A Survey of the Health of Mothers and Babies in North Carolina
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.

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### 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
   - Kilos

3. **What is your** date of birth?
   - Month
   - Day
   - Year

4. **Before** you got pregnant with your new baby, did you ever have any other babies who were born alive?
   - No
   - Yes
   Go to Question 7

5. Did the baby born **just before** your new one weigh 5 pounds, 8 ounces (2.5 kilos) or **less** at birth?
   - No
   - Yes

---

6. **Was the baby just before** your new one born earlier than 3 weeks before his or her due date?
   - No
   - Yes

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

7. 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, check No if you did not do it or Yes if you did it.

   a. I was dieting (changing my eating habits) to lose weight ........................................
   - No
   - Yes

   b. I was exercising 3 or more days of the week ...........................................
   - No
   - Yes

   c. I was regularly taking prescription medicines other than birth control .................
   - No
   - Yes

   d. I visited a health care worker and was checked for diabetes..........................
   - No
   - Yes

   e. I visited a health care worker and was checked for high blood pressure ...........
   - No
   - Yes

   f. I visited a health care worker and was checked for depression or anxiety ......
   - No
   - Yes

   g. I talked to a health care worker about my family medical history.............
   - No
   - Yes

   h. I had my teeth cleaned by a dentist or dental hygienist ..........................
   - No
   - Yes
8. 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, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid, Baby Love, or Health Check
- NC Health Choice
- TRICARE or other military health care
- Some other kind of health insurance  

Please tell us:

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

9. 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

10. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about how to improve your health before pregnancy?

- No  
- Yes  

Go to Question 12

11. 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? 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 talked with you about it.

- Taking vitamins with folic acid before pregnancy ................................... No Yes
- Being a healthy weight before pregnancy ........................................ No Yes
- Getting my vaccines updated before pregnancy ................................. No Yes
- Visiting a dentist or dental hygienist before pregnancy .................... No Yes
- Getting counseling for any genetic diseases that run in my family ........ No Yes
- Controlling any medical conditions such as diabetes and high blood pressure ........................................ No Yes
- Getting counseling or treatment for depression or anxiety ................ No Yes
- The safety of using prescription or over-the-counter medicines during pregnancy ........................................ No Yes
- How smoking during pregnancy can affect a baby ............................... No Yes
- How drinking alcohol during pregnancy can affect a baby .................. No Yes
- How using illegal drugs during pregnancy can affect a baby .............. No Yes
12. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker tell you that you had 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 the same as gestational diabetes or diabetes that starts during pregnancy) ...  
b. High blood pressure or hypertension ....  
c. Depression ..........................................

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

13. 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

14. How much longer did you want to wait to become pregnant?

☐ Less than 1 year
☐ 1 year to less than 2 years
☐ 2 years to less than 3 years
☐ 3 years to 5 years
☐ More than 5 years

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 using birth control pills, condoms, withdrawal, or natural family planning.

☐ No
☐ Yes  Go to Page 4, Question 18

17. 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:

Go to Page 4, Question 19
If you or your husband or partner was not doing 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 pill
- Condoms
- Injection (Depo-Provera®)
- Contraceptive implant (Implanon®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena® or ParaGard®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Other

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? 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).

I didn’t go for prenatal care

Go to Question 21

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

No

Yes

Go to Question 22

Go to Question 21
21. Did any of these things keep you from getting prenatal care when you wanted it? For each item, check No if it did not keep you from getting prenatal care or Yes if it did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I couldn’t get an appointment when I wanted one</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. I didn’t have enough money or insurance to pay for my visits</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. I didn’t have any transportation to get to the clinic or doctor’s office</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. The doctor or my health plan would not start care as early as I wanted</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. I had too many other things going on</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. I couldn’t take time off from work or school</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>g. I didn’t have my Medicaid, Baby Love, or Health Check card</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>h. I didn’t have anyone to take care of my children</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>i. I didn’t know that I was pregnant</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>j. I didn’t want anyone else to know I was pregnant</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>k. I didn’t want prenatal care</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

If you did not get prenatal care, go to Question 24.

22. During your most recent pregnancy, what kind of health insurance did you have to pay for your prenatal care? Check ALL that apply

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid, Baby Love, or Health Check
- NC Health Choice
- TRICARE or other military health care
- Some other kind of health insurance ——— Please tell us: ________________________________
- I did not have any health insurance to pay for my prenatal care

23. 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.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How much weight I should gain during my pregnancy</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. How smoking during pregnancy could affect my baby</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. Breastfeeding my baby</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. How drinking alcohol during pregnancy could affect my baby</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. Using a seat belt during my pregnancy</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. Medicines that are safe to take during my pregnancy</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>g. How using illegal drugs could affect my baby</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>h. Doing tests to screen for birth defects or diseases that run in my family</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>i. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>j. Getting tested for HIV (the virus that causes AIDS)</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>k. What to do if I feel depressed during my pregnancy or after my baby is born</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>l. Physical abuse to women by their husbands or partners</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

24. 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
25. 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

26. 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

27. During what month and year did you get the flu shot?

☐ I don’t remember

28. This question is about the 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.

a. I knew it was important to care for my teeth and gums during my pregnancy.

☐ No ☐ Yes

b. A dental or other health care worker talked with me about how to care for my teeth and gums.

☐ No ☐ Yes

c. I had my teeth cleaned by a dentist or dental hygienist.

☐ No ☐ Yes

d. I had insurance to cover dental care during my pregnancy.

☐ No ☐ Yes

e. I needed to see a dentist for a problem.

☐ No ☐ Yes

f. I went to a dentist or dental clinic about a problem.

☐ No ☐ Yes

29. During your most recent pregnancy, did you take a class or classes to prepare for childbirth and learn what to expect during labor and delivery?

☐ No
☐ Yes

30. 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
☐ Yes

31. During your most recent pregnancy, how many times did the home visitor come to your home to help you learn how to prepare for your new baby?

☐ 1 time
☐ 2 to 4 times
☐ 5 or more times
32. During your most recent pregnancy, 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.

- How smoking during pregnancy could affect my baby
- How drinking alcohol during pregnancy could affect my baby
- Doing tests to screen for birth defects or diseases that run in my family
- The importance of getting tested for HIV or other sexually transmitted infections
- Physical or emotional abuse to women by their husbands or partners
- Breastfeeding my baby
- My emotional well-being

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

- No
- Yes

34. 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

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

- No
- Yes

36. 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

37. 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

38. 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
The next questions are about drinking alcohol around the time of pregnancy (before and during).

39. 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 42
☐ Yes

40. 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

41. 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

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.

42. 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 his 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 he 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
43. During the 12 months before your new baby was born, did you feel emotionally upset (for example, angry, sad, or frustrated) as a result of how you were treated based on your race?

- No
- Yes

44. 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

45. 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.

46. When was your new baby born?

___ / ___ / 20___
Month Day Year

47. By the end of your most recent pregnancy, how much weight had you gained?

- I gained ___ pounds
- I didn’t gain any weight, but I lost ___ pounds
- My weight didn’t change during my pregnancy
- I don’t know

AFTER PREGNANCY

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

48. After your baby was delivered, was he or she put in an intensive care unit (NICU)?

- No
- Yes
- I don’t know

49. 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

50. Is your baby alive now?

- No
- Yes

We are very sorry for your loss.

Go to Page 12, Question 63

Go to Page 10, Question 51
51. Is your baby living with you now?
   - No
   - Yes
   Go to Question 62

52. 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 54

53. What were your reasons for not breastfeeding your new baby?
   - 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 or school
   - Other
   Please tell us:

If you did not breastfeed your new baby, go to Question 59.

54. Are you currently breastfeeding or feeding pumped milk to your new baby?
   - No
   - Yes
   Go to Question 57

55. How many weeks or months did you breastfeed or pump milk to feed your baby?
   - Less than 1 week
   - ___ Weeks OR ___ Months

56. What were your reasons for stopping breastfeeding?
   - 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, 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 or school
   - My baby was jaundiced (yellowing of the skin or whites of the eyes)
   - Other
   Please tell us:
If your baby was not born in a hospital, go to Question 58.

57. 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 happen.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hospital staff gave me information about breastfeeding</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>b. My baby stayed in the same room with me at the hospital</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>c. Hospital staff helped me learn how to breastfeed</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>d. I breastfed in the first hour after my baby was born</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>e. I breastfed my baby in the hospital</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>f. My baby was fed only breast milk at the hospital</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>g. Hospital staff told me to breastfeed whenever my baby wanted</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>h. The hospital gave me a breast pump to use</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>i. The hospital gave me a gift pack with formula</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>j. The hospital gave me a telephone number to call for help with breastfeeding</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>k. Hospital staff gave my baby a pacifier</td>
<td>❑</td>
<td>❑</td>
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</tbody>
</table>

58. 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)?

<table>
<thead>
<tr>
<th></th>
<th>Weeks</th>
<th>OR</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>My baby was less than 1 week old</td>
<td>❑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My baby has not had any liquids other than breast milk</td>
<td>❑</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Weeks</th>
<th>OR</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>My baby was less than 1 week old</td>
<td>❑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My baby has not eaten any foods</td>
<td>❑</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>On his or her side</th>
<th>On his or her back</th>
<th>On his or her stomach</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
</tbody>
</table>

62. 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.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>❑</td>
<td>❑</td>
</tr>
</tbody>
</table>
63. 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 using birth control pills, condoms, withdrawal, or natural family planning.

☐ No  
☐ Yes  

Go to Question 65

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

☐ I am not having sex  
☐ I want to get pregnant  
☐ I don’t want to use birth control  
☐ I am worried about side effects from birth control  
☐ My husband or partner doesn’t want to use anything  
☐ I have problems getting birth control when I need it  
☐ I had my tubes tied or blocked  
☐ My husband or partner had a vasectomy  
☐ I am pregnant now  
☐ Other  

Check ALL that apply  

Please tell us:

65. What kind of birth control are you or your husband or partner using now to keep from getting pregnant?

☐ Tubes tied or blocked (female sterilization, Essure®, Adiana®)  
☐ Vasectomy (male sterilization)  
☐ Birth control pill  
☐ Condoms  
☐ Injection (Depo-Provera®)  
☐ Contraceptive implant (Implanon®)  
☐ Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)  
☐ IUD (including Mirena® or ParaGard®)  
☐ Natural family planning (including rhythm method)  
☐ Withdrawal (pulling out)  
☐ Not having sex (abstinence)  
☐ Other  

Please tell us:

If you or your husband or partner is not doing anything to keep from getting pregnant now, go to Question 66.

66. 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

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

☐ Always  
☐ Often  
☐ Sometimes  
☐ Rarely  
☐ Never
68. *Since your new baby was born, how often have you had little interest or little pleasure in doing things?*

- Always
- Often
- Sometimes
- Rarely
- Never

69. *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, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid, Baby Love, or Health Check
- NC Health Choice
- TRICARE or other military health care
- Some other kind of health insurance ————— Please tell us:

- I do not have health insurance now

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**OTHER EXPERIENCES**

The next questions are on a variety of topics.

70. *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

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

- Number of smokers

72. *During your most recent pregnancy, would you have had the kinds of help listed below if you needed them? For each one, check No if you would have not had it or Yes if you would have had it.*

- Someone to loan me $50....................
- Someone to help me if I were sick and needed to be in bed ......................
- Someone to take me to the clinic or doctor’s office if I needed a ride...........
- Someone to talk with about my problems ............................................

- No  Yes
73. During any of your prenatal care or new baby doctor visits, did a doctor, nurse or other health care worker talk with you about any of the following? For each item, check No if it did not happen or Yes if it did happen.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The “baby blues” or postpartum depression</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. The bacteria B Strep that mothers can pass to their newborns during birth</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. Placing your baby to sleep on his or her back or side</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. If someone was hurting you emotionally</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. What happens if a baby is shaken</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. What you might do with a crying baby to quiet him or her</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>g. Smoking or tobacco use</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>h. Second-hand smoke</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

74. How often do you take a multivitamin now?

- [ ] Times per day
- [ ] Times per week
- [ ] Times per month

75. Did you receive a Tdap vaccination before, during or after your most recent pregnancy? A Tdap vaccination is a shot that protects against tetanus, diphtheria, and pertussis (or whooping cough). Tdap was new in 2005.

- [ ] No
- [ ] Yes, I received Tdap before my pregnancy
- [ ] Yes, I received Tdap during my pregnancy
- [ ] Yes, I received Tdap after my pregnancy
- [ ] I don’t know

76. 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 $15,000
- [ ] $15,001 to $19,000
- [ ] $19,001 to $22,000
- [ ] $22,001 to $26,000
- [ ] $26,001 to $29,000
- [ ] $29,001 to $37,000
- [ ] $37,001 to $44,000
- [ ] $44,001 to $52,000
- [ ] $52,001 to $56,000
- [ ] $56,001 to $67,000
- [ ] $67,001 to $79,000
- [ ] $79,001 or more

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

- [ ] People

78. What is today’s date?

- [ ] Month
- [ ] Day
- [ ] Year

20
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 North Carolina.

Thanks for answering our questions!

Your answers will help us work to make North Carolina mothers and babies healthier.
For further information, please call:

PRAMS Project Office
1-888-PRAMS-11 or (1-888-772-6711)

State of North Carolina
Department of Health and Human Services
Division of Public Health
State Center for Health Statistics
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