

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

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

No  Yes 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?

No  Yes

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

No  Yes

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, check No if you did not do it or Yes if you did it.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. I was dieting (changing my eating habits) to lose weight .....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was exercising 3 or more days of the week .....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I was regularly taking prescription medicines other than birth control .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I visited a health care worker and was checked for diabetes .....              | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I visited a health care worker and was checked for high blood pressure .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I visited a health care worker and was checked for depression or anxiety ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I talked to a health care worker about my family medical history .....         | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I had my teeth cleaned by a dentist or dental hygienist .....                  | <input type="checkbox"/> | <input type="checkbox"/> |

8. 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, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid or SoonerCare
- SoonerPlan
- TRICARE or other military health care
- Indian Health Service (IHS) or tribal
- Some other kind of health insurance → Please tell us:

- 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?

- 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

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?

- No
- Yes

11. *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, check **No** if you did not have the condition or **Yes** if you did.

**No Yes**

- a. Type 1 or Type 2 diabetes (NOT the same as gestational diabetes or diabetes that starts during pregnancy) .....
- b. High blood pressure or hypertension..
- c. Depression .....

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

12. 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

**Go to  
Question 14**

13. How much longer did you want to wait to become pregnant?

- Less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to 5 years
- More than 5 years

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

- No  
 Yes

→ **Go to Question 17**

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 using birth control pills, condoms, withdrawal, or natural family planning.

- No  
 Yes

→ **Go to Question 17**

16. What were your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

**Check ALL that apply**

- I didn't mind if I got pregnant  
 I thought I could not get pregnant at that time  
 I had side effects from the birth control method I was using  
 I had problems getting birth control when I needed it  
 I thought my husband or partner or I was sterile (could not get pregnant at all)  
 My husband or partner didn't want to use anything  
 I forgot to use a birth control method  
 Other → Please tell us:

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## 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.)

17. 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

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 Page 4, Question 21**

**Go to Page 4, Question 19**

**19. During your most recent pregnancy, what kind of health insurance did you have to pay for your prenatal care?**

**Check ALL that apply**

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid or SoonerCare
- TRICARE or other military health care
- Indian Health Service (IHS) or tribal
- Some other kind of health insurance → Please tell us:
- I did not have any health insurance to pay for my prenatal care

**20. 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, check No if no one talked with you about it or Yes if someone did.**

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

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

- No
- Yes
- I don't know

22. 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

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

Check ONE answer

- No → **Go to Question 25**  
 Yes, before my pregnancy  
 Yes, during my pregnancy

24. During what month and year did you get the flu shot?

\_\_\_\_ / \_\_\_\_ 20\_\_\_\_

Month            Year

- I don't remember

25. This question is about the 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.

No    Yes

- 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 my teeth cleaned by a dentist or dental hygienist.....
- d. I had insurance to cover dental care during my pregnancy .....
- e. I needed to see a dentist for a **problem** .....
- f. I went to a dentist or dental clinic about a **problem** .....

26. 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?

- No  
 Yes

27. 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.

- No → **Go to Question 29**  
 Yes

28. 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?

- 1 time  
 2 to 4 times  
 5 or more times

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

- No  
 Yes

30. 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*)?

- No  
 Yes

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

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

No —————→ **Go to 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
- 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

33. 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

34. 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

35. 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?

**Check ONE answer**

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

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

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 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
- 7 to 13 drinks a week
- 4 to 6 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
- 7 to 13 drinks a week
- 4 to 6 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 for some women. 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.)

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

**40. 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?**

- No  
 Yes

**41. 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

**The next questions are about your labor and delivery.**

**42. When was your new baby born?**

____	/	____	/	20
Month		Day		Year

**43. By the end of your most recent pregnancy, how much weight had you gained?**

**Check ONE answer and fill in blank if needed**

- I gained \_\_\_\_\_ pounds
- I didn't gain any weight, but I lost \_\_\_\_\_ pounds
- My weight didn't change during my pregnancy
- I don't know

## AFTER PREGNANCY

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

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

- No  
 Yes  
 I don't know

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

- Less than 24 hours (less than 1 day)  
 24 to 48 hours (1 to 2 days)  
 3 to 5 days  
 6 to 14 days  
 More than 14 days  
 My baby was not born in a hospital  
 My baby is still in the hospital → **Go to Question 48**

46. Is your baby alive now?

- No → *We are very sorry for your loss.*  
 Yes → **Go to Question 56**

47. Is your baby living with you now?

- No → **Go to Question 54**  
 Yes

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

- No → **Go to Question 53**  
 Yes

**Go to Question 49**

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

- No  
 Yes → **Go to Question 51**

50. How many weeks or months did you breastfeed or pump milk to feed your baby?

\_\_\_\_\_ Weeks OR \_\_\_\_\_ Months

- Less than 1 week

**If your baby was not born in a hospital, go to Question 52.**

51. 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 happen.

- |   |                          | No                       | Yes                      |
|---|--------------------------|--------------------------|--------------------------|
| a. My baby stayed in the same room with me at the hospital.....                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I breastfed in the first hour after my baby was born.....                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Hospital staff helped me learn how to breastfeed.....                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My baby was fed only breast milk at the hospital.....                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Hospital staff told me to breastfeed whenever my baby wanted.....                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. The hospital gave me a gift pack with formula.....                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. The hospital gave me a telephone number to call for help with breastfeeding..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

52. 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)?

Weeks **OR**  Months

- My baby was less than 1 week old  
 My baby has not had any liquids other than breast milk

If your baby is still in the hospital, go to Question 54.

53. 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

54. *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.

No → Go to Question 56

Yes

55. *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?*

- 1 time  
 2 to 4 times  
 5 or more times

56. 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.

No

Yes → Go to Page 10, Question 58

57. 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 am not having sex  
 I want to get pregnant  
 I don't want to use birth control  
 I am worried about side effects from birth control  
 My husband or partner doesn't want to use anything  
 I have problems getting birth control when I need it  
 I had my tubes tied or blocked  
 My husband or partner had a vasectomy  
 I am pregnant now  
 Other → Please tell us:

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**If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Question 59.**

**58. 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, Essure<sup>®</sup>, Adiana<sup>®</sup>)
- Vasectomy (male sterilization)
- Birth control pill
- Condoms
- Injection (Depo-Provera<sup>®</sup>)
- Contraceptive implant (Implanon<sup>®</sup>)
- Contraceptive patch (OrthoEvra<sup>®</sup>) or vaginal ring (NuvaRing<sup>®</sup>)
- IUD (including Mirena<sup>®</sup> or ParaGard<sup>®</sup>)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other \_\_\_\_\_ → Please tell us:

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**59. *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
- Yes

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
- Often
- Sometimes
- Rarely
- Never

**62. *Since your new baby was born, how often have you felt panicky?***

- Always
- Often
- Sometimes
- Rarely
- Never

**63. *Since your new baby was born, how often have you felt restless?***

- Always
- Often
- Sometimes
- Rarely
- Never

64. 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, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid or SoonerCare
- SoonerPlan
- TRICARE or other military health care
- Indian Health Service (IHS) or tribal
- Some other kind of health insurance → Please tell us:

\_\_\_\_\_

I do not have health insurance *now*

**OTHER EXPERIENCES**

The next questions are on a variety of topics.

65. *In the 12 months before you became pregnant with your new baby, did you visit a health care provider?*

No → **Go to Question 68**

Yes

66. What type of health care visit did you have before you became pregnant?

**Check ALL that apply**

- Annual (routine) health checkup
- To get advice or counseling to prepare for getting pregnant
- Exam or visit for a specific injury or illness or condition
- Birth control or family planning
- Other → Please tell us:

\_\_\_\_\_

67. Did your health care provider talk to you about any of the following topics *BEFORE* pregnancy? For each one, check **No** if it was not discussed or **Yes** if it was.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. Taking folic acid or a multivitamin.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Smoking.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Drinking alcohol .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My weight .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Chronic or ongoing health conditions (such as diabetes, high blood pressure, thyroid conditions, PKU) ....               | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My immunizations being up to date.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My current medications .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Sexually transmitted infections (like HIV, syphilis, etc.) .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Illegal substance use .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Birth defects or diseases that may run in my family .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Chronic mental health conditions and medications to treat those conditions (like depression, anxiety, etc.) .....        | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Previous pregnancies and any problems or issues with those pregnancies .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Work and home exposures to chemicals and toxins that could be harmful to a pregnancy (radiation, lead, fumes, etc.)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Birth control or family planning.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Healthy eating or nutrition.....   | <input type="checkbox"/> | <input type="checkbox"/> |

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

No → **Go to Page 12, Question 72**

Yes

**Go to Page 12, Question 69**

69. Have you returned to the job you had during *your most recent pregnancy*?

Check ONE answer

- No —————> Go to Question 72
- No, but I will be returning
- Yes

70. Which of the following describes the leave or time you took off 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 leave

71. 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.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. I could not financially afford to take leave .....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was afraid I'd lose my job if I took leave or stayed out longer ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had too much work to do to take leave or stay out longer .....        | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My job does not have paid leave .....                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My job does not offer a flexible work schedule .....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I had not built up enough leave time to take any or more time off.....  | <input type="checkbox"/> | <input type="checkbox"/> |

If your baby is not alive, is not living with you, or is still in the hospital, go to Page 14, Question 80.

If your baby was not born in a hospital, go to Question 73.

72. While in the hospital after your new baby was born, did you ever talk with a health care provider or read about what can happen if a baby is shaken?

- No
- Yes

If you are currently breastfeeding your new baby, go to Question 74.

73. For what reasons did you stop breastfeeding?

Check ALL that apply

- My baby had difficulty nursing or latching
- My baby was too sick or was hospitalized
- I didn't have enough milk (or I ran out of milk)
- It was too painful
- I went back to work or school
- I was sick or hospitalized
- I had no one to help me with breastfeeding
- It was too time consuming
- Other —————> Please tell us:

**74. Do you have someone you think of as your baby's personal doctor or nurse?**

A personal doctor or nurse is a health professional who knows your baby well and is familiar with your baby's health history. (This can be a family doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant.)

- No  
 Yes

**75. Was your new baby seen by a doctor, nurse, or other health care worker for a one week checkup after he or she was born?**

- No  
 Yes  
 My baby was still in the hospital at that time

**76. In general, how easy is it to calm your baby when he or she is crying or fussing?**

- Very easy  
 Somewhat easy  
 Somewhat difficult  
 Very difficult

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

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. My new baby sleeps in a crib or portable crib.....         | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My new baby sleeps on a firm or hard mattress.....         | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My new baby sleeps with a pillow and/or stuffed toys ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My new baby sleeps with bumper pads.....                   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My new baby sleeps with a blanket.....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My new baby sleeps with me or another person.....          | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

79. *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, check No if no one talked with you about it or Yes if someone did.*

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. How long to wait before getting pregnant again.....            | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Birth control methods that I can use after giving birth.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Postpartum depression.....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Support groups for new parents.....                            | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Getting to and staying at a healthy weight after delivery..... | <input type="checkbox"/> | <input type="checkbox"/> |

80. **Did you receive a Tdap vaccination *before, during or after* your most recent pregnancy?** A Tdap vaccination is a shot that protects against tetanus, diphtheria, and pertussis (or whooping cough). Tdap was new in 2005.

**Check ONE answer**

- No
- Yes, I received Tdap *before* my pregnancy
- Yes, I received Tdap *during* my pregnancy
- Yes, I received Tdap *after* my pregnancy
- I don't know

81. **When your *first* child was born, how old were you?**

Years old

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

82. **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 \$15,000
- \$15,001 to \$19,000
- \$19,001 to \$22,000
- \$22,001 to \$26,000
- \$26,001 to \$29,000
- \$29,001 to \$37,000
- \$37,001 to \$44,000
- \$44,001 to \$52,000
- \$52,001 to \$56,000
- \$56,001 to \$67,000
- \$67,001 to \$79,000
- \$79,001 or more

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

People

84. **What is today's date?**

/  /

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 mothers and babies in Oklahoma.**

*Thanks for answering our questions!*

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