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.

**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. 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

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................................. Yes No
   b. I was exercising 3 or more days of the week for fitness outside of my regular job.................................................... Yes No
   c. I was regularly taking prescription medicines other than birth control....... Yes No
   d. A health care worker checked me for diabetes......................................................... Yes No
   e. I talked to a health care worker about my family medical history ...................... Yes No

8. 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) ................................................. Yes No
   b. High blood pressure or hypertension................................. Yes No
   c. Depression........................................................................ Yes No

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. In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?

☐ No  ➔ Go to Question 13
☐ Yes

11. 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:

12. 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.

a. Tell me to take a vitamin with folic acid...
b. Talk to me about maintaining a healthy weight...
c. Talk to me about controlling any medical conditions such as diabetes or high blood pressure...
d. Talk to me about my desire to have or not have children...
e. Talk to me about using birth control to prevent pregnancy...
f. Talk to me about how I could improve my health before a pregnancy...
g. Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis...
h. Ask me if I was smoking cigarettes...
i. Ask me if someone was hurting me emotionally or physically...
j. Ask me if I was feeling down or depressed...
k. Ask me about the kind of work I do...
l. Test me for HIV (the virus that causes AIDS)...

No  Yes
The next questions are about your health insurance coverage before, during, and after your pregnancy with your new baby.

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

   Check ALL that apply

   - Private health insurance from my job or the job of my husband or partner
   - Private health insurance from my parents
   - Private health insurance from the NC Health Insurance Marketplace, www.ncdhhs.gov, or HealthCare.gov
   - Medicaid, Baby Love, or Health Check
   - Health Choice
   - 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

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

   Check ALL that apply

   - I did not go for prenatal care → Go to Question 15
   - 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 NC Health Insurance Marketplace, www.ncdhhs.gov, or HealthCare.gov
   - Medicaid, Baby Love, or Health Check
   - Health Choice
   - TRICARE or other military health care
   - Other health insurance → Please tell us:

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

15. **What kind of health insurance do you have now?**

   Check ALL that apply

   - Private health insurance from my job or the job of my husband or partner
   - Private health insurance from my parents
   - Private health insurance from the NC Health Insurance Marketplace, www.ncdhhs.gov, or HealthCare.gov
   - Medicaid, Baby Love, or Health Check
   - Health Choice
   - TRICARE or other military health care
   - Other health insurance → Please tell us:

   - I do not have health insurance now

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

   Check ONE answer

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

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

   - No
   - Yes → Go to Page 4, Question 21

18. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? Some things people do to keep from getting pregnant include having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

   - No
   - Yes → Go to Page 4, Question 20

   Go to Page 4, Question 19
19. 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:

If you or your husband or partner was not doing anything to keep from getting pregnant, go to Question 21.

20. What method of birth control were you using when you got pregnant?

☐ Birth control pills
☐ Condoms
☐ Shots or injections (Depo-Provera®)
☐ Contraceptive implant in the arm (Nexplanon® or Implanon®)
☐ Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
☐ IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
☐ Natural family planning (including rhythm method)
☐ Withdrawal (pulling out)
☐ Other                      Please tell us:

DURING PREGNANCY

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

21. 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 said you were pregnant.

☐   Weeks  OR  ☐   Months

☐ I don't remember

22. 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 24

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

☐ No  ☐ Yes  ->  Go to Question 25

Go to Question 24
24. 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.

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If you did not get prenatal care, go to Question 26.

25. 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.

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26. 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?

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

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

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29. 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...  

30. Did any of the following things make it hard for you to go to a dentist or dental clinic during your most recent pregnancy? For each item, check No if it was not something that made it hard for you or Yes if it was.

No Yes
a. I could not find a dentist or dental clinic that would take pregnant patients...  

b. I could not find a dentist or dental clinic that would take Medicaid patients...  

c. I did not think it was safe to go to the dentist during pregnancy...  

d. I could not afford to go to the dentist or dental clinic...  

31. During your most recent pregnancy, did you have any of the following health conditions? For each one, check No if you did not have the condition or Yes if you did.

No Yes
a. Gestational diabetes (diabetes that started during this pregnancy)...  

b. High blood pressure (that started during this pregnancy), pre-eclampsia or eclampsia...  

c. Depression...  

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

- No
- Yes

33. 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

34. 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

35. 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
36. How many cigarette smokers, not including yourself, lived in your home during your most recent pregnancy?

Number of smokers

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.

37. Have you used any of the following products in the past 2 years? For each item, check No if you did not use it or Yes if you did.

No   Yes

a. E-cigarettes or other electronic nicotine products
   Box

b. Hookah
   Box

If you used e-cigarettes or other electronic nicotine products in the past 2 years, go to Question 38. Otherwise, go to Question 40.

38. 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

39. 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.

40. 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
   Arrow Go to Page 8, Question 43

41. 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

42. 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.

43. 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)

   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.

   No  Yes

44. 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

45. 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.

   a. My husband or partner
   b. My ex-husband or ex-partner

   No  Yes

46. 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.

   a. My husband or partner
   b. My ex-husband or ex-partner

   No  Yes

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AFTER PREGNANCY

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

47. When was your new baby born?

   Month / Day / 20___

48. After your baby was delivered, how long did he or she stay in the hospital?

   Yes  No

   - 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 51

Go to Question 49
49. Is your baby alive now?
- No
- Yes
  We are very sorry for your loss.
  Go to Page 11, Question 64

50. Is your baby living with you now?
- No
- Yes
  Go to Page 11, Question 64

51. 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:

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 53

53. 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:

54. After your new baby was born, did you receive the kinds of help with breastfeeding that are listed below? For each one, check No if you did not receive this kind of breastfeeding help or Yes if you did.
- Someone to answer my questions
- Help getting my baby positioned correctly
- Help knowing if my baby was getting enough milk
- Help with managing pain or bleeding nipples
- Information about where to get a breast pump
- Help using a breast pump
- Information about breastfeeding support groups
- Other
  Please tell us:
55. Are you currently breastfeeding or feeding pumped milk to your new baby?

☐ No
☐ Yes → Go to Question 58

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

☐ Less than 1 week

___ Weeks OR ___ Months

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 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:

58. 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.

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

If your baby was not born in a hospital, go to Question 59.

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. 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 62

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

☐ No
☐ Yes

62. Listed below are some more things about how babies sleep. How did your new baby usually sleep in the past 2 weeks? For each item, check No if your baby did not usually sleep like this or Yes if he or she did.

No Yes
a. In a crib, bassinet, or pack and play
b. On a twin or larger mattress or bed
c. On a couch, sofa, or armchair
d. In an infant car seat or swing
e. In a sleeping sack or wearable blanket
f. With a blanket
g. With toys, cushions, or pillows, including nursing pillows
h. With crib bumper pads (mesh or non-mesh)

63. Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check No if they did not tell you or Yes if they did.

No Yes
a. Place my baby on his or her back to sleep
b. Place my baby to sleep in a crib, bassinet, or pack and play
c. Place my baby's crib or bed in my room

64. Are you or your husband or partner doing anything now to keep from getting pregnant?

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

☐ No
☐ Yes

Go to Page 12, Question 66

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

Check ALL that apply

☐ I want to get pregnant
☐ I am pregnant now
☐ I had my tubes tied or blocked
☐ I don't want to use birth control
☐ I am worried about side effects from birth control
☐ I am not having sex
☐ My husband or partner doesn't want to use anything
☐ I have problems paying for birth control
☐ Other

Please tell us:
66. 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 or Essure*)
☐ Vasectomy (male sterilization)
☐ Birth control pills
☐ Condoms
☐ Shots or injections (Depo-Provera*)
☐ Contraceptive patch (Ortho-Evra*) or vaginal ring (NuvaRing®)
☐ IUD (including Mirena®, ParaGard®, Liletta®, or Skyla*)
☐ Contraceptive implant in the arm (Nexplanon® or Implanon®)
☐ Natural family planning (including rhythm method)
☐ Withdrawal (pulling out)
☐ Not having sex (abstinence)

☐ Other: Please tell us: ____________________________

☐ No
☐ Yes

Go to Question 68

68. 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.

a. Tell me to take a vitamin with folic acid... ☐ ☐
b. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy... ☐ ☐
c. Talk to me about how long to wait before getting pregnant again... ☐ ☐
d. Talk to me about birth control methods I can use after giving birth... ☐ ☐
e. Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera*, NuvaRing® or condoms... ☐ ☐
f. Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®)... ☐ ☐
g. Ask me if I was smoking cigarettes... ☐ ☐
h. Ask me if someone was hurting me emotionally or physically... ☐ ☐
i. Ask me if I was feeling down or depressed... ☐ ☐
j. Test me for diabetes... ☐ ☐

69. 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

Go to Question 68

70. Since your new baby was born, how often have you had little interest or little pleasure in doing things you usually enjoyed?

☐ Always
☐ Often
☐ Sometimes
☐ Rarely
☐ Never
OTHER EXPERIENCES

The next questions are on a variety of topics.

71. 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 no one talked with you about it or Yes if someone did.

No  Yes

a. The "baby blues" or postpartum depression ...........................................  □  □

b. What happens if a baby is shaken ...............  □  □

c. What you might do with a crying baby to quiet him or her ..................  □  □

d. Smoking or tobacco use .................................................................  □  □

e. Second-hand smoke ...........................................................................  □  □

72. At any time during your most recent pregnancy, did you work at a job for pay?

No  Yes  Go to Question 77

73. Have you returned to the job you had during your most recent pregnancy?

No, and I do not plan to return ...........................................  □  □

No, but I will be returning  □  □

Yes  Go to Question 77

74. Did you take leave from work after your new baby was born?

Check ALL that apply

I took paid leave from my job ..................................................  □  □

I took unpaid leave from my job ...........................................  □  □

I did not take any leave ...............................................................  □  □

Go to Question 75

75. How many weeks or months of leave, in total, did you take or will you take?

□ Weeks  OR  □ Months

☐ Less than 1 week

76. Did any of the things listed below affect your decision about taking leave from work after your new baby was born? For each item, check No if it does not apply to you or Yes if it does.

No  Yes

a. I could not financially afford to take leave ............................................  □  □

b. I was afraid I'd lose my job if I took leave or stayed out longer ..................  □  □

c. I had too much work to do to take leave or stay out longer ..................  □  □

d. My job does not have paid leave ..................................................  □  □

e. My job does not offer a flexible work schedule ..................................  □  □

f. I had not built up enough leave time to take any or more time off ..................  □  □

77. Did your baby's father take leave from work after your new baby was born?

Check ONE answer

☐ No, he did not take leave from his job

☐ Yes, he took paid leave from his job

☐ Yes, he took unpaid leave from his job

☐ Yes, he took paid and unpaid leave from his job

☐ My baby's father was unemployed

☐ I don't know
If your baby is not alive, is not living with you, or is still in the hospital, go to Question 79.

78. Since you delivered your new baby, would you have the kinds of help listed below if you needed them? For each one, check No if you would not have it or Yes if you would.

   a. Someone to loan me $50..............
   b. Someone to help me if I were sick and needed to be in bed..............
   c. Someone to talk with about my problems........................................
   d. Someone to take care of my baby........................................
   e. Someone to help me if I were tired and feeling frustrated with my new baby........

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

79. 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

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

   ______ People

81. What is today's date?

   ______ / ______ / 20___

   Month   Day   Year
Please use this space for any additional comments you would like to make about your experiences around the time of your pregnancy or the health of mothers and babies in North Carolina.

Thanks for answering our questions!

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

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

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Department of Health and Human Services
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