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. 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.

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

5. 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.

	No	Yes
a. Type 1 or Type 2 diabetes (**not** gestational diabetes or diabetes that starts during pregnancy)	❑	❑
b. High blood pressure or hypertension	❑	❑
c. Depression	❑	❑

6. 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

7. 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 10**
- ❑ Yes

8. What type of health care visit did you have in the *12 months before* you got pregnant with your new baby?

Check ALL that apply

- ❑ 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:

_____

9. During any of your health care visits in the *12 months before* you got pregnant, did a doctor, nurse, or other health care worker <u>do</u> any of the following things? For each item, check **No** if they did not or **Yes** if they did.

		No	Yes
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)	❑	❑

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

- ❑ No → **Go to Question 12**
- ❑ Yes

Go to Question 11

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 about preparing for a pregnancy? *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.

	No	Yes
a. Getting my vaccines updated before pregnancy	❑	❑
b. Visiting a dentist or dental hygienist before pregnancy	❑	❑
c. Getting counseling for any genetic diseases that run in my family	❑	❑
d. Getting counseling or treatment for depression or anxiety	❑	❑
e. The safety of using prescription or over-the-counter medicines during pregnancy	❑	❑
f. How smoking during pregnancy can affect a baby	❑	❑
g. How drinking alcohol during pregnancy can affect a baby	❑	❑
h. How using illegal drugs during pregnancy can affect a baby	❑	❑

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

12. 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 Illinois Health Insurance Marketplace or GetcoveredIllinois.gov or HealthCare.gov
- ❑ Medicaid
- ❑ CHIP or All Kids
- ❑ 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

13. 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 Page 4, Question 14**
- ❑ 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 Illinois Health Insurance Marketplace or GetcoveredIllinois.gov or HealthCare.gov
- ❑ Medicaid
- ❑ CHIP, All Kids, or Moms & Babies
- ❑ TRICARE or other military health care
- ❑ Other health insurance ⟶ Please tell us:

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

14. 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 Illinois Health Insurance Marketplace or GetcoveredIllinois.gov or HealthCare.gov
- ❑ Medicaid
- ❑ CHIP, All Kids, or Moms & Babies
- ❑ TRICARE or other military health care
- ❑ Other health insurance → Please tell us:

  _____
- ❑ I do not have health insurance *now*

15. 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

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

- ❑ No
- ❑ Yes → **Go to Question 19**

17. 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 Question 19**

Go to Question 18

18. 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
- ❑ I forgot to use a birth control method
- ❑ 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.)

19. 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 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.

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

If you did not get prenatal care, go to Page 6, Question 25.

22. Where did you go *most of the time* for your prenatal care visits? Do not include visits for WIC.

Check ONE answer

- ❑ Private doctor's office
- ❑ Hospital clinic
- ❑ Health department clinic
- ❑ Community health clinic
- ❑ Other → Please tell us:

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.

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

24. *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	❑	❑

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

❑ No → **Go to Question 27**
❑ Yes

26. Have you ever heard about folic acid from any of the following?

Check ALL that apply

❑ Magazine or newspaper article
❑ Radio or television
❑ Doctor, nurse, or other health care worker
❑ Book
❑ Family or friends
❑ Other → Please tell us:

_____

27. During the 12 months *before the <u>delivery</u>* 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

28. During the 12 months *before the <u>delivery</u>* of your new baby, did you *get* a flu shot?

Check ONE answer

❑ No
❑ Yes, before my pregnancy
❑ Yes, during my pregnancy

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

❑ No
❑ Yes

30. 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 **<u>started</u>** during *this* pregnancy)	❑	❑
b.	High blood pressure (that **<u>started</u>** during *this* pregnancy), pre-eclampsia or eclampsia	❑	❑
c.	Depression	❑	❑

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 Page 8, Question 37**
- ❑ 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 at any time during the *3 months before* you got pregnant, go to Question 36.

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 didn't go for prenatal care → **Go to Question 36**

Go to Question 35

35. 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.

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

36. 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 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	❑	❑
b. Hookah	❑	❑
c. Chewing tobacco, snuff, snus, or dip	❑	❑
d. Cigars, cigarillos, or little filtered cigars	❑	❑

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 → **Go to Question 42**
- ❑ Yes

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

Pregnancy can be a difficult time. 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 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	❑	❑

43. During the *12 months before* your new baby was born, how often did you feel unsafe in the neighborhood where you lived?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

44. 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.

		No	Yes
a.	My husband or partner	❑	❑
b.	My ex-husband or ex-partner	❑	❑
c.	Another family member	❑	❑
d.	Someone else	❑	❑

45. 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.

		No	Yes
a.	My husband or partner	❑	❑
b.	My ex-husband or ex-partner	❑	❑
c.	Another family member	❑	❑
d.	Someone else	❑	❑

AFTER PREGNANCY

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

46. When was your new baby born?

____ / ____ / 20____

Month Day Year

47. 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 50**

48. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Question 62**
- ❑ Yes

49. Is your baby living with you now?

- ❑ No → **Go to Question 62**
- ❑ Yes

50. *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.

		No	Yes
a.	My doctor	❑	❑
b.	A nurse, midwife, or doula	❑	❑
c.	A breastfeeding or lactation specialist	❑	❑
d.	My baby's doctor or health care provider	❑	❑
e.	A breastfeeding support group	❑	❑
f.	A breastfeeding hotline or toll-free number	❑	❑
g.	Family or friends	❑	❑
h.	Other	❑	❑

Please tell us:

_____

51. 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**

52. 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:

_____

If you did not breastfeed your new baby, go to Question 56.

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

- ❑ No
- ❑ Yes → **Go to Question 55**

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

- ❑ Less than 1 week

_____ Weeks **OR** _____ Months

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

56. 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 62.

57. 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

58. 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 60**

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

- ❑ No
- ❑ Yes

60. 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)	❑	❑

61. 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	❑	❑
d.	What things should and should not go in bed with my baby	❑	❑

62. 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 64**

Go to Page 12, Question 63

63. 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:

If you or your husband or partner is <u>not doing</u> anything to keep from getting pregnant *now*, go to Question 65.

64. 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 → 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 4-6 weeks after she gives birth.

- ❑ No
- ❑ Yes → **Go to Question 67**

66. Did any of these things keep you from having a postpartum checkup?

Check ALL that apply

- ❑ I didn't have health insurance to cover the cost of the visit
- ❑ I felt fine and did not think I needed to have a visit
- ❑ I couldn't get an appointment when I wanted one
- ❑ I didn't have any transportation to get to the clinic or doctor's office
- ❑ I had too many things going on
- ❑ I couldn't take time off from work
- ❑ Other → Please tell us:

If you did <u>not</u> have a postpartum checkup, go to Question 69.

67. Where did you go for your postpartum checkup?

- ❑ My family doctor's office
- ❑ My OB/GYN's office
- ❑ Hospital clinic
- ❑ Health department clinic
- ❑ Community health clinic
- ❑ Other → Please tell us:

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.

		No	Yes
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*, how often have you felt down, depressed, or hopeless?**

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

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

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

- ❑ No → **Go to Question 74**
- ❑ Yes

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

- ❑ No
- ❑ Yes

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

- ❑ No
- ❑ Yes

OTHER EXPERIENCES

The next questions are on a variety of topics.

If your baby is not alive, is not living with you, or is still in the hospital, go to Page 14, Question 75.

74. ***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.

		No	Yes
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	❑	❑

75. During any of the following times periods, did your husband or partner threaten you, limit your activities against your will, or make you feel unsafe in any other way? For each time period, check **No** if it did not happen then or **Yes** if it did.

	No	Yes
a. During the 12 months before I got pregnant	❑	❑
b. During my most recent pregnancy	❑	❑
c. Since my new baby was born	❑	❑

76. *During* pregnancy, you probably had to get different kinds of health-related services. These may have included clinic visits, doctor's or nurse's office visits, applying for health insurance, applying for Medicaid, or getting help for a family problem. Did you ever feel you were treated unfairly in getting these kinds of services because of any of the following? For each item, check **No** if you were not treated unfairly or **Yes** if you were treated unfairly.

	No	Yes
a. My race, ethnicity, or culture	❑	❑
b. My age	❑	❑
c. The language I speak	❑	❑
d. My citizenship	❑	❑
e. My insurance or Medicaid status	❑	❑
f. I felt unfairly treated for other reasons	❑	❑

Please tell us: ⟶

If your baby is not alive or is not living with you, go to Question 78.

77. When your new baby's father is with your baby, how often does he hug, kiss, hold, or play with the baby?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never
- ❑ My new baby's father doesn't regularly spend time with my baby

78. *Since your new baby was born*, how often does your husband or partner provide you with encouragement and emotional support?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

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 Illinois.

Thanks for answering our questions!

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