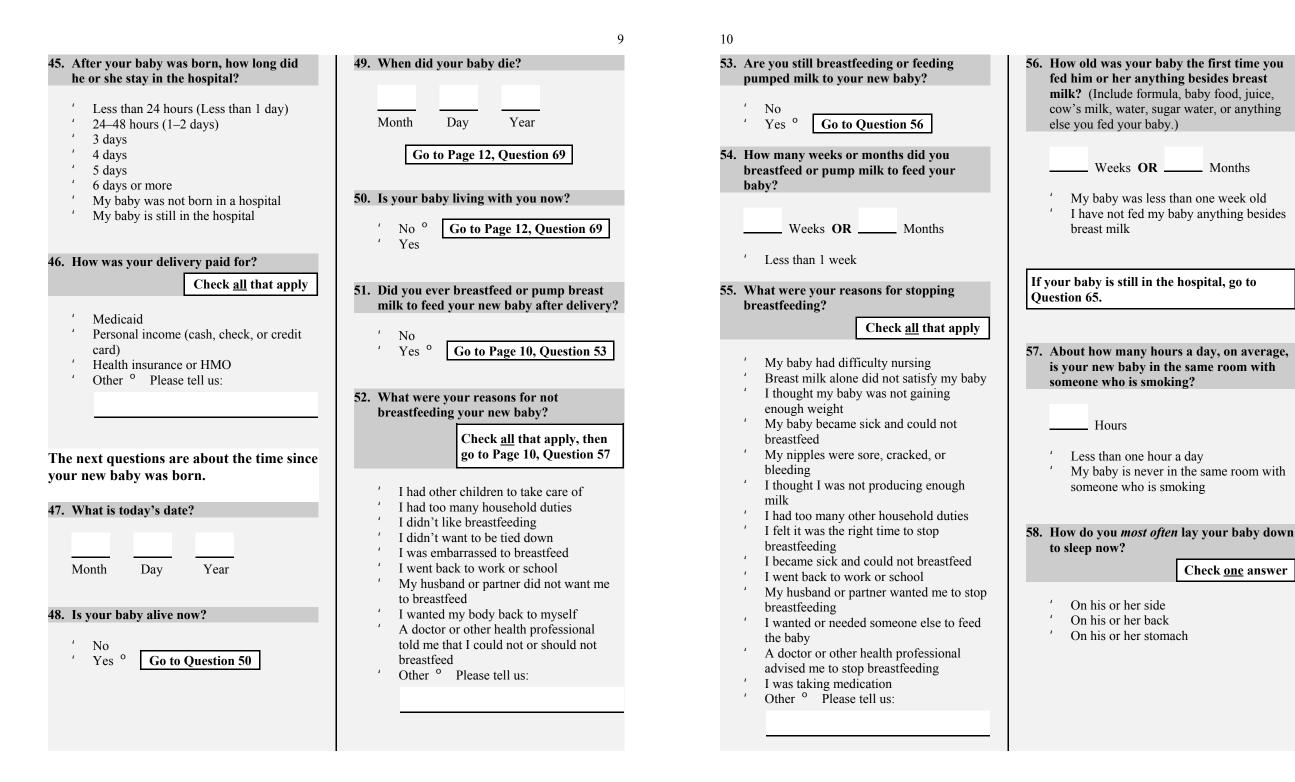
' No ' Yes

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

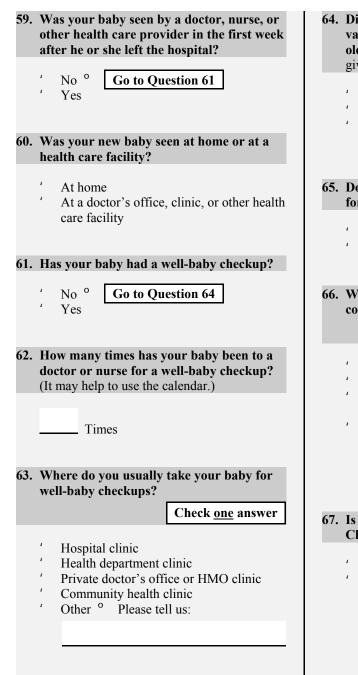
40. When was your baby due?

Month Day Year

41.	your baby		to the nospital t	o nave
	Month	Day	Year	
	' I didn	't have my	baby in a hospita	al
42.	When wa	s your bab	y born?	
	Month	Davi	Vaar	
		Day	Year	
43.	hospital a	fter your l	charged from the baby was born? the calendar.)	
	Month	Day	Year	
	' I didn	't have my	baby in a hospita	al
44.	•	r baby wa intensive c	s born, was he c are unit?	or she
	' No ' Yes ' I don'	t know		



Check one answer



- 64. Did your baby have any well-baby shots or vaccinations before he or she was 3 months old? (Don't count shots or vaccinations given in the hospital right after birth.)
 ' No
 - Yes
 - ' My child has not had any well-baby shots but he or she is not 3 months old yet

65. Do you have health insurance or Medicaid for your new baby?

- ' No ^o Go to Question 67 ' Yes
- 66. What type of insurance is your new baby covered by?

Check <u>all</u> that apply

- Medicaid
- Private insurance or HMO
- KidCare or CHIP (Child Health Insurance Program)
- Other ^o Please tell us:

67. Is your new baby enrolled in KidCare or Child Health Insurance Program (CHIP)?

> No Yes ^o Go to Page 12, Question 69

Check all that apply I didn't know about the program I already had insurance I didn't think he or she was eligible Other ^o Please tell us: The next few questions are about the time after you gave birth to your new baby and things that may have happened after delivery. 69. Are you or your husband or partner doing anything *now* to keep from getting pregnant? (Some things people do to keep from getting pregnant include having their tubes tied or their partner having a vasectomy, using birth control methods like the pill, Norplant[®], shots [Depo-Provera[®]],

68. Why didn't you enroll your new baby in

KidCare or CHIP (Child Health Insurance

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

No Yes ^o Go to Question 71

1

- 70. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?
 - Check <u>all</u> that apply
 - ' I am not having sex
 - ' I want to get pregnant
 - I don't want to use birth control
 - ' My husband or partner doesn't want to use anything
 - I don't think I can get pregnant (sterile)
 - ' I can't pay for birth control
 - I am pregnant now
 - Other ^o Please tell us:

71. After your new baby was born, did a doctor, nurse, or other health care worker talk with you about using birth control?

- ' No
- ' Yes

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

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

Check <u>all</u> that apply

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

12

Program)?

73. Counting yourself, how many people live in vour house, apartment, or trailer? Adults (people aged 18 years or older) Babies, children, or teenagers (people aged 17 years or younger) 74. What were the sources of your household's income during the past 12 months? Check <u>all</u> that apply Paycheck or money from a job Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, general assistance, food stamps, or Supplemental Security Income Unemployment benefits Child support or alimony Social security, workers' compensation, veteran benefits, or pensions Money from a business, fees, dividends, or rental income Money from family or friends Other ^o Please tell us: 75. During your most recent pregnancy, did you get any of these services? Circle Y (Yes) if you got the service or circle N (No) if you did not get it. No Yes Childbirth classes N Y а Parenting classes N Y b. Classes on how to stop c. smoking N Y d. Visits to your home by a nurse or other health care worker N Y Food stamps N Y e. TANF (Welfare) N Y f.

If your baby is not alive or not living with you, go to Page 14, Question 79. 76. Listed below are some things about safety. For each thing, circle Y (Yes) if it applies to you or circle N (No) if it does not. No Yes a. My infant was brought home from the hospital in an infant car seat N Y b. My baby always or almost always rides in an infant car seat N Y c. My home has a working smoke alarm N Y

77. Since your new baby was born, have you used WIC services for your new baby?

' No

' Yes

If your baby was not born in a hospital, go to Question 79.

78. 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.

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

79. This question is about the care of your teeth during your most recent pregnancy. For each thing, 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 80. How long has it been since you had your teeth cleaned by a dentist or a dental hygienist? Months 81. Which best describes your annual household income from all sources? 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 to less than \$50,000 \$50,000 or more 82. How many people, including yourself, depended on this income? People

14

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.