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.
   a. Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy) ............................... No Yes
   b. High blood pressure or hypertension ............................... No Yes
   c. Depression ................................................................... No Yes
   d. Asthma ........................................................................ No Yes
   e. Thyroid problems ...................................................... No Yes
   f. PCOS (polycystic ovarian syndrome) ................. No Yes

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  Yes
   Go to Page 2, Question 9
   Go to Page 2, Question 7
7. **What type of health care visit did you have in the 12 months before you got pregnant with your new baby?**

   - [ ] 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.

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

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

9. **During the month before you got pregnant with your new baby, what kind of health insurance did you have?**

   - [ ] 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 Health Insurance Marketplace or HealthCare.gov
   - [ ] Medicaid or MaineCare
   - [ ] 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

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

   - [ ] I did not go for prenatal care —— Go to Question 11
   - [ ] Private health insurance from my job or the job of my husband or partner
   - [ ] Private health insurance from my parents
   - [ ] Private health insurance from the Health Insurance Marketplace or HealthCare.gov
   - [ ] Medicaid or MaineCare
   - [ ] TRICARE or other military health care
   - [ ] Other health insurance —— Please tell us:

   - [ ] I did not have any health insurance for my prenatal care
11. **What kind of health insurance do you have now?**

- [ ] 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 Health Insurance Marketplace or HealthCare.gov
- [ ] Medicaid or MaineCare
- [ ] TRICARE or other military health care
- [ ] Other health insurance ➔ Please tell us:

- [ ] I do not have health insurance now

12. **Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?**

- [ ] I wanted to be pregnant later
- [ ] I wanted to be pregnant sooner
- [ ] I wanted to be pregnant then
- [ ] I didn’t want to be pregnant then or at any time in the future
- [ ] I wasn’t sure what I wanted

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

- [ ] No ➔ Go to Question 16
- [ ] Yes ➔ Go to Question 16

14. **When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?**

Some things people do to keep from getting pregnant include having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- [ ] No ➔ Go to Question 15
- [ ] Yes ➔ Go to Question 16

15. **What were your reasons or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant?**

- [ ] 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:

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, 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.)

- [ ] I don’t remember

---

**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?**

- [ ] 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?

☐ Weeks OR ☐ Months

☐ I didn’t go for prenatal care ➔ Go to Question 20

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

☐ No
☐ Yes

19. 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 ..................................
☐ ☐

20. 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

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

☐ No
☐ Yes, before my pregnancy
☐ Yes, during my pregnancy

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

☐ No
☐ Yes

23. 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 ..........................................
☐ ☐

24. 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. Asthma ..........................................................
☐ ☐
25. During your most recent pregnancy, did a doctor, nurse, or other health care worker give you a series of weekly shots of a medicine called progesterone, Makena®, or 17P (17 alpha-hydroxyprogesterone) to try to keep your new baby from being born too early?

- No
- Yes
- I don’t know

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

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

- No
- Yes

Go to Page 6, Question 32

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
- I didn’t smoke then

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
- I didn’t smoke then

If you did not smoke at any time during the 3 months before you got pregnant, go to Page 6, Question 31.

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

- No
- Yes
- I didn’t go for prenatal care

Go to Page 6, Question 31

30. 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, check No if it was not done or Yes if it was.

- a. Spend time with me discussing how to quit smoking .......................................................... Yes
- b. Suggest that I set a specific date to stop smoking ................................................................. Yes
- c. Suggest I attend a class or program to stop smoking ............................................................... Yes
- d. Provide me with booklets, videos, or other materials to help me quit smoking on my own ................................................................. Yes
- e. Refer me to counseling for help with quitting ........................................................................ Yes
- f. Ask if a family member or friend would support my decision to quit ........................................ Yes
- g. Refer me to a national or state quit line .................................................................................. Yes
- h. Recommend using nicotine gum ........................................... Yes
- i. Recommend using a nicotine patch ........................................................................ Yes
- j. Prescribe a nicotine nasal spray or nicotine inhaler ................................................................. Yes
- k. Prescribe a pill like Zyban® (also known as Wellbutrin® or bupropion) to help me quit ................................................................. Yes
- l. Prescribe a pill like Chantix® (also known as varenicline) to help me quit ................................. Yes
31. 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

32. 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.

33. 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.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. E-cigarettes or other electronic nicotine products</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. Hookah</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

If you used e-cigarettes or other electronic nicotine products in the past 2 years, go to Question 34. Otherwise, go to Question 36.

34. 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

35. 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.

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
   - Yes
   Go to Question 40

37. 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
   Go to Question 39

38. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in a 2 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 a 2 hour time span

39. 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
   - 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.

40. This question is about things that may have happened during the 12 months before your new baby was born. For each item, check No if it did not happen to you or Yes if it did. (It may help to look at the calendar when you answer these questions.)

   No
   Yes
   a. A close family member was very sick and had to go into the hospital
   b. I got separated or divorced from my husband or partner
   c. I moved to a new address
   d. I was homeless or had to sleep outside, in a car, or in a shelter
   e. My husband or partner lost their job
   f. I lost my job even though I wanted to go on working
   g. My husband, partner, or I had a cut in work hours or pay
   h. I was apart from my husband or partner due to military deployment or extended work-related travel
   i. I argued with my husband or partner more than usual
   j. My husband or partner said they didn’t want me to be pregnant
   k. I had problems paying the rent, mortgage, or other bills
   l. My husband, partner, or I went to jail
   m. Someone very close to me had a problem with drinking or drugs
   n. Someone very close to me died

41. During the 12 months before your new baby was born, did you ever eat less than you felt you should because there wasn’t enough money to buy food?
   - No
   - Yes
42. During the 12 months before your new baby was born, did you ever get emergency food from a church, a food pantry, or a food bank, or eat in a food kitchen?

☐ No
☐ Yes

43. 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.

<table>
<thead>
<tr>
<th>Person Description</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>My husband or partner</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My ex-husband or ex-partner</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Another family member</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Someone else</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

44. 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.

<table>
<thead>
<tr>
<th>Person Description</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>My husband or partner</td>
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<td>☐</td>
</tr>
<tr>
<td>Someone else</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

45. When was your new baby born?

___ / ___ / 20___

Month    Day    Year

46. Did you plan or schedule a cesarean delivery (c-section) at least one week before your new baby was born?

☐ No
☐ Yes

47. How was your new baby delivered?

☐ Vaginally
☐ Cesarean delivery (c-section) Go to Question 50

48. 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 (such as breech)
☐ 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 (such as heart condition, physical disability)
☐ I had a complication in my pregnancy (such as pre-eclampsia, placental problems, infection, preterm labor)
☐ 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 before or during labor (fetal distress)
☐ I wanted to schedule my delivery
☐ I didn’t want to have my baby vaginally
☐ Other Please tell us:

49. Which statement best describes whose idea it was for you to have a cesarean delivery (c-section)? Check ONE answer

☐ My health care provider recommended a cesarean delivery before I went into labor
☐ My health care provider recommended a cesarean delivery while I was in labor
☐ I asked for the cesarean delivery
50. 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 53

51. Is your baby alive now?

- No
- Yes

We are very sorry for your loss.
Go to Page 11, Question 68

52. Is your baby living with you now?

- No
- Yes

Go to Page 11, Question 68

53. 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.

- My doctor ............................................................
- A nurse, midwife, or doula ............................
- A breastfeeding or lactation specialist ....
- My baby's doctor or health care provider.................................
- A breastfeeding support group........
- A breastfeeding hotline or toll-free number ................................
- Family or friends ...............................................
- Other ...............................................................

Please tell us:

If you did not breastfeed your new baby, go to Page 10, Question 62.

54. 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 56

55. 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:

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

- No
- Yes

Go to Page 10, Question 59

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

- Less than 1 week

____ Weeks OR ____ Months
58. 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 or it was too painful
- I thought I was not producing enough milk, or my milk dried up
- I had too many other household duties
- I felt it was the right time to stop breastfeeding
- I got sick or I had to stop for medical reasons
- I went back to work
- I went back to school
- My partner did not support breastfeeding
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other

Please tell us:

59. Have you used a breast pump to express milk to feed to your new baby?

- No
- Yes

Go to Question 61

60. Did your health insurance pay for a breast pump for you to use with your new baby?

- No
- Yes, but I had to make a co-payment
- Yes, with no co-payment
- I did not have health insurance
- I don’t know

61. 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.

- Hospital staff gave me information about breastfeeding
- My baby stayed in the same room with me at the hospital
- I breastfed my baby in the hospital
- Hospital staff helped me learn how to breastfeed
- I breastfed in the first hour after my baby was born
- My baby was placed in skin-to-skin contact within the first hour of life
- My baby was fed only breast milk at the hospital
- Hospital staff told me to breastfeed whenever my baby wanted
- The hospital gave me a breast pump to use
- The hospital gave me a gift pack with formula
- The hospital gave me a telephone number to call for help with breastfeeding
- Hospital staff gave my baby a pacifier

62. 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
- 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 68.

63. In which one position do you most often lay your baby down to sleep now?

☐ On his or her side
☐ On his or her back
☐ On his or her stomach

Check ONE answer

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.

☐ 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.

☐ 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. 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

☐ No
☐ Yes

Go to Page 12, Question 70

69. What are your reasons or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant now?

☐ 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 not doing anything to keep from getting pregnant now, go to Question 71.
70. 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

71. 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
- Yes

72. 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.

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

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

- Always
- Often
- Sometimes
- Rarely
- Never

74. 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
75. Since your new baby was born, have any of the following people pushed, hit, slapped, kicked, choked, or physically hurt you in any other way? For each person, check No if they have not hurt you during this time or Yes if they have.

<table>
<thead>
<tr>
<th>Person</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>My husband or partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My ex-husband or ex-partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Another family member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone else</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

78. During the month before you got pregnant, did you take or use any of the following drugs for any reason? Your answers are strictly confidential. For each item, check No if you did not use it or Yes if you did.

<table>
<thead>
<tr>
<th>Drug</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over-the-counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve®</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana or hash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amphetamines (uppers, speed, crystal meth, crank, ice)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine (crack, rock, coke, blow, snow) ...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tranquilizers (downers, ludes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If your baby is not alive or is not living with you, go to Page 14, Question 83.

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

<table>
<thead>
<tr>
<th>Service</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only I am using WIC services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both my new baby and I use WIC services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only my new baby uses WIC services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Go to Page 14, Question 81

80. Why wasn’t your new baby enrolled in WIC?

<table>
<thead>
<tr>
<th>Reason</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Didn’t think my new baby would be eligible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was told that my baby didn’t qualify for WIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’m not sure what WIC is</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC hours did not fit my schedule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC office was too far away</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t need the services that WIC offers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please tell us:
81. Have you ever heard or read about what can happen if a baby is shaken from any of the following sources?  
- Magazine
- Radio or television
- Doctor, nurse, or other health care worker
- Book
- Family or friends
- The Period of Purple Crying video
- Other ————> Please tell us:

82. Which of the following do you think is the most common cause of lead poisoning in children?
- Drinking water
- Dust from paint
- Food
- Toys
- I don’t know or I am unsure

83. Do you have any insurance that pays for some or all of your dental care? Please include dental insurance, prepaid plans such as HMOs, or government plans such as MaineCare or Medicaid.
- No
- Yes

For the next two questions please tell us about the home you live in now.

84. Was the building built before 1950?
- No
- Yes
- I don’t know or I am unsure

85. Do you own or rent the home?
- Own
- Rent
- Other arrangement

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

86. 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

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

______ People

88. What is today’s date?

______ / ______ / ______
Month    Day    Year

20
The next questions are about marijuana.

D1. At any time during the 3 months before you got pregnant OR during your most recent pregnancy, did you use marijuana or hash in any form?

- No
- Yes

Go to Question D6

D2. During the 3 months before you got pregnant, about how often did you use marijuana products in an average month?

- Daily
- 2-6 days a week
- 1 day a week
- 2-3 days a month
- 1 day a month or less
- I did not use marijuana then

D3. During your most recent pregnancy, about how often did you use marijuana products in an average month?

- Daily
- 2-6 days a week
- 1 day a week
- 2-3 days a month
- 1 day a month or less
- I did not use marijuana then

Go to Question D6

D4. During your most recent pregnancy, how did you use marijuana?

- Smoked it
- Ate it
- Drank it
- Vaporized it
- Dabbed it
- Other

Check ALL that apply

Please tell us:

If you did not get prenatal care, go to Page 16, Question D8.

D5. Why did you use marijuana products during pregnancy? For each item, check No if it is not a reason for you or Yes if it was.

- To relieve nausea ..............................................
- To relieve vomiting...........................................
- To relieve stress or anxiety.............................
- To relieve symptoms of a chronic condition...........
- To relieve pain..................................................
- For fun or to relax ............................................
- Some other reason...........................................

Please tell us:

D6. During any of your prenatal care visits, did a doctor, nurse, or other health care worker do any of the following things? Please include if they asked you on a written form or in a conversation. For each item, check No if they did not do this or Yes if they did.

- Ask me if I was using marijuana ..................
- Recommend that I use marijuana for any reason ...........................................................
- Advise me not to use marijuana ...........
- Advise me not to breastfeed my baby if I was using marijuana..........................

D7. During any of your prenatal care visits, did a doctor, nurse, or other health care worker refer you to treatment because of drug use (prescribed or non-prescribed drugs)?

- No
- Yes
- I did not use any drugs (or only used over-the-counter pain relievers) during my pregnancy
D8. *Since your new baby was born,* have you used marijuana or hash in any form?

- No
- Yes

D9. *How long do you think it is necessary for a woman to wait after using marijuana to breastfeed her baby?*

- I don’t think she needs to wait at all
- I think it is best to wait until she is no longer high
- I think it is best to wait at least 2-3 hours after she is no longer high
- I don’t think it is safe for breastfeeding women to use marijuana at all

The last questions are about prescription drugs.

D10. During your most recent pregnancy, did you take prescription antidepressants or selective serotonin reuptake inhibitors (SSRIs) such as Prozac, Zoloft, or Lexapro?

- No
- Yes

D11. During your most recent pregnancy, did you use prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine?

- No  Go to the end
- Yes

D12. How would you describe the way you got the prescription pain relievers that you used during your most recent pregnancy?

- I had a current prescription
- I had pain relievers left over from an old prescription
- I got the pain relievers without a prescription
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 Maine.

Thanks for answering our questions!

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