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)	❑	❑

9. *Before* you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about preparing for a pregnancy?

❑ No → **Go to Question 11**

❑ Yes

10. *Before* you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk with you about any of the things listed below about preparing for a pregnancy? *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.	Getting my vaccines updated before pregnancy	❑	❑
b.	Visiting a dentist or dental hygienist before pregnancy	❑	❑
c.	Getting counseling for any genetic diseases that run in my family	❑	❑
d.	Getting counseling or treatment for depression or anxiety	❑	❑
e.	The safety of using prescription or over-the-counter medicines during pregnancy	❑	❑
f.	How smoking during pregnancy can affect a baby	❑	❑
g.	How drinking alcohol during pregnancy can affect a baby	❑	❑
h.	How using illegal drugs during pregnancy can affect a baby	❑	❑
i.	How secondhand smoke can affect a baby	❑	❑

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

11. 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 Arkansas Health Insurance Marketplace (Arkansas Health Connector website) or HealthCare.gov
- ❑ Medicaid
- ❑ ARKids First
- ❑ TRICARE or other military health care
- ❑ Other health insurance → Please tell us:

  _____
- ❑ I did not have any health insurance during the *month before* I got pregnant

12. 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 13**
- ❑ 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 Arkansas Health Insurance Marketplace (Arkansas Health Connector website) or HealthCare.gov
- ❑ Medicaid
- ❑ ARKids First
- ❑ TRICARE or other military health care
- ❑ Other health insurance → Please tell us:

  _____
- ❑ I did not have any health insurance for my *prenatal care*

13. 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 Arkansas Health Insurance Marketplace (Arkansas Health Connector website) or HealthCare.gov
- ❑ Medicaid
- ❑ ARKids First
- ❑ TRICARE or other military health care
- ❑ Other health insurance → Please tell us:

  _____
- ❑ I do not have health insurance *now*

14. 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

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

- ❑ No
- ❑ Yes → **Go to Page 4, Question 19**

16. 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 Page 4, Question 18**

Go to Page 4, Question 17

17. 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 Question 19.

18. 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.)

19. 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 22**

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 smoking during pregnancy could affect my baby	❑	❑
b.	Breastfeeding my baby	❑	❑
c.	How drinking alcohol during pregnancy could affect my baby	❑	❑
d.	How using illegal drugs could affect my baby	❑	❑
e.	The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)	❑	❑
f.	What to do if I feel depressed during my pregnancy or after my baby is born	❑	❑
g.	Physical abuse to women by their husbands or partners	❑	❑
h.	How secondhand smoke can affect a baby	❑	❑

21. *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	❑	❑

22. 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

→ **Go to Question 24**

23. Why didn't you have an HIV test during your most recent pregnancy or delivery?

Check ALL that apply

- ❑ I was not offered the test
- ❑ I did not want to have the test
- ❑ I already knew my HIV status
- ❑ I did not think I was at risk for HIV
- ❑ I did not want people to think I was at risk for HIV
- ❑ I was afraid of getting the result
- ❑ I was tested *before* this pregnancy, and did not think I needed to be tested again
- ❑ Other reason → Please tell us:

_____

24. 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

25. 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

26. During *your most recent* pregnancy, did you get a Tdap shot or vaccination? A Tdap vaccination is a tetanus booster shot that also protects against pertussis (whooping cough).

- ❑ No
- ❑ Yes
- ❑ I don't know

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

- ❑ No
- ❑ Yes

28. This question is about other 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 insurance to cover dental care during my pregnancy	❑	❑
d. I needed to see a dentist for a **problem**	❑	❑
e. I went to a dentist or dental clinic about a **problem**	❑	❑

29. 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 31**
- ❑ Yes

30. Who was the home visitor that came to your home during *your most recent* pregnancy?

- ❑ A nurse or nurse's aide
- ❑ A teacher or health educator
- ❑ A doula or midwife
- ❑ Someone else → Please tell us:

  _____
- ❑ I don't know

31. 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	❑	❑
d. Gum disease or tooth decay	❑	❑

If you had gestational diabetes during your most recent pregnancy, go to Question 32. Otherwise, go to Question 34.

32. During *your most recent* pregnancy, when you were told that you had gestational diabetes, did the doctor, nurse, or other health care worker tell you to make an appointment with a different doctor because of your gestational diabetes?

- ❑ No
- ❑ Yes

33. During *your most recent* pregnancy, when you were told that you had gestational diabetes, did a doctor, nurse, or other health care worker do any of the things listed below? For each item, check **No** if it was not done or **Yes** if it was.

	No	Yes
a. Refer me to a nutritionist	❑	❑
b. Talk to me about the importance of exercise	❑	❑
c. Talk to me about getting to and staying at a healthy weight after delivery	❑	❑
d. Suggest that I breastfeed my new baby	❑	❑
e. Talk to me about my risk for Type 2 diabetes	❑	❑

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

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

- ❑ No → **Go to Question 41**
- ❑ Yes

35. 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

36. 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

If you did not smoke at any time in the *3 months before* you got pregnant, go to Question 40.

37. During *your most recent* pregnancy, did you do any of the following things about quitting smoking? For each thing, check **No** if you did not do it or **Yes** if you did.

		No	Yes
a.	Set a specific date to stop smoking	❑	❑
b.	Use booklets, videos, or other materials to help me quit	❑	❑
c.	Call a national or state quit line or go to a website	❑	❑
d.	Attend a class or program to stop smoking	❑	❑
e.	Go to counseling for help with quitting	❑	❑
f.	Use a nicotine patch, gum, lozenge, nasal spray or inhaler	❑	❑
g.	Take a pill like Zyban® (also known as Wellbutrin® or bupropion) to stop smoking	❑	❑
h.	Take a pill like Chantix® (also known as varenicline) to stop smoking	❑	❑
i.	Try to quit on my own (e.g., cold turkey)	❑	❑
j.	Switch to e-cigarettes	❑	❑
k.	Other	❑	❑

Please tell us:

_____

38. Did you quit smoking around the time of *your most recent* pregnancy?

Check ONE answer

- ❑ No
- ❑ No, but I cut back
- ❑ Yes, I quit before I found out I was pregnant
- ❑ Yes, I quit when I found out I was pregnant
- ❑ Yes, I quit later in my pregnancy

39. Listed below are some things that can make it hard for some people to quit smoking. For each item, check **No** if it is not something that might make it hard for you or **Yes** if it is.

		No	Yes
a.	Cost of medicines or products to help with quitting	❑	❑
b.	Cost of classes to help with quitting	❑	❑
c.	Fear of gaining weight	❑	❑
d.	Loss of a way to handle stress	❑	❑
e.	Other people smoking around me	❑	❑
f.	Cravings for a cigarette	❑	❑
g.	Lack of support from others to quit	❑	❑
h.	Worsening depression	❑	❑
i.	Worsening anxiety	❑	❑
j.	Some other reason	❑	❑

Please tell us:

_____

40. 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

41. How many cigarette smokers, not including yourself, lived in your home during *your most recent* pregnancy?

_____ Number of smokers

42. Which of the following statements best describes the rules about smoking *inside* your home during *your most recent* pregnancy, even if no one who lived in your home was a smoker?

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

43. How many cigarette smokers, not including yourself, live in your home *now*?

_____ Number of smokers

44. 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 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.

45. 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	❑	❑
c. Chewing tobacco, snuff, snus, or dip	❑	❑
d. Cigars, cigarillos, or little filtered cigars	❑	❑

If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 46. Otherwise, go to Question 48.

46. 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

47. 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.

48. 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 50**
- ❑ Yes

49. 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.

50. 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	❑	❑
c. Someone else	❑	❑

51. 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	❑	❑
c. Someone else	❑	❑

52. During *your most recent* pregnancy, did any of the following things happen to you? For each thing, check **No** if it did not happen to you or **Yes** if it did.

	No	Yes
a. My husband or partner threatened me or made me feel unsafe in some way	❑	❑
b. I was frightened for my safety or my family's safety because of the anger or threats of my husband or partner	❑	❑
c. My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go	❑	❑
d. My husband or partner forced me to take part in touching or any sexual activity when I did not want to	❑	❑

AFTER PREGNANCY

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

53. When was your new baby born?

Month ____ Day ____ Year 20____

54. 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 57**

55. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 12, Question 70**
- ❑ Yes

56. Is your baby living with you now?

- ❑ No → **Go to Page 12, Question 68**
- ❑ Yes

Go to Question 57

57. *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: _____

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

- ❑ No
- ❑ Yes → **Go to Question 60**

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

Check ALL that apply

- ❑ 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 tried but it was too hard
- ❑ I didn't want to
- ❑ I went back to work
- ❑ I went back to school
- ❑ Other → Please tell us: _____

If you did not breastfeed your new baby, go to Question 63.

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

- ❑ No
- ❑ Yes → **Go to Question 62**

61. 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 63.

62. 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	❑	❑

If your baby is still in the hospital, go to Page 12, Question 68.

63. 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

64. 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 66**

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

- ❑ No
- ❑ Yes

66. 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)	❑	❑

67. 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	❑	❑

68. *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 70**
❑ Yes

69. *Since your new baby was born*, did the home visitor who came to your home talk with you about any of the things listed below? For each one, check **No** if they did not talk with you about it or **Yes** if they did.

	No	Yes
a. Breastfeeding my baby	❑	❑
b. How long to wait before getting pregnant again	❑	❑
c. Family planning services or using contraception	❑	❑
d. Postpartum depression	❑	❑
e. Resources in my community to support new parents	❑	❑
f. Getting to and staying at a healthy weight after delivery	❑	❑
g. How to quit or keep from smoking	❑	❑
h. How to get the health care that my baby or I need	❑	❑

70. 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 72**

71. 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 Question 73.

72. 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:

_____

73. *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 75**
- ❑ Yes

Go to Question 74

74. *During your postpartum checkup*, did a doctor, nurse, or other health care worker do 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	❑	❑

75. *Since your new baby was born*, have you been tested for diabetes or high blood sugar?

- ❑ No → **Go to Page 14, Question 78**
- ❑ Yes

76. *Since your new baby was born*, did a doctor, nurse, or other health care worker tell you that you had diabetes?

- ❑ No
- ❑ Yes → **Go to Page 14, Question 78**

Go to Page 14, Question 77

77. Did a doctor, nurse, or other health care worker tell you that you had prediabetes, borderline diabetes or high blood sugar?

- ❑ No
- ❑ Yes

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

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

79. *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.

80. During *your most recent* pregnancy, did you *receive* any of the following services? For each one, check **No** if you did not receive the service or **Yes** if you received the service.

	No	Yes
a. Food stamps or money to buy food	❑	❑
b. WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)	❑	❑
c. Counseling for family and personal problems	❑	❑
d. Help to quit smoking	❑	❑
e. Help to reduce violence in my home	❑	❑
f. Other	❑	❑

Please tell us:

_____

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

81. 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

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

_____ People

83. 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 Arkansas.

Thanks for answering our questions!

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