

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

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

- No
 Yes

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

- No
 Yes

3. *During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin?* These are pills that contain many different vitamins and minerals.

- I didn't take a multivitamin or a prenatal vitamin at all
 1 to 3 times a week
 4 to 6 times a week
 Every day of the week

4. What is *your* date of birth?

19
 Month Day Year

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

Pounds OR Kilos

6. How tall are you without shoes?

Feet Inches

OR Centimeters

7. *Before you got pregnant with your new baby, did you talk with a doctor, nurse, or other health care worker to prepare for a healthy pregnancy and baby?*

- No
 Yes

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

- No → Go to Page 2, Question 11
 Yes

9. *Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?*

- No
 Yes

10. *Was the baby just before your new one born more than 3 weeks before its due date?*

- No
 Yes

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

11. 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 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

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

- No
- Yes

Go to Question 15

13. 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 not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes

Go to Question 15

14. What were your 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
- Other —————> Please tell us:

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

15. How many weeks or months pregnant were you when you were *sure* you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

Weeks **OR** Months

- I don't remember

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

Weeks **OR** Months

I didn't go for prenatal care

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

- No
 Yes
 I didn't want prenatal care →

Go to Page 4, Question 19

18. Here is a list of problems some women can have getting prenatal care. For each item, circle **Y** (Yes) if it was a problem for you during your most recent pregnancy or circle **N** (No) if it was not a problem or did not apply to you.

- | | No | Yes |
|---|----|-----|
| a. I couldn't get an appointment when I wanted one | N | Y |
| b. I didn't have enough money or insurance to pay for my visits | N | Y |
| c. I had no way to get to the clinic or doctor's office | N | Y |
| d. I couldn't take time off from work . . . | N | Y |
| e. The doctor or my health plan would not start care as early as I wanted . . . | N | Y |
| f. I didn't have my Medicaid card | N | Y |
| g. I had no one to take care of my children | N | Y |
| h. I had too many other things going on | N | Y |
| i. I didn't want anyone to know I was pregnant | N | Y |
| j. Other | N | Y |
- Please tell us:

If you did not go for prenatal care, go to Question 21.

19. How was your prenatal care paid for?

Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- New Jersey FamilyCare
- Other —————> Please tell us:

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, circle **Y** (Yes) if someone talked with you about it or circle **N** (No) if no one talked with you about it.

	No	Yes
a. How smoking during pregnancy could affect my baby	N	Y
b. Breastfeeding my baby	N	Y
c. How drinking alcohol during pregnancy could affect my baby	N	Y
d. Using a seat belt during my pregnancy	N	Y
e. Birth control methods to use after my pregnancy	N	Y
f. Medicines that are safe to take during my pregnancy	N	Y
g. How using illegal drugs could affect my baby.	N	Y
h. Doing tests to screen for birth defects or diseases that run in my family	N	Y
i. What to do if my labor starts early	N	Y
j. Getting tested for HIV (the virus that causes AIDS)	N	Y
k. Physical abuse to women by their husbands or partners	N	Y

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

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

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

- No
 Yes

→ **Go to Question 24**

23. When you went for WIC visits during your most recent pregnancy, did you receive information on breastfeeding?

- No
 Yes

24. Did you have any of these problems during your most recent pregnancy? For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not.

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

If you did not have any of these problems, go to Page 6, Question 26.

25. Did you do any of the following things because of these problems? For each item, circle **Y** (Yes) if you did that thing or circle **N** (No) if you did not.

	No	Yes
a. I went to the hospital or emergency room and stayed less than 1 day	N	Y
b. I went to the hospital and stayed 1 to 7 days	N	Y
c. I went to the hospital and stayed more than 7 days	N	Y
d. I stayed in bed at home more than 2 days because of my doctor's or nurse's advice	N	Y

The next questions are about smoking cigarettes and drinking alcohol.

26. Have you smoked at least 100 cigarettes in the past 2 years? (A pack has 20 cigarettes.)

- No → Go to Question 31
- Yes

27. 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
- None (0 cigarettes)

28. 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
- None (0 cigarettes)

If you smoked any cigarettes during the last 3 months of your pregnancy, go to Question 30.

29. When did you quit smoking?

- Before I found out I was pregnant
- When I found out I was pregnant
- Later in my pregnancy

30. 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
- None (0 cigarettes)

31. Does your husband or partner smoke inside your house?

- No
- Yes

32. Not including yourself or your husband or partner, does anyone else smoke cigarettes inside your house?

- No
- Yes

33. 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
 Yes

→ **Go to Question 36**

34a. 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

34b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

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

35a. 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

35b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

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

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

36. This question is about things that may have happened during the 12 months before your new baby was born. For each item, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not. (It may help to use the calendar.)

	No	Yes
a. A close family member was very sick and had to go into the hospital	N	Y
b. I got separated or divorced from my husband or partner	N	Y
c. I moved to a new address	N	Y
d. I was homeless	N	Y
e. My husband or partner lost his job . . .	N	Y
f. I lost my job even though I wanted to go on working	N	Y
g. I argued with my husband or partner more than usual	N	Y
h. My husband or partner said he didn't want me to be pregnant	N	Y
i. I had a lot of bills I couldn't pay	N	Y
j. I was in a physical fight	N	Y
k. My husband or partner or I went to jail	N	Y
l. Someone very close to me had a bad problem with drinking or drugs	N	Y
m. Someone very close to me died	N	Y

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

37a. During the *12 months before* you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
 Yes

37b. During the *12 months before* you got pregnant, were you physically hurt in any way by your husband or partner?

- No
 Yes

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

38a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
 Yes

38b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?

- No
 Yes

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

39. When was your baby due?

Month Day Year

40. When did you go into the hospital to have your baby?

Month Day Year

I didn't have my baby in a hospital

41. When was your baby born?

Month Day Year

42. When were you discharged from the hospital after your baby was born? (It may help to use the calendar.)

Month Day Year

I didn't have my baby in a hospital

43. How was your delivery paid for?

Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- New Jersey FamilyCare
- Other → Please tell us:

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

44. After your baby was born, was he or she put in an intensive care unit?

- No
- Yes
- I don't know

45. After your baby was born, 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 days
- 4 days
- 5 days
- 6 days or more
- 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 → **Go to Page 11, Question 60**
- Yes

47. Is your baby living with you now?

- No → **Go to Page 11, Question 60**
- Yes

48. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

- No
- Yes → **Go to Question 50**

49. What were your reasons for not breastfeeding your new baby?

Check all that apply

- My baby was sick and could not breastfeed
- I was sick or on medicine
- I had other children to take care of
- I had too many household duties
- I didn't like breastfeeding
- I didn't want to be tied down
- I was embarrassed to breastfeed
- I went back to work or school
- I wanted my body back to myself
- Other → Please tell us:

If you did not breastfeed your new baby, go to Page 10, Question 53.

50. Are you still breastfeeding or feeding pumped milk to your new baby?

- No
- Yes → **Go to Page 10, Question 52**

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

Weeks **OR** Months

- Less than 1 week

52. How old was your baby the first time you fed him or her anything besides breast milk? Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.

_____ Weeks **OR** _____ Months

- My baby was less than 1 week old
 I have not fed my baby anything besides breast milk

If your baby was not born in a hospital, go to Question 54.

53. 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. My baby stayed in the same room with me at the hospital | N | Y |
| b. I breastfed my baby in the first hour after my baby was born. | N | Y |
| c. Hospital staff helped me learn how to breastfeed | N | Y |
| d. My baby was fed only breast milk at the hospital | N | Y |
| e. Hospital staff told me to breastfeed whenever my baby wanted | N | Y |
| f. The hospital gave me a gift pack with formula | N | Y |
| g. The hospital gave me a telephone number to call for help with breastfeeding. | N | Y |
| h. My baby used a pacifier in the hospital | N | Y |

If your baby is still in the hospital, go to Question 60.

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

_____ Hours

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

55. How do you *most often* lay your baby down to sleep now?

Check one answer

- On his or her side
 On his or her back
 On his or her stomach

56. How often does your new baby sleep in the same bed with you or anyone else?

- Always
 Often
 Sometimes
 Rarely
 Never

57. Was your new baby seen by a doctor, nurse, or other health care worker during the first week after he or she left the hospital?

- No
 Yes

58. Has your new baby had a well-baby checkup? (A well-baby checkup is a regular health visit for your baby usually at 2, 4, or 6 months of age.)

- No \longrightarrow **Go to Question 60**
 Yes

59. How many times has your new baby been to a doctor or nurse for a well-baby checkup? (It may help to use the calendar.)

Times

60. 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 not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes → **Go to Question 62**

61. What are your 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
- 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 → Please tell us:

62. *Since your new baby was born, have you had a postpartum checkup for yourself?* (A postpartum checkup is the regular checkup a woman has after she gives birth.)

- No → **Go to Question 64**
- Yes

63. At that visit, did a doctor, nurse or other health care worker discuss family planning or birth control with you?

- No
- Yes

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

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

Check all that apply

- Paycheck or money from a job
- Money from family or friends
- Money from a business, fees, dividends, or rental income
- Aid such as Temporary Assistance for Needy Families (TANF), welfare, WIC, public assistance, general assistance, food stamps, or Supplemental Security Income
- Unemployment benefits
- Child support or alimony
- Social security, workers' compensation, disability, veteran benefits, or pensions
- Other → Please tell us:

65. During the 12 months before your new baby was born, what was your total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have used. (All information will be kept private and will not affect any services you are now getting.)

Check one answer

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

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

People

We would like to ask you a few more questions about smoking during your pregnancy. Some questions are about you, and others are about people who might have smoked around you.

If you did not smoke at least 100 cigarettes in the past 2 years, go to Question 73.

If you did not go for prenatal care, go to Question 68.

67. Listed below are some things about smoking that a doctor, nurse, or other health care worker might have done during any of your prenatal care visits. For each thing, circle **Y** (Yes) if it applied to you during any of your prenatal care visits or circle **N** (No) if it did not.

During any of your prenatal care visits, did a doctor, nurse, or other health care worker—

- | | No | Yes |
|--|----|-----|
| a. Ask if you were smoking cigarettes . . . | N | Y |
| b. Spend time with you discussing how to quit smoking | N | Y |
| c. Suggest that you set a specific date to stop smoking. | N | Y |

If you did not smoke during the *last 3 months* of your pregnancy, go to Question 71.

68. At any time during your pregnancy, did you stop smoking for one day or longer because you were trying to quit?

- No
 Yes

69. At any time during your pregnancy, did you attempt to cut back the number of cigarettes you smoked?

- No
 Yes

If you did not try to quit smoking or cut back your smoking, go to Question 71.

70. If you tried to quit or cut back the number of cigarettes you were smoking, what method did you use?

Check all that apply

- Medications such as nicotine patches, gum, nasal sprays, or inhalers
- Self-help materials such as booklets or videos
- A telephone hotline
- An Internet Web site
- Face-to-face counseling
- Class or program
- Other \longrightarrow Please tell us:

I just quit or cut back on my own

71. Did you use any of these New Jersey programs while you were pregnant or since your new baby was born? Circle Y (Yes) if you used the program or circle N (No) if you did not use it.

- | | No | Yes |
|---|----|-----|
| a. NJ Quitline, a toll-free telephone hotline to help people quit smoking . . . | N | Y |
| b. NJ Quitnet, an Internet Web site to help people quit smoking | N | Y |
| c. NJ Quitcenter, a counseling program to help people quit smoking | N | Y |

72. Listed below are some reasons that discourage people from quitting smoking.

For each item, circle Y (Yes) if it is a reason for you or circle N (No) if it is not a reason.

- | | | No | Yes |
|---|---|----|-----|
| a. Cost of medicines or products to help you quit | N | | Y |
| b. Cost of classes to help you quit | N | | Y |
| c. Fear of gaining weight | N | | Y |
| d. Loss of a way to handle stress | N | | Y |
| e. Other people around me smoke | N | | Y |
| f. Cravings for a cigarette | N | | Y |
| g. Lack of support from others to quit . . . | N | | Y |
| h. Some other reason | N | | Y |
- Please tell us:

73. During your most recent pregnancy, did you work outside the home 10 hours or more per week?

- No \longrightarrow **Go to Page 14, Question 76**
- Yes

74. What was the last month of your pregnancy that you worked 10 or more hours per week?

- First, second, or third
- Fourth
- Fifth
- Sixth
- Seventh
- Eighth
- Ninth
- I never stopped working

75. Did other people frequently smoke in your work area or in public areas while you were there?

- No
- Yes

76. Which of the following statements best describes the rules about smoking *inside* your home during your most recent pregnancy?

Check one answer

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

77. Which of the following statements best describes the rules about smoking *inside* your home *now*?

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 few questions are on a variety of topics.

78. During your most recent pregnancy, did you get any of these services? For each one, circle **Y** (Yes) if you got the service or circle **N** (No) if you did not get it.

- | | No | Yes |
|---|----|-----|
| a. Childbirth classes | N | Y |
| b. Parenting classes | N | Y |
| c. Classes on how to stop smoking | N | Y |
| d. Visits to your home by a nurse or other health care worker | N | Y |
| e. Food stamps | N | Y |
| f. TANF (welfare) | N | Y |

79. When did you have your teeth cleaned by a dentist or dental hygienist? For each of the three time periods, circle **Y** (Yes) if you had your teeth cleaned then or circle **N** (No) if you did not have your teeth cleaned then.

- | | No | Yes |
|--|----|-----|
| a. Within a year of my most recent pregnancy | N | Y |
| b. During my most recent pregnancy | N | Y |
| c. After my most recent pregnancy | N | Y |

80. Counting yourself, how many people live in your house, apartment, or trailer?

- Adults
(people aged 18 years or older)
- Babies, children, or teenagers (people aged 17 years or younger)

81. What is today's date?

-
- Month Day Year

**Please use this space for any additional comments you would like to make
about the health of mothers and babies in New Jersey.**

Thanks for answering our questions!

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