**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

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

**4. During the *3 months before* you got pregnant with your *new* baby, did you have 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** gestational diabetes or diabetes that starts during pregnancy) | ❑ | ❑ |
| b. High blood pressure or hypertension | ❑ | ❑ |
| c. Depression | ❑ | ❑ |

**5. 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

**6. In the *12 months before* you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?**

- ❑ No → **Go to Page 2, Question 9**
- ❑ Yes

**7. What type of health care visit did you have in the *12 months before* you got pregnant with your new baby?**

**Check ALL that apply**

- ❑ Regular checkup at my family doctor's office
- ❑ Regular checkup at my OB/GYN's office
- ❑ Visit for an illness or chronic condition
- ❑ Visit for an injury
- ❑ Visit for family planning or birth control
- ❑ Visit for depression or anxiety
- ❑ Visit to have my teeth cleaned by a dentist or dental hygienist
- ❑ Other → Please tell us:

_____

**8. During any of your health care visits in the *12 months before* you got pregnant, did a doctor, nurse, or other health care worker do any of the following things?** For each item, check **No** if they did not or **Yes** if they did.

| | No | Yes |
|---|---|---|
| a. Tell me to take a vitamin with folic acid | ❑ | ❑ |
| b. Talk to me about maintaining a healthy weight | ❑ | ❑ |
| c. Talk to me about controlling any medical conditions such as diabetes or high blood pressure | ❑ | ❑ |
| d. Talk to me about my desire to have or not have children | ❑ | ❑ |
| e. Talk to me about using birth control to prevent pregnancy | ❑ | ❑ |
| f. Talk to me about how I could improve my health before a pregnancy | ❑ | ❑ |
| g. Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis | ❑ | ❑ |
| h. Ask me if I was smoking cigarettes | ❑ | ❑ |
| i. Ask me if someone was hurting me emotionally or physically | ❑ | ❑ |
| j. Ask me if I was feeling down or depressed | ❑ | ❑ |
| k. Ask me about the kind of work I do | ❑ | ❑ |
| l. Test me for HIV (the virus that causes AIDS) | ❑ | ❑ |

**The next questions are about your *health insurance coverage* before, during, and after your pregnancy with your *new* baby.**

**9. 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 or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Oregon Health Insurance Marketplace, Care Oregon, or HealthCare.gov
- ❑ Oregon Health Plan or Medicaid
- ❑ TRICARE or other military health care
- ❑ Indian Health Service
- ❑ Other health insurance → Please tell us: _____
- ❑ I did not have any health insurance during the *month before* I got pregnant

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

**Check ALL that apply**

- ❑ I did not go for prenatal care → **Go to Question 11**
- ❑ Private health insurance from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Oregon Health Insurance Marketplace, Care Oregon, or HealthCare.gov
- ❑ Oregon Health Plan or Medicaid
- ❑ TRICARE or other military health care
- ❑ Indian Health Service
- ❑ Other health insurance → Please tell us: _____
- ❑ I did not have any health insurance for my *prenatal care*

**11. 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 or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Oregon Health Insurance Marketplace, Care Oregon, or HealthCare.gov
- ❑ Oregon Health Plan or Medicaid
- ❑ TRICARE or other military health care
- ❑ Indian Health Service
- ❑ Other health insurance → Please tell us:

_____

- ❑ I do not have health insurance *now*

**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

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

- ❑ No
- ❑ Yes → **Go to Page 4, Question 17**

**14. 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 having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- ❑ No
- ❑ Yes → **Go to Question 16**

**Go to Question 15**

**15. 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:

_____

**If you or your husband or partner was <u>not doing</u> anything to keep from getting pregnant, go to Page 4, Question 17.**

**16. What method of birth control were you using when you got pregnant?**

**Check ALL that apply**

- ❑ Birth control pills
- ❑ Condoms
- ❑ Shots or injections (Depo-Provera®)
- ❑ Contraceptive implant in the arm (Nexplanon® or Implanon®)
- ❑ Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- ❑ IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- ❑ Natural family planning (including rhythm method)
- ❑ Withdrawal (pulling out)
- ❑ Other → Please tell us:

_____

## 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 had your first visit for prenatal care?**

_____ Weeks **OR** _____ Months

❑ I didn't go for prenatal care → **Go to Question 19**

**18. *During any of your prenatal care visits*, did a doctor, nurse, or other health care worker ask you any of the things listed below?** For each item, check **No** if they did not ask you about it or **Yes** if they did.

| | No | Yes |
|---|---|---|
| a. If I knew how much weight I should gain during pregnancy | ❑ | ❑ |
| b. If I was taking any prescription medication | ❑ | ❑ |
| c. If I was smoking cigarettes | ❑ | ❑ |
| d. If I was drinking alcohol | ❑ | ❑ |
| e. If someone was hurting me emotionally or physically | ❑ | ❑ |
| f. If I was feeling down or depressed | ❑ | ❑ |
| g. If I was using drugs such as marijuana, cocaine, crack, or meth | ❑ | ❑ |
| h. If I wanted to be tested for HIV (the virus that causes AIDS) | ❑ | ❑ |
| i. If I planned to breastfeed my new baby | ❑ | ❑ |
| j. If I planned to use birth control after my baby was born | ❑ | ❑ |

**19. 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

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

**Check ONE answer**

❑ No
❑ Yes, before my pregnancy
❑ Yes, during my pregnancy

**21. During *your most recent* pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?**

❑ No
❑ Yes

**22. During *your most recent* pregnancy, did you have 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. Gestational diabetes (diabetes that **started** during *this* pregnancy) | ❑ | ❑ |
| b. High blood pressure (that **started** during *this* pregnancy), pre-eclampsia or eclampsia | ❑ | ❑ |
| c. Depression | ❑ | ❑ |

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

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

- ❑ No → **Go to Question 27**
- ❑ Yes

**24. 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

**25. 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

**26. 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

**The next questions are about using other tobacco products around the time of pregnancy.**

**E-cigarettes (electronic cigarettes) and other electronic nicotine products** (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.

A **hookah** is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

**27. Have you used any of the following products in the *past 2 years*?** For each item, check **No** if you did not use it or **Yes** if you did.

| | No | Yes |
|---|---|---|
| a. E-cigarettes or other electronic nicotine products | ❑ | ❑ |
| b. Hookah | ❑ | ❑ |

**If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 28. Otherwise, go to Page 6, Question 30.**

**28. During the *3 months before* you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?**

- ❑ More than once a day
- ❑ Once a day
- ❑ 2-6 days a week
- ❑ 1 day a week or less
- ❑ I did not use e-cigarettes or other electronic nicotine products then

**29. During the *last 3 months* of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?**

- ❑ More than once a day
- ❑ Once a day
- ❑ 2-6 days a week
- ❑ 1 day a week or less
- ❑ I did not use e-cigarettes or other electronic nicotine products then

**The next questions are about drinking alcohol around the time of pregnancy.**

**30. 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 32**
- ❑ Yes

**31. 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
- ❑ 8 to 13 drinks a week
- ❑ 4 to 7 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. The next questions are about things that may have happened *before* and *during* your most recent pregnancy.**

**32. 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 | ❑ | ❑ |
| b. | I got separated or divorced from my husband or partner | ❑ | ❑ |
| c. | I moved to a new address | ❑ | ❑ |
| d. | I was homeless or had to sleep outside, in a car, or in a shelter | ❑ | ❑ |
| e. | My husband or partner lost their job | ❑ | ❑ |
| f. | I lost my job even though I wanted to go on working | ❑ | ❑ |
| g. | My husband, partner, or I had a cut in work hours or pay | ❑ | ❑ |
| h. | I was apart from my husband or partner due to military deployment or extended work-related travel | ❑ | ❑ |
| i. | I argued with my husband or partner more than usual | ❑ | ❑ |
| j. | My husband or partner said they didn't want me to be pregnant | ❑ | ❑ |
| k. | I had problems paying the rent, mortgage, or other bills | ❑ | ❑ |
| l. | My husband, partner, or I went to jail | ❑ | ❑ |
| m. | Someone very close to me had a problem with drinking or drugs | ❑ | ❑ |
| n. | Someone very close to me died | ❑ | ❑ |

**33. During the *12 months before* your new baby was born, did you ever eat less than you felt you should because there wasn't enough money to buy food?**

- ❑ No
- ❑ Yes

**34. In the *12 months before you got pregnant* with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way?** For each person, check **No** if they did not hurt you during this time or **Yes** if they did.

| | No | Yes |
|---|---|---|
| a. My husband or partner | ❑ | ❑ |
| b. My ex-husband or ex-partner | ❑ | ❑ |

**35. During *your most recent pregnancy*, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way?** For each person, check **No** if they did not hurt you during this time or **Yes** if they did.

| | No | Yes |
|---|---|---|
| a. My husband or partner | ❑ | ❑ |
| b. My ex-husband or ex-partner | ❑ | ❑ |

## AFTER PREGNANCY

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

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

____ / ____ / 20____

Month Day Year

**37. 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 40**

**Go to Question 38**

**38. Is your baby alive now?**

- ❑ No → *We are very sorry for your loss.* **Go to Page 9, Question 51**
- ❑ Yes

**39. Is your baby living with you now?**

- ❑ No → **Go to Page 9, Question 51**
- ❑ Yes

**40. *Before or after your new baby was born*, did you receive information about breastfeeding from any of the following sources?** For each one, check **No** if you did not receive information from this source or **Yes** if you did.

| | No | Yes |
|---|---|---|
| a. My doctor | ❑ | ❑ |
| b. A nurse, midwife, or doula | ❑ | ❑ |
| c. A breastfeeding or lactation specialist | ❑ | ❑ |
| d. My baby's doctor or health care provider | ❑ | ❑ |
| e. A breastfeeding support group | ❑ | ❑ |
| f. A breastfeeding hotline or toll-free number | ❑ | ❑ |
| g. Family or friends | ❑ | ❑ |
| h. Other | ❑ | ❑ |

Please tell us:

_____

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

- ❑ No → **Go to Page 8, Question 46**
- ❑ Yes

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

- ❑ No
- ❑ Yes → **Go to Page 8, Question 44**

**Go to Page 8, Question 43**

**43. How many weeks or months did you breastfeed or feed pumped milk to your baby?**

- ❑ Less than 1 week

_____ Weeks **OR** _____ Months

**If your baby was not born in a hospital, go to Question 45.**

**44. 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.

| | | No | Yes |
|---|---|---|---|
| a. | Hospital staff gave me information about breastfeeding | ❑ | ❑ |
| b. | My baby stayed in the same room with me at the hospital | ❑ | ❑ |
| c. | I breastfed my baby in the hospital | ❑ | ❑ |
| d. | Hospital staff helped me learn how to breastfeed | ❑ | ❑ |
| e. | I breastfed in the first hour after my baby was born | ❑ | ❑ |
| f. | My baby was placed in skin-to-skin contact within the first hour of life | ❑ | ❑ |
| g. | My baby was fed only breast milk at the hospital | ❑ | ❑ |
| h. | Hospital staff told me to breastfeed whenever my baby wanted | ❑ | ❑ |
| i. | The hospital gave me a breast pump to use | ❑ | ❑ |
| j. | The hospital gave me a gift pack with formula | ❑ | ❑ |
| k. | The hospital gave me a telephone number to call for help with breastfeeding | ❑ | ❑ |
| l. | Hospital staff gave my baby a pacifier | ❑ | ❑ |

**45. How old was your new baby the first time he or she had liquids other than breast milk (such as formula, water, juice, 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 51.**

**46. 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

**47. In the *past 2 weeks*, how often has your new baby slept alone in his or her own crib or bed?**

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never → **Go to Question 49**

**48. When your new baby sleeps alone, is his or her crib or bed in the same room where *you* sleep?**

- ❑ No
- ❑ Yes

**49. Listed below are some more things about how babies sleep. How did your new baby *usually* sleep in the *past 2 weeks*?** For each item, check **No** if your baby did not *usually* sleep like this or **Yes** if he or she did.

| | | No | Yes |
|---|---|---|---|
| a. | In a crib, bassinet, or pack and play | ❑ | ❑ |
| b. | On a twin or larger mattress or bed | ❑ | ❑ |
| c. | On a couch, sofa, or armchair | ❑ | ❑ |
| d. | In an infant car seat or swing | ❑ | ❑ |
| e. | In a sleeping sack or wearable blanket | ❑ | ❑ |
| f. | With a blanket | ❑ | ❑ |
| g. | With toys, cushions, or pillows, including nursing pillows | ❑ | ❑ |
| h. | With crib bumper pads (mesh or non-mesh) | ❑ | ❑ |

**50. Did a doctor, nurse, or other health care worker tell you any of the following things?** For each thing, check **No** if they did not tell you or **Yes** if they did.

| | | No | Yes |
|---|---|---|---|
| a. | Place my baby on his or her back to sleep | ❑ | ❑ |
| b. | Place my baby to sleep in a crib, bassinet, or pack and play | ❑ | ❑ |
| c. | Place my baby's crib or bed in my room | ❑ | ❑ |
| d. | What things should and should not go in bed with my baby | ❑ | ❑ |

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

❑ No
❑ Yes → **Go to Question 53**

**Go to Question 52**

**52. 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 want to get pregnant
- ❑ I am pregnant now
- ❑ I had my tubes tied or blocked
- ❑ I don't want to use birth control
- ❑ I am worried about side effects from birth control
- ❑ I am not having sex
- ❑ My husband or partner doesn't want to use anything
- ❑ I have problems paying for birth control
- ❑ Other → Please tell us:

_____

**If you or your husband or partner is <u>not doing</u> anything to keep from getting pregnant *now*, go to Page 10, Question 54.**

**53. 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 or Essure®)
- ❑ Vasectomy (male sterilization)
- ❑ Birth control pills
- ❑ Condoms
- ❑ Shots or injections (Depo-Provera®)
- ❑ Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- ❑ IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- ❑ Contraceptive implant in the arm (Nexplanon® or Implanon®)
- ❑ Natural family planning (including rhythm method)
- ❑ Withdrawal (pulling out)
- ❑ Not having sex (abstinence)
- ❑ Other → Please tell us:

_____

**54. *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 → **Go to Question 56**
- ❑ Yes

**55. *During your postpartum checkup*, did a doctor, nurse, or other health care worker <u>do</u> any of the following things?** For each item, check **No** if they did not do it or **Yes** if they did.

| | | No | Yes |
|---|---|---|---|
| a. | Tell me to take a vitamin with folic acid | ❑ | ❑ |
| b. | Talk to me about healthy eating, exercise, and losing weight gained during pregnancy | ❑ | ❑ |
| c. | Talk to me about how long to wait before getting pregnant again | ❑ | ❑ |
| d. | Talk to me about birth control methods I can use after giving birth | ❑ | ❑ |
| e. | Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®), NuvaRing®, or condoms | ❑ | ❑ |
| f. | Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®) | ❑ | ❑ |
| g. | Ask me if I was smoking cigarettes | ❑ | ❑ |
| h. | Ask me if someone was hurting me emotionally or physically | ❑ | ❑ |
| i. | Ask me if I was feeling down or depressed | ❑ | ❑ |
| j. | Test me for diabetes | ❑ | ❑ |

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

## OTHER EXPERIENCES

**The next questions are on a variety of topics.**

**58. During any of the following time periods, did you use marijuana or hash in any form?** For each time period, check **No** if you did not use then or **Yes** if you did.

| | | No | Yes |
|---|---|---|---|
| a. | During the 12 months before I got pregnant | ❑ | ❑ |
| b. | During my most recent pregnancy | ❑ | ❑ |
| c. | Since my new baby was born | ❑ | ❑ |

**If you did not get prenatal care, go to Question 60.**

**59. During any of your prenatal care visits or after your most recent delivery, did a doctor, nurse, or other health care worker ever advise you to quit smoking?**

- ❑ No
- ❑ Yes, during my prenatal care visits
- ❑ Yes, after my delivery
- ❑ Yes, both times
- ❑ I did not smoke at that time

**60. During *your most recent* pregnancy, how often did you feel down, depressed, or hopeless?**

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

**61. During *your most recent* pregnancy, how often did you have little interest or little pleasure in doing things you usually enjoyed?**

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

**62. During *your most recent* pregnancy, were you *offered* home visiting services?** Home visiting is when a nurse, health care worker, social worker, or other person who works for a program that helps pregnant women comes to your home.

- ❑ No → **Go to Question 65**
- ❑ Yes

**63. Did you accept the offer of home visiting services?**

- ❑ No
- ❑ Yes → **Go to Question 65**

**64. Why did you not accept the offer of home visiting services?**

**Check ALL that apply**

- ❑ I didn't think I needed it
- ❑ I didn't understand how it would help me
- ❑ I did not want anyone in my home
- ❑ Household member(s) didn't want anyone in my home
- ❑ Other → Please tell us:

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

- ❑ No → **Go to Page 12, Question 70**
- ❑ Yes

**Go to Question 66**

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

**Check ONE answer**

- ❑ No, and I do not plan to return → **Go to Page 12, Question 70**
- ❑ No, but I will be returning
- ❑ Yes

**67. Did you take leave 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 any leave → **Go to Question 69**

**68. How many weeks *or* months of leave, in total, did you take or will you take?**

_____ Weeks **OR** _____ Months

- ❑ Less than 1 week

**69. 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 | ❑ | ❑ |
| b. I was afraid I'd lose my job if I took leave or stayed out longer | ❑ | ❑ |
| c. I had too much work to do to take leave or stay out longer | ❑ | ❑ |
| d. My job does not have paid leave | ❑ | ❑ |
| e. My job does not offer a flexible work schedule | ❑ | ❑ |
| f. I had not built up enough leave time to take any or more time off | ❑ | ❑ |

**70. Not including yourself, is there anyone in your household who smokes cigarettes, cigars, or pipes?**

- ❑ No
- ❑ Yes

**71. In the *past 12 months*, have you needed or received any of the following?**

For each item, check:
**DN** if you *didn't need* it
**N** if you *needed* it, but *did not* get it
**NG** if you *needed* it and *did* get it.

| | DN | N | NG |
|---|---|---|---|
| a. Food Stamps or money to buy food | ❑ | ❑ | ❑ |
| b. Other financial assistance (for example, AFDC, TANF, subsidized rent, etc.) | ❑ | ❑ | ❑ |
| c. Help with an alcohol or drug problem | ❑ | ❑ | ❑ |
| d. Help to stop smoking | ❑ | ❑ | ❑ |
| e. Help with transportation | ❑ | ❑ | ❑ |
| f. Help paying for education or job training | ❑ | ❑ | ❑ |
| g. Help with a family violence problem | ❑ | ❑ | ❑ |
| h. Help or counseling for other family or personal problems | ❑ | ❑ | ❑ |

**72. 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 money for food or bills if I needed it | ❑ | ❑ |
| b. Someone who would help me if I were sick and needed to be in bed | ❑ | ❑ |
| c. Someone who would take me to the clinic or doctor's office if I needed a ride | ❑ | ❑ |
| d. Someone I can count on to listen to me when I need to talk | ❑ | ❑ |
| e. Someone who shows me love and affection other than a child | ❑ | ❑ |

**73. Below is a list of items neighbors sometimes do for each other.**

For each item, check:
**N** if they *never* do
**AN** if they *almost never* do
**S** if they *sometimes* do
**F** if they *fairly often* do
**VO** if they *very often* do

**How often do your neighbors—**

| | N | AN | S | F | VO |
|---|---|---|---|---|---|
| a. Do favors for each other? | ❑ | ❑ | ❑ | ❑ | ❑ |
| b. Ask each other advice about personal things such as child rearing or job openings? | ❑ | ❑ | ❑ | ❑ | ❑ |
| c. Have parties or other get-togethers where other people in the neighborhood are invited? | ❑ | ❑ | ❑ | ❑ | ❑ |
| d. Visit in each other's homes or on the street? | ❑ | ❑ | ❑ | ❑ | ❑ |
| e. Watch over each other's property? | ❑ | ❑ | ❑ | ❑ | ❑ |

**74. Do you have one or more persons you think of as *your* personal doctor or nurse?** A personal doctor or nurse is a health professional who is familiar with your health history. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

- ❑ No
- ❑ Yes

**75. Are you limited in any way in any activities because of physical, mental, or emotional problems?**

- ❑ No
- ❑ Yes

**76. Have you *ever* experienced discrimination (felt like you were treated worse than other people) *while getting any type of health or medical care*?** For each item, check **No** if you have never experienced discrimination because of it or **Yes** if you have.

| | | No | Yes |
|---|---|---|---|
| a. | My race or skin color | ❑ | ❑ |
| b. | My immigration status | ❑ | ❑ |
| c. | My age | ❑ | ❑ |
| d. | My income | ❑ | ❑ |
| e. | My sex/gender | ❑ | ❑ |
| f. | My sexual orientation | ❑ | ❑ |
| g. | My religion | ❑ | ❑ |
| h. | Because I was pregnant | ❑ | ❑ |
| i. | The language I speak | ❑ | ❑ |
| j. | My type of health insurance or my lack of health insurance | ❑ | ❑ |

**77. Have you *ever* experienced discrimination (felt like you were treated worse than other people) *in a situation other than* getting any type of health or medical care?** For each item, check **No** if you have never experienced discrimination because of it or **Yes** if you have.

| | | No | Yes |
|---|---|---|---|
| a. | My race or skin color | ❑ | ❑ |
| b. | My immigration status | ❑ | ❑ |
| c. | My age | ❑ | ❑ |
| d. | My income | ❑ | ❑ |
| e. | My sex/gender | ❑ | ❑ |
| f. | My sexual orientation | ❑ | ❑ |
| g. | My religion | ❑ | ❑ |
| h. | Because I was pregnant | ❑ | ❑ |
| i. | The language I speak | ❑ | ❑ |
| j. | My type of health insurance or my lack of health insurance | ❑ | ❑ |

**78. In what country were you born?**

❑ United States → **Go to Question 80**

❑ Other → Please tell us:

_____

**79. How old were you when you moved to the United States?**

_____ Age in years

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

**80. 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 $16,000
❑ $16,001 to $20,000
❑ $20,001 to $24,000
❑ $24,001 to $28,000
❑ $28,001 to $32,000
❑ $32,001 to $40,000
❑ $40,001 to $48,000
❑ $48,001 to $57,000
❑ $57,001 to $60,000
❑ $60,001 to $73,000
❑ $73,001 to $85,000
❑ $85,001 or more

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

_____ People

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

____ / ____ / 20____

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 Oregon.**

***Thanks for answering our questions!***

***Your answers will help us work to keep mothers and babies in Oregon healthy.***