

7. *Just before* you got pregnant, did you have health insurance through the Oregon Health Plan? ' No
' Yes
8. *When you got pregnant* with your new baby, were you or your husband or partner using any kind of birth control? ' No
' Yes ± **Go to Question 10**
Birth control means the pill, condoms, diaphragm, foam, rhythm, Norplant®, shots (Depo-Provera®), or ANY other way to keep from getting pregnant.
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:
-

If you were not using birth control when you got pregnant, go to Question 12 on Page 3.

10. *When you got pregnant*, what kinds of birth control were you or your partner using? **Check all that apply.** ' Pill
' Condoms
' Foam, jelly, cream
' Diaphragm
' Norplant®
' Shots (Depo-Provera®)
' Withdrawal
' Other ± Please tell us:
-
- ' Don't know/Not sure

11. Where were you or your partner getting your birth control method(s)?
Check all that apply.
- ' A family planning clinic (for example, Planned Parenthood)
 - ' A health department clinic
 - ' A community health center
 - ' A private gynecologist
 - ' A general or family physician
 - ' A drug store or other store
 - ' Other ± Please tell us:
-
- ' No place
 - ' Don't know/Not sure
12. These questions ask about things you knew about birth control *before you got pregnant*.
For each thing, please circle N (No) or Y (Yes).
- | | No | Yes |
|--|----|-----|
| a. Did you know there was free or low cost birth control at health departments and Planned Parenthood clinics? | N | Y |
| b. Had you ever read or heard about emergency birth control (the "morning-after" pill)?
This special combination of regular birth control pills is used to prevent pregnancy up to three days after unprotected sex. | N | Y |
13. *Before you got pregnant*, did your health insurance cover the cost of birth control?
Check the best answer.
- ' Yes, it covered all or part of the cost of my birth control method
 - ' Yes, it covered birth control, *but not the method I wanted*
 - ' Yes, it covered birth control, *but I didn't use a method*
 - ' No, it did not cover birth control
 - ' I didn't have any health insurance
 - ' Don't know/Not sure
14. *Just before* you got pregnant, how much did you weigh? _____ Pounds
 ' I don't know
15. How tall are you without shoes? _____ Feet ____ Inches

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.

16. *At the time of your first pregnancy test* were you insured for prenatal care? ' No
' Yes
' Don't know/Not sure
17. If you had insurance for prenatal care *at any time during your pregnancy*, what type? _____
18. If you had insurance for prenatal care, was it an employee benefit? ' No
' Yes
' Don't know/Not sure
19. Did you have to pay out-of-pocket for any of your prenatal care? ' No
' Yes ± How much? _____
' Don't know/Not sure
20. Did the Oregon Health Plan pay for any portion of your prenatal care? ' No
' Yes
' Don't know/Not sure
21. About how many weeks or months pregnant were you when you had your *first* visit for prenatal care? ___Weeks or ___Months
' I did not go 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).
22. Did you get prenatal care as early in your pregnancy as you wanted? ' No
' Yes ± **Go to Question 24**
' I did not want prenatal care ± **Go to Question 27**

23. Did any of these things keep you from getting prenatal care as early in your pregnancy 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 27 on Page 6.

	Month of Pregnancy	How many visits?
24. 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.	First Month	_____
	Second Month	_____
	Third Month	_____
	Fourth Month	_____
	Fifth Month	_____
	Sixth Month	_____
	Seventh Month	_____
	Eighth Month	_____
	Ninth Month	_____

25. Where did you go *most of the time* for your prenatal visits?
Don't include visits for WIC. Check one answer.
- ' Hospital clinic
 - ' Health department clinic
 - ' Private doctor's office or HMO clinic
 - ' Other ± Please tell us:
-

26. 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 N (No), Y (Yes), or DK (Don't Know).**

	No	Yes	Don't Know
a. What you should eat during your pregnancy	N	Y	DK
b. How smoking during pregnancy could affect your baby	N	Y	DK
c. How secondhand smoke could affect your baby after birth	N	Y	DK
d. Breast-feeding your baby	N	Y	DK
e. How drinking alcohol during pregnancy could affect your baby	N	Y	DK
f. Using a seat belt during your pregnancy	N	Y	DK
g. Birth control methods to use after your pregnancy	N	Y	DK
h. How using illegal drugs could affect your baby	N	Y	DK
i. How to keep from getting HIV (the virus that causes AIDS)	N	Y	DK
j. Getting your blood tested for HIV (the virus that causes AIDS)	N	Y	DK
k. Physical abuse to women by their husbands or partners	N	Y	DK

27. If you were on WIC (Women, Infants and Children nutrition program) during this pregnancy, how many weeks or months pregnant were you when you had your first visit for WIC? ___Weeks or ___Months

- ' I was not on WIC
- ' I don't remember

28. **Before having your baby,** who talked to you about immunizations for your newborn baby?

Check all that apply.

- ' Obstetrician/gynecologist
- ' Pediatrician
- ' Midwife
- ' Health department employee
- ' Childbirth educator
- ' WIC
- ' Other ± Please tell us:

' No one talked to me about immunizations for my newborn baby

29. At any time during your most recent pregnancy did a doctor or midwife suggest that you get a blood test for HIV (the virus that causes AIDS)?

- ' No
- ' Yes
- ' I don't know

30. At any time during your most recent pregnancy, did you have a blood test for HIV (the virus that causes AIDS)?
- ' No
 - ' Yes
 - ' I don't know
31. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?
- ' No
 - ' Yes
32. Were you taking the vitamin folic acid most days in *the month before* you became pregnant?
- ' No
 - ' Yes
 - ' I don't know

The next questions are about smoking cigarettes and drinking alcohol.

33. Have you smoked at least 100 cigarettes in your entire life?
- ' No ± **Go to Question 40**
 - ' Yes
34. 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.)
- ___ Cigarettes or ___ Packs
- ' Less than 1 cigarette a day
 - ' I didn't smoke
 - ' I don't know
35. In the *last 3 months* of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?
- ___ Cigarettes or ___ Packs
- ' Less than 1 cigarette a day
 - ' I didn't smoke
 - ' I don't know
36. 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 don't smoke
 - ' I don't know
37. During your visits to your doctor or midwife for prenatal care or after the baby was born, did someone ask if you smoked, either by questionnaire or in person?
- ' Yes, before my baby was born
 - ' Yes, after my baby was born
 - ' Yes, both times
 - ' No

38. During your visits for prenatal care or after the baby was born, did your doctor or midwife ever advise you to quit smoking?
- ' Yes, before my baby was born
 - ' Yes, after my baby was born
 - ' Yes, both times
 - ' No
39. During your visits for prenatal care or after the baby was born, did your doctor or midwife offer advice or help on how to quit smoking?
- ' Yes, before my baby was born
 - ' Yes, after my baby was born
 - ' Yes, both times
 - ' No
40. 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 wine cooler. One can or bottle of beer. One shot of liquor. 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
41. 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
42. 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
43. During the **last 3 months** of your pregnancy how many times did you drink 5 or more alcoholic drinks at one sitting?
- ____ Times
- ' I didn't drink then
 - ' I don't know

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.

44. 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 N (No) or Y (Yes). It may be helpful to use your 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 a 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. Someone very close to you died	N	Y

45. Do you feel that you were ever treated differently by health care providers during your prenatal care, labor or delivery because of your:
For each thing, circle N (No) or Y (Yes).

	No	Yes
a. Race	N	Y
b. Culture	N	Y
c. Ability to speak or understand English	N	Y
d. Age	N	Y
e. Insurance status	N	Y
f. Neighborhood you lived in	N	Y
g. Religious beliefs	N	Y
h. Sexual orientation or lifestyle	N	Y
I. Marital status	N	Y
j. Desire to have out-of-hospital birth	N	Y

Comments: _____

The next questions are about your labor and delivery.

46. When was your baby born? _____/_____/_____
month day year

47. When did you go into the hospital to have your baby? _____/_____/_____
month day year

' I did not have my baby in a hospital

48. What type of insurance paid for your delivery?

- ' Insurance through my employer
- ' Insurance through someone else's employer
- ' Oregon Health Plan
- ' CHAMPUS (Military)
- ' Indian Health Care Program
- ' Other ± please tell us:

' I didn't have insurance for my delivery

' I don't know

49. Is your baby alive now?

___Yes ± Is your baby living *with* you now? ' No
' Yes

___No ± **We are truly sorry about your loss and extend our sympathy to you and your family. Your answers are especially important and could help us learn about ways to improve the health of babies in the future.**

When did your baby die? _____/_____/_____
month day year

If your baby is not alive or is not living with you now, go to Question 66 on Page 14.

50. For how many weeks did you breast-feed your new baby? _____ Weeks
' I didn't breast-feed my baby ±
Go to Question 53
' I breast-fed less than 1 week ±
Go to Question 52
' I'm still breast-feeding

51. 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

If your baby was not born in a hospital, go to Question 53.

52. This question asks about things that may have happened at the hospital where your new baby was born. **For each thing, circle N (No) or Y (Yes).**

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

53. ***During your most recent pregnancy***, what did you think about breast-feeding your new baby?
Check one answer.
- ' I knew I would breast-feed
 - ' I thought I might breast-feed
 - ' I knew I would ***not*** breast-feed
 - ' I didn't know what to do about breast-feeding

54. Did any of these things prevent you from breast-feeding or stop you after you had started?
Check all that apply.
- ' I am still breast-feeding
 - ' I didn't want to breast-feed
 - ' I was planning to go to work or school
 - ' I tried but my baby didn't breast-feed very well
 - ' My baby was not with me
 - ' I think it's better for my baby to be bottle fed
 - ' I was taking medicine
 - ' I felt it was the right time to stop
 - ' My doctor told me to not to breast-feed
- Reason: _____
- ' Other ± Please tell us: _____
-

55. *After having your baby,*
did you see the packet of
information with this cover?



(The packet is called
"Great Shots Begin at Birth"
and it's blue and orange.)

- ' No, I did not see the packet
- ' Yes, I saw the packet
If yes, did you look it over?
- ' No ' Yes

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

- ' No
- ' Yes

57. About how many hours a day,
on average, is your new baby
in the same room with
someone who is smoking?

- _____ Hours
- ' My baby is never in the same room with
someone who is smoking

58. Which of the following statements
best represents your opinion on
children's exposure to secondhand
smoke?

- ' Second hand smoke is *not harmful* to children
- ' Secondhand smoke is *not very harmful* to
children
- ' Secondhand smoke is *somewhat harmful* to
children
- ' Secondhand smoke is *very harmful* to children
- ' Don't know

59. Is there anyone (else) in your
household who smokes cigarettes,
cigars, or pipes?

- ' No
- ' Yes

60. Which of the following statements best describes the rules about smoking inside your home:
- ' No one is allowed to smoke anywhere inside my home
 - ' Smoking is permitted anywhere inside my home
 - ' Smoking is not allowed in the baby's room but is allowed in other places in the house
 - ' Don't know
61. 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
62. How often does your new baby sleep in the same bed with you?
Check only one.
- ' Always
 - ' Almost always
 - ' Sometimes
 - ' Never
63. How many times has your baby been to a doctor or nurse for *routine* well baby care? Don't count the times you took your baby for care when he or she was sick.
It may help to use the calendar.
- _____ Times
- ' My baby hasn't been for routine well baby care
± **Go to Question 65**
64. 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
 - ' Other ± Please tell us: _____

65. Listed below are some things about child safety. **For each, circle N (No) or Y (Yes) or DK (Don't Know).**

	No	Yes	Don't Know
a. Your infant was brought home from the hospital in an infant car seat	N	Y	DK
b. Your baby always rides in an infant car seat	N	Y	DK
c. Your home has a working smoke alarm that has been tested in the last year	N	Y	DK
d. Any guns, rifles, or other firearms in your home are stored unloaded	N	Y	DK
e. Your hot water heater has been turned down or set to 120E F or below	N	Y	DK

Here are some questions about you after your baby was born.

66. What is your health insurance coverage *now*?
- ' Insurance through my employer
 - ' Insurance through someone else's employer
 - ' Oregon Health Plan
 - ' CHAMPUS (Military)
 - ' Indian Health Care Program
 - ' Other ± Please tell us:
-
- ' I don't have any health insurance
- ' I don't know
-
67. Are you or your husband or partner using any kind of birth control *now*?
- 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.**
- ' No
 - ' Yes ± **Go to Question 69**
-
68. 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:
-

If you are not using any birth control now, go to Question 71.

69. What kinds of birth control are you or your partner using *now*?

Check all that apply.

- ' Tubes tied (sterilization)
- ' Vasectomy (sterilization)
- ' Pill
- ' Condoms
- ' Foam, jelly, cream
- ' Diaphragm
- ' Norplant®
- ' Shots (Depo-Provera®)
- ' Withdrawal
- ' Other ± Please tell us:

' Don't know/Not sure

70. Where are you or your partner getting your birth control method(s) *now*?

Check all that apply.

- ' A family planning clinic (for example, Planned Parenthood)
- ' A health department clinic
- ' A community health center
- ' A private gynecologist
- ' A general or family physician
- ' A drug store or other store
- ' Other ± Please tell us:

' No place

' Don't know/Not sure

71. Does your health insurance cover the cost of birth control *now*?

Check the best answer.

- ' Yes, it covers all or a part of the cost of my birth control method
- ' Yes, it covers birth control, but *not the method I want*
- ' Yes, it covers birth control, but *I don't use a method*
- ' No, it does not cover birth control
- ' I don't have any health insurance
- ' Don't know/Not sure

Please answer the next questions about family income. It will help us see how income affects the health of mothers, babies and families. All information will be kept private.

72. 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, workers' compensation, veteran benefits, or pensions
 - ' Other ± Please tell us:
-

73. What is your family income, before deductions and taxes? **Include ANY income or money you can use (for example, job, TANF [formerly AFDC], child support, etc.). Please give us your best guesses. All information will be kept private.**

a. Family income
before you got pregnant: \$ _____ ± ' Weekly or ' Monthly or ' Yearly

b. Family income *now:* \$ _____ ± ' Weekly or ' Monthly or ' Yearly

Thank you for giving us your best guesses in Question 73. Now we are going to ask the *same* questions, but about *monthly* income. Your answers will help us judge health programs that are based on *monthly* income.

74. What is your *monthly* family income, before deductions and taxes? **Include ANY income or money you can use. All information will be kept private.**

- a. Monthly family income *before you got pregnant*
- ' 659 or below
 - ' 660 - 879
 - ' 880 - 1,109
 - ' 1,110 - 1,219
 - ' 1,220 - 1,639
 - ' 1,640 - 2,059
 - ' 2,060 - 2,469
 - ' 2,470 - 2,889
 - ' 2,890 - 3,309
 - ' 3,310 - 3,729
 - ' 3,730 or above

- b. Monthly family income *now*
- ' 659 or below
 - ' 660 - 879
 - ' 880 - 1,109
 - ' 1,110 - 1,219
 - ' 1,220 - 1,639
 - ' 1,640 - 2,059
 - ' 2,060 - 2,469
 - ' 2,470 - 2,889
 - ' 2,890 - 3,309
 - ' 3,310 - 3,729
 - ' 3,730 or above

75. How many people does this income support? **Count yourself.**

a. Number of people *before you got pregnant* _____

b. Number of people *now* _____

Please use the space below for any comments you would like to make about the survey.

Thanks again!

11/98 - 3/99
prams18p.w pd