

Please mark your answers. Follow the directions included with the questions. If no directions are presented, check the box next to your answer or fill in the blanks. Because not all questions will apply to everyone, you may be asked to skip certain questions.

BEFORE PREGNANCY

First, we would like to ask a few questions about you and the time *before* you got pregnant with your new baby.

1. At any time during the 12 months before you got pregnant with your new baby, did you do any of the following things? For each item, circle Y (Yes) if you did it or circle N (No) if you did not.

	No	Yes
a. I was dieting (changing my eating habits) to lose weight	N	Y
b. I was exercising 3 or more days of the week	N	Y
c. I was regularly taking prescription medicines other than birth control . . .	N	Y
d. I visited a health care worker to be checked or treated for diabetes. . . .	N	Y
e. I visited a health care worker to be checked or treated for high blood pressure.	N	Y
f. I visited a health care worker to be checked or treated for depression or anxiety	N	Y
g. I talked to a health care worker about my family medical history	N	Y
h. I had my teeth cleaned by a dentist or dental hygienist.	N	Y

2. During the *month before* you got pregnant with your new baby, were you covered by any of these health insurance plans?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid or Illinois Healthy Women
- TRICARE or other military health care
- Other source(s) —————> Please tell us:
- I did not have any health insurance before I got pregnant

3. 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 at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

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

Pounds **OR** Kilos

5. How tall are you without shoes?

Feet Inches
OR Meters

2

6. What is your date of birth?

/ / 19

Month Day Year

7. Before you got pregnant with your new baby, were you ever told by a doctor, nurse, or other health care worker that you had Type 1 or Type 2 diabetes? This is not the same as gestational diabetes or diabetes that starts during pregnancy.

- No
 Yes

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

- No
 Yes

Go to Question 11

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

- No
 Yes

10. Was the baby just before your new one born more than 3 weeks before his or her 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 [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
 Yes

Go to Question 16

Go to Question 14

14. 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
- Other \longrightarrow Please tell us:

If you were not trying to get pregnant when you got pregnant with your new baby, go to Question 16.

15. Did you take any fertility drugs or receive any medical procedures from a doctor, nurse, or other health care worker to help you get pregnant with your *new* baby?
(This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.)

- No
- Yes

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.)

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

17. 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 \longrightarrow

Go to Page 4, Question 19

Go to Page 4, Question 18

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

- No
- Yes → **Go to Question 20**

19. Did any of these things keep you from getting prenatal care at all or as early as you wanted? For each item, circle **T** (True) if it was a reason that you didn't get prenatal care when you wanted or circle **F** (False) if it was not a reason for you or if something does not apply to you.

	True	False
a. I couldn't get an appointment when I wanted one	T	F
b. I didn't have enough money or insurance to pay for my visits	T	F
c. I had no transportation to get to the clinic or doctor's office	T	F
d. The doctor or my health plan would not start care as early as I wanted	T	F
e. I had too many other things going on	T	F
f. I couldn't take time off from work or school.	T	F
g. I didn't have my Medicaid card or All Kids, Moms and Babies card.	T	F
h. I had no one to take care of my children.	T	F
i. I didn't know that I was pregnant	T	F
j. I didn't want anyone else to know I was pregnant	T	F
k. I didn't want prenatal care	T	F

If you did not go for prenatal care, go to Question 25.

20. Where did you go *most of the time* for your prenatal care 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. Did any of these health insurance plans help you pay for your *prenatal care*?

Check all that apply

- Health insurance from your job or the job of your husband, partner or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid or All Kids, Moms and Babies
- TRICARE or other military health care
- Other source(s) → Please tell us:

- I did not have health insurance to help pay for my prenatal care

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 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. Medicines that are safe to take during my pregnancy | N | Y |
| f. How using illegal drugs could affect my baby | N | Y |
| g. Doing tests to screen for birth defects or diseases that run in my family | N | Y |
| h. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due) | 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. What to do if I feel depressed during my pregnancy or after my baby is born | N | Y |
| l. Physical abuse to women by their husbands or partners | N | Y |

23. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask if you were drinking alcoholic beverages (beer, wine, wine cooler, or liquor)?

- No
- Yes

24. During your most recent pregnancy, did a doctor, nurse, or other health worker talk with you about any of the things listed below? *Please count only discussions, not reading materials or videos. For each one, circle Y (Yes) if someone talked to you about it or circle N (No) if no one talked with you about it.*

- | | No | Yes |
|--|----|-----|
| a. Foods that are good to eat during pregnancy | N | Y |
| b. How much weight to gain during pregnancy | N | Y |
| c. Exercise during pregnancy | N | Y |
| d. Programs or resources to help me gain the right amount of weight during pregnancy | N | Y |
| e. Programs or resources to help me lose weight after pregnancy | N | Y |

25. 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

26. Have you ever heard or read that taking a vitamin with folic acid can help prevent some birth defects?

- No
- Yes

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

- No
- Yes

28. During your most recent pregnancy, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during *this* pregnancy)?

- No
- Yes

29. Did you have any of the following 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. Vaginal bleeding | N | Y |
| b. Kidney or bladder (urinary tract) infection | N | Y |
| c. Severe nausea, vomiting, or dehydration | N | Y |
| d. Cervix had to be sewn shut (cerclage for incompetent cervix) | N | Y |
| e. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia | N | Y |
| f. Problems with the placenta (such as abruptio placentae or placenta previa) | N | Y |
| g. Labor pains more than 3 weeks before my baby was due (preterm or early labor) | N | Y |
| h. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]) | N | Y |
| i. I had to have a blood transfusion | N | Y |
| j. I was hurt in a car accident | N | Y |

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

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

- No → Go to Question 35
- Yes

31. 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

32. 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 during the 3 months before you got pregnant with your new baby, go to Question 34.

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

- No
- Yes
- I had quit smoking before my first prenatal care visit
- I didn't go for prenatal care

34. 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

35. 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 questions are about drinking alcohol around the time of pregnancy (before, during, and after).

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 Page 8, Question 39
- Yes

Go to Question 37a

37a. 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 → Go to Question 38a

37b. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.

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

38a. 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 → Go to Page 8, Question 39

38b. During the *last 3 months* of your pregnancy, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.

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

Pregnancy can be a difficult time for some women. The 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 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 | 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 problem with drinking or drugs | N | Y |
| m. Someone very close to me died | N | Y |

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

- No
 Yes

41. 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

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?

/ / 20
 Month Day Year

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

/ / 20
 Month Day Year

I didn't have my baby in a hospital

44. When was your baby born?

/ / 20
 Month Day Year

45. How was your new baby delivered?

- Vaginally → Go to Question 47
 Cesarean delivery (c-section)

↓ Go to Question 46

46. What was the reason that your *new* baby was born by cesarean delivery (c-section)?

Check all that apply

- I had a previous cesarean delivery (c-section)
- My baby was in the wrong position
- I was past my due date
- My health care provider worried that my baby was too big
- I had a medical condition that made labor dangerous for me
- My health care provider tried to induce my labor, but it didn't work
- Labor was taking too long
- The fetal monitor showed that my baby was having problems during labor
- I wanted to schedule my delivery
- I didn't want to have my baby vaginally
- Other reason(s) —————> Please tell us:

47. When were you discharged from the hospital after your baby was born?

	/		/	20
Month		Day		Year

- I didn't have my baby in a hospital

48. Did any of these health insurance plans help you pay for the *delivery* of your new baby?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
 - Health insurance that you or someone else paid for (not from a job)
 - Medicaid or All Kids, Moms and Babies
 - TRICARE or other military health care
 - Other source(s) —————> Please tell us:
-
- I did not have health insurance to help pay for my delivery

AFTER PREGNANCY

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

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

- No
- Yes
- I don't know

50. 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 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 Page 10, Question 53

Go to Page 10, Question 51

51. Is your baby alive now?

- No → **Go to Page 12, Question 66**
 Yes

52. Is your baby living with you now?

- No → **Go to Page 12, Question 66**
 Yes

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

- No
 Yes → **Go to Question 55**

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

Check all that apply

- My baby was sick and was not able to 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 tried but it was too hard
- I didn't want to
- 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 Question 58b.

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

- No
 Yes → **Go to Question 58a**

Go to Question 56

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

Weeks **OR** Months

- Less than 1 week

57. What were your reasons for stopping breastfeeding?

Check all that apply

- My baby had difficulty latching or nursing
- Breast milk alone did not satisfy my baby
- I thought my baby was not gaining enough weight
- My nipples were sore, cracked, or bleeding
- It was too hard, painful, or too time consuming
- 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 got sick and was not able to breastfeed
- I went back to work or school
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other → Please tell us:

58a. How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, 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

58b. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

Weeks **OR** Months

- My baby was less than 1 week old
- My baby has not eaten any foods

If your baby is still in the hospital, go to Question 64.

59. 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

60. Listed below are some things that describe how your new baby *usually* sleeps. For each item, circle **T** (True) if it usually applies to your baby or circle **F** (False) if it doesn't usually apply to your baby.

- | | True | False |
|--|------|-------|
| a. My new baby sleeps in a crib or portable crib | T | F |
| b. My new baby sleeps on a firm or hard mattress | T | F |
| c. My new baby sleeps with pillows | T | F |
| d. My new baby sleeps with bumper pads | T | F |
| e. My new baby sleeps with plush blankets. | T | F |
| f. My new baby sleeps with stuffed toys | T | F |
| g. My new baby sleeps with another person | T | F |

61. Was your new baby seen by a doctor, nurse, or other health care worker for a *one week check-up* after he or she was born?

- No
- Yes

62. Has your new baby had a well-baby **checkup?** (A well-baby checkup is a regular health visit for your baby usually at 1, 2, 4, and 6 months of age.)

- No → **Go to Question 64**
- Yes

63. Where do you usually take your new 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:

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

- No → **Go to Page 12, Question 66**
- Yes

Go to Page 12, Question 65

65. What kind of health insurance plan is your new baby covered by?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else pays for (not from a job)
- Medicaid or All Kids, Moms and Babies
- TRICARE or other military health care
- Other source(s) _____ → Please tell us:

- I do not have health insurance for my new baby

66. 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 [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes _____ →

Go to Question 68

67. 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 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:

68. Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced things this way *since your new baby was born*. Use the scale when answering:

1	2	3	4	5
Never	Rarely	Sometimes	Often	Always

- a. I felt down, depressed, or sad. _____
- b. I felt hopeless. _____
- c. I felt slowed down. _____
- d. I felt panicky. _____
- e. I felt restless. _____

OTHER EXPERIENCES

The next questions are on a variety of topics.

69. During the 12 months before your new baby was born, did you or any member of your household apply for government payments such as welfare, TANF (Temporary Assistance for Needy Families), or other public assistance?

- No
- Yes

If you did not smoke during the 3 months before you got pregnant, go to Question 71.

If you did not get prenatal care, go to Question 71.

70. Listed below are some things about quitting 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. Spend time with you discussing how to quit smoking | N | Y |
| b. Suggest that you set a specific date to stop smoking | N | Y |
| c. Suggest you attend a class or program to stop smoking | N | Y |
| d. Provide you with booklets, videos, or other materials to help you quit smoking on your own | N | Y |
| e. Refer you to counseling for help with quitting | N | Y |
| f. Ask if a family member or friend would support your decision to quit . . | N | Y |
| g. Refer you to a national or state quit line | N | Y |
| h. Recommend using nicotine gum. . . . | N | Y |
| i. Recommend using a nicotine patch . . | N | Y |
| j. Prescribe a nicotine nasal spray or nicotine inhaler | N | Y |
| k. Prescribe a pill like Zyban [®] (also known as Wellbutrin [®]) or Bupropion [®]) or Chantix (also known as Varenicline) to help you quit | N | Y |

71. At any time during your *most recent pregnancy*, did a doctor, nurse, or other health care worker *tell you that you had depression*?

- No
- Yes

72. This question is about the care of your teeth during your *most recent pregnancy*. For each item, 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 |

If your baby is not alive or is not living with you, go to Page 14, Question 77.

73. Have you ever heard or read about what can happen if a baby is shaken?

- No
- Yes

74. Do you have an infant car seat(s) that you can use for your new baby?

- No → **Go to Page 14, Question 76**
- Yes

75. How did you learn to install and use your infant car seat(s)?

Check all that apply

- I read the instructions
- A friend or family member showed me
- A health or safety professional showed me
- I figured it out myself
- I already knew how to install it because I have other children
- Some other way → Please tell us:

76. Since your new baby was born, have you used WIC services for yourself or your new baby?

- No
- Yes, both my new baby and I use WIC services
- Yes, only my new baby uses WIC services
- Yes, only I am using WIC services

77. Since your new baby was born, has a doctor, nurse, or other health care worker told you that you had depression?

- No → **Go to Question 80**
- Yes

78. Since your new baby was born, have you taken prescription medicine for your depression?

- No
- Yes

79. Since your new baby was born, have you gotten counseling for your depression?

- No
- Yes

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.)

- 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 to \$74,999
- \$75,000 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 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.***