

First, we would like to ask a few questions about you and the time before you became 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. **In the month before you got pregnant with your new baby, how many times a week did you take a multivitamin (a pill that contains many different vitamins and minerals)?**

- I didn't take a multivitamin 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?**

Month Day Year

5. **Just before you got pregnant, how much did you weigh?**

Pounds OR Kilos

6. **How tall are you without shoes?**

Feet Inches

OR Centimeters

7. **Before your new baby, did you ever have any other babies who were born alive?**

- No Go to Question 10
 Yes

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

- No
 Yes

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

- No
 Yes

10. **Thinking back to just before you got pregnant, 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

11. When you got pregnant with your new baby, were you trying to become pregnant?

- No
 Yes → Go to Question 14

12. 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], and using birth control methods such as the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
 Yes → Go to Question 16

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

Check all that apply, then go to Question 16.

- 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:

14. Did you take any fertility drugs to help you get pregnant with your new baby? (Fertility drugs include Clomid®, Serophene®, Pergonal®, or any other drugs that you may have taken to help you get pregnant.)

- No
 Yes

15. Did you use any medical procedures (assisted reproductive technology) to help you get pregnant with your new baby? (Assisted reproductive technology procedures include in vitro fertilization [IVF], GIFT, ZIFT, embryo transfer, and donor eggs or oocytes.)

- No
 Yes

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 a calendar when you answer these questions.)

16. 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

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

Thanks for answering our questions!
Your answers will help us work to make Illinois mothers and babies healthier.

83. How long has it been since you had your teeth cleaned by a dentist or a dental hygienist?

____ Months

84. Which best describes your annual household income from all sources?

- Less than \$10,000
- \$10,000 to less than \$15,000
- \$15,000 to less than \$20,000
- \$20,000 to less than \$25,000
- \$25,000 to less than \$35,000
- \$35,000 to less than \$50,000
- \$50,000 or more

85. How many people, including yourself, depended on this income?

____ People

If you did not go for prenatal care, go to Page 4, Question 26.

20. Where did you go *most of the time* for your prenatal visits? (Do not include visits for WIC.)

Check one answer

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Community health clinic
- Other —————> Please tell us:

21. How was your prenatal care paid for?

Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO
- Other —————> Please tell us:

17. How many weeks or months pregnant were you when you had your first visit for prenatal care? (Don't 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

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

- No
- Yes —————> Go to Question 20
- I didn't want —————> prenatal care

19. Did any of these things keep you from getting prenatal care as early 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
- The doctor or my health plan would not start care earlier
- I didn't have my Medicaid card
- I had no one to take care of my children
- I had too many other things going on
- Other —————> Please tell us:

22. 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 your baby | N | Y |
| b. Breastfeeding your baby | N | Y |
| c. How drinking alcohol during pregnancy could affect your baby . . | N | Y |
| d. Using a seat belt during your pregnancy | N | Y |
| e. Birth control methods to use after your pregnancy | N | Y |
| f. Medicines that are safe to take during your pregnancy | N | Y |
| g. How using illegal drugs could affect your baby | N | Y |
| h. Doing tests to screen for birth defects or diseases that run in your family | N | Y |
| i. What to do if your labor starts early | N | Y |
| j. Getting your blood tested for HIV (the virus that causes AIDS) | N | Y |
| k. Physical abuse to women by their husbands or partners | N | Y |

23. At any time during your prenatal care, did a doctor, nurse, or other health care worker talk with you about how much weight you should gain during your pregnancy?

- No
- Yes

24. We would like to know how you felt about the prenatal care you received during your most recent pregnancy. If you went to more than one place for prenatal care, answer for the place where you got *most* of your care. For each thing, circle **Y** (Yes) if you were satisfied or circle **N** (No) if you were not satisfied.

- Were you satisfied with—
- | | No | Yes |
|---|----|-----|
| a. The amount of time you had to wait after you arrived for your visits | N | Y |
| b. The amount of time the doctor or nurse spent with you during your visits | N | Y |
| c. The advice you got on how to take care of yourself | N | Y |
| d. The understanding and respect that the staff showed toward you as a person | N | Y |

25. At any time during your prenatal care, did a doctor, nurse, or other health care worker ask if you were:

- a. Smoking cigarettes?**
- No
 - Yes
- b. Drinking alcoholic beverages (beer, wine, wine cooler, or liquor)?**
- No
 - Yes

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

- No
- Yes
- I don't know

If you did not smoke during the 3 months before you got pregnant with your new baby, go to Question 79.

If you did not go for prenatal care, go to Question 79.

78. During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you to stop smoking?

- No
- Yes
- I had quit smoking before my first prenatal care visit

If your baby is not alive or not living with you, go to Question 82.

79. Listed below are some things about safety. For each thing, circle **Y** (Yes) if it applies to you or circle **N** (No) if it does not.

- | | No | Yes |
|---|----|-----|
| a. My infant was brought home from the hospital in an infant car seat | N | Y |
| b. My baby always or almost always rides in an infant car seat | N | Y |
| c. My home has a working smoke alarm | N | Y |

80. Since your new baby was born, have you used WIC services for your new baby?

- No
- Yes

If your baby was not born in a hospital, go to Question 82.

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

82. This question is about the care of your teeth during your most recent pregnancy. For each thing, circle **Y** (Yes) if it is true or circle **N** (No) if it is not true.

- | | No | Yes |
|--|----|-----|
| a. I needed to see a dentist for a problem | N | Y |
| b. I went to a dentist or dental clinic | N | Y |
| c. A dental or other health care worker talked with me about how to care for my teeth and gums | N | Y |

72. 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:

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

- No
Yes

The next questions are about your family and the place where you live.

74. Which rooms are in the house, apartment, or trailer where you live?

Check all that apply

- Living room
Separate dining room
Kitchen
Bathroom(s)
Recreation room, den, or family room
Finished basement
Bedrooms -> How many?

75. 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)

76. What were the sources of your household's income during the past 12 months?

Check all that apply

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

77. During your most recent pregnancy, did you get any of these services?

Circle Y (Yes) if you got the service or circle N (No) if you did not get it.

Table with 3 columns: Service, No, Yes. Rows include Childbirth classes, Parenting classes, Classes on how to stop smoking, Visits to your home by a nurse or other health care worker, Food stamps, and TANF (Welfare).

27. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?

- No
Yes

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

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

- No
Yes

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

Table with 3 columns: Problem, No, Yes. Rows include Labor pains more than 3 weeks before your baby was due, High blood pressure, Vaginal bleeding, Problems with the placenta, Severe nausea, vomiting, or dehydration, High blood sugar (diabetes), Kidney or bladder (urinary tract) infection, Water broke more than 3 weeks before your baby was due, Cervix had to be sewn shut (incompetent cervix, cerclage), and You were hurt in a car accident.

If you did not have any of these problems, go to Page 6, Question 31.

30. Did you do any of the following things because of these problem(s)?

Check all that apply

- I went to the hospital or emergency room and stayed less than 1 day
I went to the hospital and stayed 1 to 7 days
I went to the hospital and stayed more than 7 days
I stayed in bed at home more than 2 days because of my doctor's or nurse's advice

The next questions are about smoking cigarettes and drinking alcohol.

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

- No → Go to Question 35
 Yes

32. 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

33. 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

34. 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

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

- No
 Yes

36. Have you had any alcoholic drinks in the past 2 years? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)

- No → Go to Question 39
 Yes

37. a. During the 3 months before you got pregnant, 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 drinks or more a week
 I don't know

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

_____ Times

- I didn't drink then
 I don't know

65. Where do you usually take your baby for well-baby checkups?

Check one answer

- Hospital clinic
 Health department clinic
 Private doctor's office or HMO clinic
 Community health clinic
 Other → Please tell us:

66. Did your baby have any well-baby shots or vaccinations before he or she was 3 months old? (Don't count shots or vaccinations given in the hospital right after birth.)

- No
 Yes
 My child has not had any well-baby shots but he or she is not 3 months old yet

67. Do you have health insurance or Medicaid for your new baby?

- No → Go to Question 69
 Yes

68. What type of insurance is your new baby covered by?

Check all that apply

- Medicaid
 Private insurance or HMO
 KidCare or CHIP (Child Health Insurance Program)
 Other → Please tell us:

69. Is your new baby enrolled in KidCare or Child Health Insurance Program (CHIP)?

- No
 Yes → Go to Question 71

70. Why didn't you enroll your new baby in KidCare or CHIP (Child Health Insurance Program)?

Check all that apply

- I didn't know about the program
 I already had insurance
 I didn't think he or she was eligible
 Other → Please tell us:

The next few questions are about the time after you gave birth to your new baby and things that may have happened after delivery.

71. 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 or their partner having a vasectomy, using birth control methods like the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, and not having sex at certain times [rhythm].)

- No
 Yes → Go to Page 12, Question 73

57. What were your reasons for stopping breastfeeding? Check all that apply

- My baby had difficulty nursing
- Breast milk alone did not satisfy my baby
- I thought my baby was not gaining enough weight
- My baby became sick and could not breastfeed
- My nipples were sore, cracked, or bleeding
- I thought I was not producing enough milk
- I had too many other household duties
- I felt it was the right time to stop breastfeeding
- I became sick and could not breastfeed
- I went back to work or school
- My husband or partner wanted me to stop breastfeeding
- I wanted or needed someone else to feed the baby
- A doctor or other health professional advised me to stop breastfeeding
- I was taking medication
- Other —————> Please tell us:

58. 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 one week old
- I have not fed my baby anything besides breast milk

If your baby is still in the hospital, go to Question 67.

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

_____ Hours

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

60. 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

61. Was your baby seen by a doctor, nurse, or other health care provider in the first week after he or she left the hospital?

- No —————> Go to Question 63
- Yes

62. Was your new baby seen at home or at a health care facility?

- At home
- At a doctor's office, clinic, or other health care facility

63. Has your baby had a well-baby checkup?

- No —————> Go to Question 66
- Yes

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

_____ Times

38. a. 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 drinks or more a week
- I don't know

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

_____ Times

- I didn't drink then
- I don't know

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

39. This question is about things that may have happened *during the 12 months* before your new baby was born. For each item, 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. 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 his job . . . . .	.N		Y
f. You lost your job even though you wanted to go on working . . .	.N		Y
g. You argued with your husband or partner more than usual . . . . .	.N		Y
h. Your husband or partner said he didn't want you to be pregnant . . .	.N		Y
i. You had a lot of bills you couldn't pay . . . . .	.N		Y
j. You were 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

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

- No
 Yes

b. *During the 12 months before you got pregnant, did anyone else physically hurt you in any way?*

- No
 Yes

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

- No
 Yes

b. *During your most recent pregnancy, did anyone else physically hurt you in any way?*

- No
 Yes

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

42. **When was your baby due?**

Month Day Year

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

Month Day Year

- I didn't have my baby in a hospital

44. **When was your baby born?**

Month Day Year

45. **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

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

- No
 Yes
 I don't know

47. **After your baby was born, how long did he or she stay in the hospital?**

- Less than 24 hours (Less than 1 day)
 24–48 hours (1–2 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

48. **How was your delivery paid for?**

Check all that apply

- Medicaid
 Personal income (cash, check, or credit card)
 Health insurance or HMO
 Other —————> Please tell us:

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

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

Month Day Year

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

- No
 Yes —————> **Go to Question 52**

51. **When did your baby die?**

Month Day Year

Go to Page 11, Question 71

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

- No —————> **Go to Page 11, Question 71**
 Yes

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

- No
 Yes —————> **Go to Question 55**

54. **What were your reasons for not breastfeeding your new baby?**

Check all that apply, then go to Page 10, Question 59.

- 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
 My husband or partner did not want me to breastfeed
 I wanted my body back to myself
 A doctor or other health professional told me that I could not or should not breastfeed
 Other —————> Please tell us:

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

- No
 Yes —————> **Go to Page 10, Question 58**

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

Weeks OR _____
Months

- Less than 1 week