

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

BEFORE PREGNANCY

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

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

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

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

Check all that apply

- ☐ Health insurance from your job or the job of your husband, partner, or parents
- ☐ Health insurance that you or someone else paid for (not from a job)
- ☐ Medicaid or Medical Card
- ☐ TRICARE or other military health care
- ☐ Other source(s) —————> Please tell us:

- ☐ I did not have any health insurance before I got pregnant

3. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

- ☐ I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin at all
- ☐ 1 to 3 times a week
- ☐ 4 to 6 times a week
- ☐ Every day of the week

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

Pounds **OR** Kilos

5. How tall are you without shoes?

Feet Inches

OR Meters

6. What is your date of birth?

<input type="text"/>	/	<input type="text"/>	/	19
Month		Day		Year

7. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk with you about how to prepare for a healthy pregnancy and baby?

- ☐ No
☐ Yes

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

- ☐ No
☐ Yes

9. During the 3 months before you got pregnant with your new baby, did you have any of the following health problems? For each one, circle Y (Yes) if you had the problem or circle N (No) if you did not.

	No	Yes
a. Asthma	N	Y
b. High blood pressure (hypertension) . .	N	Y
c. Anemia (poor blood, low iron)	N	Y
d. Heart problems	N	Y
e. Epilepsy (seizures)	N	Y
f. Thyroid problems	N	Y
g. Depression	N	Y
h. Anxiety	N	Y

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

- ☐ No → Go to Question 13
☐ Yes

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

- ☐ No
☐ Yes

12. Was the baby *just before* your new one born *more* than 3 weeks before his or her due date?

- ☐ No
☐ Yes

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

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

Check one answer

- ☐ I wanted to be pregnant sooner
☐ I wanted to be pregnant later
☐ I wanted to be pregnant then
☐ I didn't want to be pregnant then or at any time in the future

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

- ☐ No
☐ Yes → Go to Question 17

Go to Question 15

15. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- ☐ No
☐ Yes

Go to Question 17

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

Check all that apply

- ☐ I didn't mind if I got pregnant
☐ I thought I could not get pregnant at that time
☐ I had side effects from the birth control method I was using
☐ I had problems getting birth control when I needed it
☐ I thought my husband or partner or I was sterile (could not get pregnant at all)
☐ My husband or partner didn't want to use anything
☐ Other —————→ 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.)

17. How many weeks or months pregnant were you when you were *sure* you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

_____ Weeks **OR** _____ Months

☐ I don't remember

18. How many weeks or months pregnant were you when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

{ _____ Weeks **OR** _____ Months

☐ I didn't go for prenatal care —————→

Go to Page 4,
Question 20

Go to Page 4, Question 19

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

- ☐ No
☐ Yes —————→ **Go to Question 21**

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

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

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

21. Did any of these health insurance plans help you pay for your *prenatal care*?

Check all that apply

- ☐ Health insurance from your job or the job of your husband, partner, or parents
☐ Health insurance that you or someone else paid for (not from a job)
☐ Medicaid or Medical Card
☐ TRICARE or other military health care
☐ State Maternal and Child Health Program
☐ Other source(s) —————→ Please tell us:
☐ I did not have health insurance to help pay for my prenatal care

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

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

23. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask if you were smoking cigarettes?

- ☐ No
☐ Yes

24. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you—

	No	Yes
a. How much alcohol you were drinking.	N	Y
b. If someone was hurting you emotionally or physically	N	Y
c. If you were using illegal drugs (marijuana or hash, cocaine, crack, etc.).	N	Y
d. If you wanted to be tested for HIV (the virus that causes AIDS)	N	Y
e. If you planned to use birth control after your baby was born	N	Y

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

- ☐ No
☐ Yes
☐ I don't know

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

- ☐ No
☐ Yes

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

- ☐ No
☐ Yes

Go to Page 6, Question 29

28. During your most recent pregnancy, when you went for your WIC visits, did you speak with a breastfeeding peer counselor or another WIC staff person about breastfeeding?

- ☐ No
☐ Yes

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29. 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

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

- | | No | Yes |
|---|----|-----|
| a. Vaginal bleeding | N | Y |
| b. Kidney or bladder (urinary tract) infection | N | Y |
| c. <i>Severe</i> nausea, vomiting, or dehydration | N | Y |
| d. Cervix had to be sewn shut (cerclage for incompetent cervix) | N | Y |
| e. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia | N | Y |
| f. Problems with the placenta (such as abruptio placentae or placenta previa) | N | Y |
| g. Labor pains more than 3 weeks before my baby was due (preterm or early labor) | N | Y |
| h. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]) | N | Y |
| i. I had to have a blood transfusion | N | Y |
| j. I was hurt in a car accident | N | Y |

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

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

- ☐ No  **Go to Question 36**
☐ Yes

32. 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

33. In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- ☐ 41 cigarettes or more
☐ 21 to 40 cigarettes
☐ 11 to 20 cigarettes
☐ 6 to 10 cigarettes
☐ 1 to 5 cigarettes
☐ Less than 1 cigarette
☐ I didn't smoke then

If you did not smoke during the 3 months before you got pregnant with your new baby, go to Question 35.

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

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

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. Which of the following statements best describes the rules about smoking *inside* your home now?

Check one answer

- ☐ No one is allowed to smoke anywhere inside my home
☐ Smoking is allowed in some rooms or at some times
☐ Smoking is permitted anywhere inside my home

Go to Question 39

37. Does your husband or partner smoke inside your home?

- ☐ No
☐ Yes

38. Not including yourself or your husband or partner, does anyone else smoke cigarettes inside your home?

- ☐ No
☐ Yes

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

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
☐ Yes

Go to Page 8, Question 42

40a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?

- ☐ 14 drinks or more a week
☐ 7 to 13 drinks a week
☐ 4 to 6 drinks a week
☐ 1 to 3 drinks a week
☐ Less than 1 drink a week
☐ I didn't drink

then Go to Page 8, Question 41a

40b. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.

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

41a. During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?

- ☐ 14 drinks or more a week
☐ 7 to 13 drinks a week
☐ 4 to 6 drinks a week
☐ 1 to 3 drinks a week
☐ Less than 1 drink a week
☐ I didn't drink then

Go to Question 42

41b. During the *last 3 months* of your pregnancy, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.

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

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

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

- | | No | Yes |
|--|----|-----|
| a. A close family member was very sick and had to go into the hospital | N | Y |
| b. I got separated or divorced from my husband or partner | N | Y |
| c. I moved to a new address | N | Y |
| d. I was homeless | N | Y |
| e. My husband or partner lost his job | N | Y |
| f. I lost my job even though I wanted to go on working | N | Y |
| g. I argued with my husband or partner more than usual | N | Y |
| h. My husband or partner said he didn't want me to be pregnant | N | Y |
| i. I had a lot of bills I couldn't pay | N | Y |
| j. I was in a physical fight | N | Y |
| k. My husband or partner or I went to jail | N | Y |
| l. Someone very close to me had a problem with drinking or drugs | N | Y |
| m. Someone very close to me died | N | Y |

43. 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

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

- ☐ No
☐ Yes

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

45. When was your baby due?

/ / 20
 Month Day Year

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

/ / 20
 Month Day Year

- ☐ I didn't have my baby in a hospital

47. When was your baby born?

/ / 20
 Month Day Year

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

/ / 20
 Month Day Year

- ☐ I didn't have my baby in a hospital

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

Check all that apply

- ☐ Health insurance from your job or the job of your husband, partner, or parents
☐ Health insurance that you or someone else paid for (not from a job)
☐ Medicaid or Medical Card
☐ TRICARE or other military health care
☐ State Maternal and Child Health Program
☐ Other source(s) —————> Please tell us:

- ☐ I did not have health insurance to help pay for my delivery

AFTER PREGNANCY

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

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

- ☐ No
☐ Yes
☐ I don't know

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

- ☐ Less than 24 hours (less than 1 day)
☐ 24 to 48 hours (1 to 2 days)
☐ 3 to 5 days
☐ 6 to 14 days
☐ More than 14 days
☐ My baby was not born in a hospital
☐ My baby is still in the hospital → **Go to Question 54**

52. Is your baby alive now?

- ☐ No → **Go to Question 63**
☐ Yes

53. Is your baby living with you now?

- ☐ No → **Go to Question 63**
☐ Yes

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

- ☐ No
☐ Yes → **Go to Question 56**

55. What were your reasons for not breastfeeding your new baby?**Check all that apply**

- ☐ My baby was sick and was not able to breastfeed
☐ I was sick or on medicine
☐ I had other children to take care of
☐ I had too many household duties
☐ I didn't like breastfeeding
☐ I tried but it was too hard
☐ I didn't want to
☐ I was embarrassed to breastfeed
☐ I went back to work or school
☐ I wanted my body back to myself
☐ Other → Please tell us:

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

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

- ☐ No
☐ Yes → **Go to Question 58**

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

_____ Weeks OR _____ Months
☐ Less than 1 week

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

58. This question asks about things that may have happened at the hospital where your new baby was born. For each item, circle Y (Yes) if it happened or circle N (No) if it did not happen.

	No	Yes
a. Hospital staff gave me information about breastfeeding	N	Y
b. My baby stayed in the same room with me at the hospital	N	Y
c. I breastfed my baby in the hospital . . .	N	Y
d. The hospital gave me a breast pump to use	N	Y
e. The hospital gave me a gift pack with formula	N	Y
f. The hospital gave me a telephone number to call for help with breastfeeding	N	Y
g. My baby used a pacifier in the hospital	N	Y

59a. How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)?

Weeks **OR** Months

- ☐ My baby was less than 1 week old
☐ My baby has not had any liquids other than breast milk

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

Weeks **OR** Months

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

If your baby is still in the hospital, go to Question 63.

60. 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

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

- ☐ Always
☐ Often
☐ Sometimes
☐ Rarely
☐ Never

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

- ☐ No
☐ Yes

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 not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- ☐ No
☐ Yes

Go to Question 65

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

Check all that apply

- ☐ I am not having sex
☐ I want to get pregnant
☐ I don't want to use birth control
☐ My husband or partner doesn't want to use anything
☐ I don't think I can get pregnant (sterile)
☐ I can't pay for birth control
☐ I am pregnant now
☐ Other Please tell us:

65. 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 6 weeks after she gives birth.)

- ☐ No
☐ Yes

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

1	2	3	4	5
Never	Rarely	Sometimes	Often	Always

- a. I felt down, depressed, or sad.
- b. I felt hopeless.
- c. I felt slowed down.

OTHER EXPERIENCES

The next questions are on a variety of topics.

67. At any time during your *most recent* pregnancy or after delivery, did a doctor, nurse, or other health care worker talk with you about “baby blues” or postpartum depression?

- ☐ No
- ☐ Yes

If you did not smoke during the 3 months before you got pregnant, go to Question 69.

If you did not get prenatal care, go to Question 69.

68. Listed below are some things about quitting smoking that a doctor, nurse, or other health care worker might have done *during any of your prenatal care visits*. For each thing, circle Y (Yes) if it applied to you during any of your prenatal care visits or circle N (No) if it did not.

During any of your prenatal care visits, did a doctor, nurse, or other health care worker—

- | | No | Yes |
|---|----|-----|
| a. Spend time with you discussing how to quit smoking | N | Y |
| b. Suggest that you set a specific date to stop smoking. | N | Y |
| c. Suggest you attend a class or program to stop smoking | N | Y |
| d. Provide you with booklets, videos, or other materials to help you quit smoking on your own | N | Y |
| e. Refer you to counseling for help with quitting | N | Y |
| f. Ask if a family member or friend would support your decision to quit . . | N | Y |
| g. Refer you to a national or state quit line | N | Y |
| h. Recommend using nicotine gum. . . . | N | Y |
| i. Recommend using a nicotine patch . . | N | Y |
| j. Prescribe a nicotine nasal spray or nicotine inhaler | N | Y |
| k. Prescribe a pill like Zyban [®] (also known as Wellbutrin [®] or Bupropion [®]) or Chantix [®] (also known as Varenicline) to help you quit | N | Y |

69. During your most recent pregnancy, did you receive any of the following services? For each one, circle **Y** (Yes) if you received the service or circle **N** (No) if you did not receive the service.

Did you receive—

	No	Yes
a. Food stamps, WIC vouchers, or money to buy food	N	Y
b. Counseling information for family and personal problems	N	Y
c. Help to quit smoking	N	Y
d. Help to reduce violence in your home	N	Y
e. Other	N	Y

Please tell us:

If your baby is not alive or is not living with you, go to Page 14, Question 74.

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

- ☐ No
☐ Yes

71. Did a doctor, nurse or other health care worker talk with you about how to lay your new baby down to sleep?

- ☐ No
☐ Yes

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

Hours

- ☐ Less than 1 hour a day
☐ My baby is never in the same room or vehicle with someone who is smoking

73. Since your new baby was born, did any doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, circle **Y** (Yes) if someone talked with you about it or circle **N** (No) if no one talked with you about it.

	No	Yes
a. Help with or information about breastfeeding	N	Y
b. How long to wait before getting pregnant again	N	Y
c. Birth control methods that I can use after giving birth	N	Y
d. Postpartum depression	N	Y
e. Support groups for new parents	N	Y
f. Resources in my community such as nurse home visitation programs, telephone hotlines, counseling, etc . . .	N	Y
g. Getting to and staying at a healthy weight after delivery	N	Y

14

74. Have you ever had your teeth cleaned by a dentist or dental hygienist?

- ☐ No → Go to Question 76
☐ Yes

75. Did you have your teeth cleaned by a dentist or dental hygienist during the time periods listed below? For each time period, circle **Y** (Yes) if you had your teeth cleaned then or circle **N** (No) if you did not have your teeth cleaned then.

- | | No | Yes |
|--|----|-----|
| a. During my most recent pregnancy . . . | N | Y |
| b. After my most recent pregnancy. . . . | N | Y |

76. The following are things a doctor, nurse or other health care worker might have talked to you about during your pregnancy or after delivery. For each thing, circle **Y** (Yes) if someone talked to you about it or circle **N** (No) if no one talked to you about it.

- | | No | Yes |
|--|----|-----|
| a. High Risk Birth Score Program | N | Y |
| b. Right from the Start Program | N | Y |
| c. Immunization (shots) for my baby . . . | N | Y |
| d. Diabetes (how it may affect me and my baby) | N | Y |

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

77. During the 12 months before your new baby was born, what was your yearly total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have received. (All information will be kept private and will not affect any services you are now getting.)

- ☐ Less than \$10,000
☐ \$10,000 to \$14,999
☐ \$15,000 to \$19,999
☐ \$20,000 to \$24,999
☐ \$25,000 to \$34,999
☐ \$35,000 to \$49,999
☐ \$50,000 or more

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

People

79. What is today's date?

/ / 20
 Month Day Year

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

Thanks for answering our questions!

***Your answers will help us work to make West Virginia
mothers and babies healthier.***

December 8, 2008