



2000-B

MIHA

Maternal and Infant Health Assessment

Survey Research Center • University of California at Berkeley • (510) 643-5220

Thank you for your help!
Here's how to fill out the survey:

- * Please try to answer each question.
- * Most questions are answered by checking a box or writing a number or a few words on a line.
- * Never check more than one box, except where it says “**Check all that apply.**”
- * Sometimes we ask you to skip a question. An arrow will tell you what question to answer next, like this:

 Yes → **Skip to question 1** No
- * If none of the boxes is just right for you, please check the one that fits you the best. If you can, write us a note telling us more.
- * If you need help with the survey or want to do it by telephone, call Toni Clark collect at 1-510-643-5220.

The last page of the survey asks for your mailing information so we can send you a check for **\$10**. Be sure to fill it out. Then put the whole survey in the mail to us. No stamps are needed.

Please read this before starting.

- It's your choice whether or not to do the survey.
- Whether or not you answer the survey questions will **not** affect your health care or any benefits you may get.
- You can skip questions you don't want to answer.
- Your answers will be kept confidential.
- If you have any questions, call Toni Clark collect at 1-510-643-5220.

INTRODUCTION

1. What is today's date?

_____, _____
month date year

2. In what month and year was your most recent baby born?

month year

We call this birth your MOST RECENT BIRTH or PREGNANCY.

3. Not counting your most recent birth, did you ever have a baby that was born prematurely (before you reached 37 weeks of pregnancy)?

Yes

No

4. Not counting your most recent birth, did you ever have a baby that weighed less than 5 pounds, 8 ounces (2½ kilos) at birth?

Yes

No

5. Before you got pregnant for this recent birth, was there a particular doctor, nurse, or clinic that you usually went to (or would have gone to) if you were sick or needed a check-up?

Yes

No

6. Are you pregnant now?

Yes

No

Maybe, not sure

DURING YOUR MOST RECENT PREGNANCY

7. During your most recent pregnancy, did you have Medi-Cal (or a health plan that Medi-Cal paid for)?

Yes

No → **Skip to question 10**

8. A. Did you have Medi-Cal (or a health plan that Medi-Cal paid for) before you got pregnant?

Yes → **Skip to question 12 on page 4**

No

B. About how many weeks **or** months pregnant were you when you got on Medi-Cal (or a health plan that Medi-Cal paid for)?

_____ weeks **OR** _____ months

9. A. When did you first find out that Medi-Cal might pay for health care for pregnancy?

Before I got pregnant

After I got pregnant

B. And about how many weeks **or** months pregnant were you when you first tried to get Medi-Cal?

_____ weeks **OR** _____ months

10. A. Did you ever apply for Medi-Cal during this pregnancy?

Yes

No → **Skip to question 12 on page 4**

B. How many weeks **or** months pregnant were you when you first tried to get Medi-Cal?

_____ weeks **OR** _____ months



Now skip to question 11 on next page

11. Here is a list of problems that people can have in applying for Medi-Cal. For each one, please tell us if it was a problem for you.

- | | Yes,
it was
<u>a problem</u> | No,
it wasn't
<u>a problem</u> |
|--|------------------------------------|--------------------------------------|
| A. I didn't know how to apply or where to go..... | <input type="checkbox"/> | <input type="checkbox"/> |
| B. It was hard to get through on the phone to Medi-Cal or my Medi-Cal worker.... | <input type="checkbox"/> | <input type="checkbox"/> |
| C. The people I spoke with at Medi-Cal were rude or not very helpful | <input type="checkbox"/> | <input type="checkbox"/> |
| D. I had no way to get to the Medi-Cal office..... | <input type="checkbox"/> | <input type="checkbox"/> |
| E. It was hard to fill out the forms or get all the papers they wanted | <input type="checkbox"/> | <input type="checkbox"/> |
| F. I didn't have a permanent address..... | <input type="checkbox"/> | <input type="checkbox"/> |
| G. I was afraid it might cause problems for the baby's father | <input type="checkbox"/> | <input type="checkbox"/> |
| H. I was afraid I might have to pay Medi-Cal back later | <input type="checkbox"/> | <input type="checkbox"/> |
| I. I was afraid it could get in the way of becoming a permanent resident
or citizen, or bringing family to the U.S..... | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Some other reason | <input type="checkbox"/> | |

(Please tell us: _____

_____)

12. A. During your most recent pregnancy, were you covered by private insurance or some other health plan that paid for prenatal care (health care for pregnancy)? Please do not include Medi-Cal or a health plan paid for by Medi-Cal.

Yes

No → **Skip to question 13**

B. What was the name of that private insurance or health plan?

C. Did that coverage start before or after you got pregnant?

Before → **Skip to question 13**

After

D. About how many weeks **or** months pregnant were you when that coverage began?

_____ weeks **OR** _____ months

13. Thinking back to just before you got pregnant, how did you feel about getting pregnant?

I wanted to get pregnant then

I wanted to get pregnant later

I didn't want to get pregnant then or in the future

I wasn't sure what I wanted

14. And how did you feel when you found out you really were pregnant?

Very happy

Somewhat happy

Somewhat unhappy

Very unhappy

I wasn't sure how I felt

15. And about how many weeks **or** months pregnant were you when you were sure that you were pregnant? (For example, you used a home pregnancy test, a doctor or nurse said that you were pregnant, or you just knew for sure.)

_____ weeks **OR** _____ months

16. A. When you got pregnant, were you using any birth control method to prevent pregnancy – like birth control pills, condoms, shots, rhythm, withdrawal, or some other method?

Yes, all the time

→ **Skip to question 18 on next page**

Yes, sometimes

→ **Skip to question 17 on next page**

No

B. Was that because you wanted to get pregnant or was there some other reason?

I wanted to get pregnant

→ **Skip to question 18 on next page**

Some other reason

17. Here is a list of reasons why a woman might not use a birth control method to prevent pregnancy. For each one, please tell us if it was a reason for you.

	Yes, it was <u>a reason</u>	No, it wasn't <u>a reason</u>
A. I didn't think I was going to have sex	<input type="checkbox"/>	<input type="checkbox"/>
B. I didn't think I could get pregnant	<input type="checkbox"/>	<input type="checkbox"/>
C. I ran out of the birth control method I was using	<input type="checkbox"/>	<input type="checkbox"/>
D. I couldn't get an appointment to get birth control when I needed it	<input type="checkbox"/>	<input type="checkbox"/>
E. I didn't want to have the side effects that birth control can cause	<input type="checkbox"/>	<input type="checkbox"/>
F. I was afraid birth control was bad for my health.....	<input type="checkbox"/>	<input type="checkbox"/>
G. My husband or partner did not want to use birth control	<input type="checkbox"/>	<input type="checkbox"/>
H. I couldn't afford to pay for birth control or my insurance wouldn't cover it	<input type="checkbox"/>	<input type="checkbox"/>
I. Birth control is against my religion.....	<input type="checkbox"/>	<input type="checkbox"/>
J. No special reason, I just didn't.....	<input type="checkbox"/>	<input type="checkbox"/>
K. Some other reason	<input type="checkbox"/>	

(Please tell us: _____

 _____)

18. Overall, how important do you think it was to the people closest to you that you got prenatal care (health care for pregnancy)?

- Very important
- Somewhat important
- Not too important
- Not at all important
- I'm not sure

19. Did you get any prenatal care during your most recent pregnancy? (Please do not count a visit just for a pregnancy test.)

- Yes
- No → **Skip to question 23 on next page**

20. About how many weeks **or** months pregnant were you when you first tried to make an appointment to get prenatal care? Please do not count an appointment just for a pregnancy test.

_____ weeks **OR** _____ months

21. And how many weeks **or** months pregnant were you when you had your first prenatal care visit? (Please do not count a visit just for a pregnancy test.)

_____ weeks **OR** _____ months

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

Yes → **Skip to question 24 on next page**

No

23. Here is a list of things that can keep women from getting early prenatal care. For each one, please tell us if it was a reason for you.

	<u>Yes it was a reason</u>	<u>No, it wasn't a reason</u>
A. At first I didn't know I was pregnant.....	<input type="checkbox"/>	<input type="checkbox"/>
B. At first I wasn't sure I wanted to be pregnant	<input type="checkbox"/>	<input type="checkbox"/>
C. I didn't know it was important for prenatal care to start early in pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
D. I didn't have insurance or Medi-Cal for prenatal care	<input type="checkbox"/>	<input type="checkbox"/>
E. I didn't know I could get Medi-Cal for prenatal care	<input type="checkbox"/>	<input type="checkbox"/>
F. I had problems finding a place that would accept my insurance or Medi-Cal	<input type="checkbox"/>	<input type="checkbox"/>
G. I didn't know where to go for prenatal care.....	<input type="checkbox"/>	<input type="checkbox"/>
H. I had problems getting through on the phone to make an appointment	<input type="checkbox"/>	<input type="checkbox"/>
I. I had no way to get to the clinic or office.....	<input type="checkbox"/>	<input type="checkbox"/>
J. There was no one to take care of my children.....	<input type="checkbox"/>	<input type="checkbox"/>
K. I had too many other problems to deal with.....	<input type="checkbox"/>	<input type="checkbox"/>
L. Some other reason	<input type="checkbox"/>	

(Please tell us: _____

_____)

BEFORE, DURING, AND AFTER YOUR MOST RECENT PREGNANCY

24. Just before you got pregnant, were you taking multivitamins or folic acid?

- 1 Yes, I took them every day or almost every day
- 2 Yes, I took them sometimes
- 3 No, I never took multivitamins or folic acid just before I got pregnant

25. Once you knew you were pregnant, did you take multivitamins or folic acid?

- 1 Yes, I took them every day or almost every day
- 2 Yes, I took them sometimes
- 3 No, I never took multivitamins or folic acid during my pregnancy

26. A. Have you ever smoked a cigarette?

- 1 Yes
- 2 No → **Skip to question 27 on this page**

B. During the *first* 3 months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?

- 1 I didn't smoke at all during the first 3 months of my pregnancy
- 2 Less than one cigarette per day
- 3 1 to 9 cigarettes per day
- 4 1/2 pack per day
- 5 1 pack per day
- 6 1 1/2 packs per day
- 7 2 packs or more

C. During the *last* 3 months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?

- 1 I didn't smoke at all during the last 3 months of my pregnancy
- 2 Less than one cigarette per day
- 3 1 to 9 cigarettes per day
- 4 1/2 pack per day
- 5 1 pack per day
- 6 1 1/2 packs per day
- 7 2 packs or more

D. If you smoked, did the doctor, nurse, or clinic you went to for prenatal care try to help you quit smoking during your pregnancy? By help, we mean counseling, or sending you to a counselor, support group, or other program to help you quit smoking.

- 1 Yes
- 2 No
- 3 I didn't get prenatal care
- 4 I didn't smoke during my recent pregnancy

27. A. The next two questions are about drinking alcohol. By "alcohol" we mean any kind of drink with alcohol in it -- including beer, wine, wine cooler, hard liquor, or a mixed drink made with hard liquor.

During the *first* 3 months of your pregnancy, about how many drinks with alcohol did you have in an average week? A drink is one glass of wine, one wine cooler, one can or bottle of beer, one shot of liquor, or one mixed drink.

- 1 I didn't drink at all during the first 3 months of my pregnancy
- 2 Less than one drink per week
- 3 1 to 3 per week
- 4 4 to 6 per week
- 5 7 or more drinks per week

Question 27 (Continued)

B. During the *last* 3 months of your pregnancy, about how many drinks with alcohol did you have in an average week?

- I didn't drink at all during the last 3 months of my pregnancy
- Less than one drink per week
- 1 to 3 per week
- 4 to 6 per week
- 7 or more drinks per week

28. The next questions are about physical and sexual abuse. Physical abuse means pushing, hitting, slapping, kicking or any other way of physically hurting someone. Sexual abuse means forcing someone to have sex or take part in a sex act. When you answer these questions, please remember that all information in this survey is completely confidential.

At any time during your most recent pregnancy, did a doctor, nurse, or midwife ask you if you had been physically or sexually abused?

- Yes
- No

29. A. In the past 2 years, were you ever physically or sexually abused by your husband, boyfriend, or dating partner?

- Yes
- No → **Skip to question 30**

B. In the past 2 years, have you ever gone for medical care or treatment because of that physical or sexual abuse?

- Yes
- No

AFTER YOUR BABY WAS BORN

The next questions ask about your most recent birth. (If you had twins or triplets, please answer these next questions about the baby that was born first.)

30. How many nights did your new baby stay in the hospital or birth center when he/she was born?

_____ night(s) None

31. Since your most recent birth, have you had a regular post-partum check-up (the medical check-up that is done about 6 weeks after a woman gives birth) for yourself?

- Yes
- No

32. Right now, are you covered by Medi-Cal, private insurance, or some other health plan for your own health care?

- Yes
- No

33. Is your baby alive now?

Yes

Is he/she living with you now?

Yes → **Go to question 34 below**

No → **Skip to question 40 on page 12**

No **Please accept our deepest sympathy**

When did your baby die?

_____, _____, _____
(month) (day) (year)

Please skip to question 40 on page 12

34. A. After leaving the hospital, how old was your baby when he/she was first checked by a doctor, nurse, or midwife -- either at home or at a doctor's office, clinic, or emergency room?

_____ days **OR** _____ weeks **OR** _____ months

My baby has not yet been checked by a doctor, nurse, or midwife (since leaving the hospital)
→ **Skip to question 35**

B. Where did your baby see the doctor, nurse, or midwife that first time?

At home

At a doctor's office, clinic, or emergency room

35. A. Has your baby had his/her first well-baby shots or vaccinations -- not counting any given in the hospital right after birth?

Yes

No → **Skip to question 36**

B. How old was your baby when he/she had his/her first well-baby shots or vaccinations-- not counting any given in the hospital after birth?

_____ days **OR** _____ weeks **OR** _____ months

36. A. When your baby was one week old, how were you feeding him/her?

Breast milk only

→ **Skip to question 37 on next page**

Both breast milk and formula

→ **Skip to question 37 on next page**

Formula only

B. Since your new baby was born, have you ever breastfed him/her at all (even once)?

Yes → **Skip to question 37 on next page**

No

Question 36 (Continued)

C. Here is a list of reasons why some women do not breastfeed their babies. For each one, please tell us if it was a reason for you.

	Yes, it was a reason	No, it wasn't a reason
(1) I thought it would hurt me	<input type="checkbox"/>	<input type="checkbox"/>
(2) I tried it before (with another baby) and had problems	<input type="checkbox"/>	<input type="checkbox"/>
(3) I thought I wouldn't make enough milk	<input type="checkbox"/>	<input type="checkbox"/>
(4) I thought bottle feeding would be easier or more convenient	<input type="checkbox"/>	<input type="checkbox"/>
(5) I had to work or go to school.....	<input type="checkbox"/>	<input type="checkbox"/>
(6) I thought my baby would like the bottle better	<input type="checkbox"/>	<input type="checkbox"/>
(7) A doctor, nurse, or midwife said I shouldn't breastfeed	<input type="checkbox"/>	<input type="checkbox"/>
(8) Some other reason	<input type="checkbox"/>	

(Please tell us: _____

 _____)

 **Now please skip to question 39 on page 11**

37. A. When your baby was two months old, how were you feeding him/her?

- Breastmilk only
- Mostly breastmilk
- Formula only → **Skip to question 38 on page 11**
- Mostly formula
- Other (Please tell us: _____)

37. B. Are you still breastfeeding your baby?

- Yes → **Skip to question 39**
- No

38. A. How old was your baby when you stopped breastfeeding him/her?

_____ days **OR** _____ weeks **OR** _____ months

B. Here is a list of reasons why some women stop breastfeeding their babies. For each one, please tell us if it was a reason for you.

	<u>Yes, a reason</u>	<u>No, not a reason</u>
(1) It hurt me	¹ <input type="checkbox"/>	² <input type="checkbox"/>
(2) I didn't make enough milk	<input type="checkbox"/>	<input type="checkbox"/>
(3) Bottle feeding was easier or more convenient.....	<input type="checkbox"/>	<input type="checkbox"/>
(4) I had to go to work or school.....	<input type="checkbox"/>	<input type="checkbox"/>
(5) I couldn't get enough information or help with breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
(6) My baby preferred the bottle	<input type="checkbox"/>	<input type="checkbox"/>
(7) A doctor, nurse, or midwife said I should stop.....	<input type="checkbox"/>	<input type="checkbox"/>
(8) Some other reason	<input type="checkbox"/>	

(Please tell us: _____

_____)

39. How do you put your new baby down to sleep *most* of the time? **Check only one answer.**

- On his/her side
- On his/her back
- On his/her stomach

BACKGROUND QUESTIONS

These questions give us a general idea of the kinds of people who have taken part in this important research. Again, all information about you is completely private.

40. Just before you got pregnant, how much did you weigh?

_____ pounds **OR** _____ kilos

41. Just before your new baby was born, how much did you weigh?

_____ pounds **OR** _____ kilos

42. How tall are you without shoes?

_____ feet and _____ inches

OR _____ meters and _____ centimeters

43. How much do you agree or disagree with each of the following?

	Agree <u>Strongly</u>	Agree <u>Somewhat</u>	Disagree <u>Somewhat</u>	Disagree <u>Strongly</u>
A. There is really no way I can solve some of the problems I have.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B. Sometimes I feel that I'm being pushed around in life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. I have little control over the things that happen to me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. I can do just about anything I really set my mind to do.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. I often feel helpless in dealing with the problems of life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. What happens to me in the future mostly depends on me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. There is little I can do to change many of the important things in my life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. A. What ethnic or racial group do you consider yourself? **Check all that apply.**

- African-American, Black, Negro, or African
- American Indian, Native American, Eskimo or Aleut
- Arabic or Middle Eastern
- Asian, Asian-American or Pacific Islander (For example, Chinese, Filipino, Japanese, Korean, Vietnamese, people from India, or another Asian country)
- Latino, Hispanic, Chicano, Mexican or Mexican-American, Central American, or other Latin American
- White, Caucasian, or European (including people from Spain)
- Some other group
(Please tell us: _____
_____)

B. If you chose more than one group, please write in the name of the group you identify with the **most**:

I identify most with: _____

45. What language do you usually speak at home? If you speak more than one, please choose the one you use **most** often.

- English
- Spanish
- Asian language
(Please tell us: _____)
- Some other language
(Please tell us: _____)

46. What is the highest grade or year of school you've completed?

- I never went to school
- 8th grade or less
- Some high school, but I did not graduate or get a GED
- High school (or a GED)
- Some college or junior college, but I did not graduate from a four-year college
- College graduate (from a four-year college or university) or more

47. At the time your baby was born, what was your marital status?

- Married
- Living with someone as married, but not legally married
- Separated, divorced, or widowed
- Single (never married)

48. Were you on WIC at any time during your most recent pregnancy? (WIC is the Women, Infants and Children supplementary food program)

- Yes
- No

49. Have either you or your new baby been on WIC since he/she was born?

- Yes
- No

50. A. What was your total family income in 1999 **before taxes**? Please mark one box below that includes your total family income, including your income and the income of your husband or partner (if living with you in 1999) and your children.

Please include income from all sources, including jobs, welfare, Disability, Unemployment, child support, interest, dividends, and support from family members.

FOR THE YEAR 1999

- \$0 - \$11,000
- \$11,001 - \$17,000
- \$17,001 - \$20,000
- \$20,001 - \$22,000
- \$22,001 - \$25,000
- \$25,001 - \$28,000
- \$28,001 - \$33,000
- \$33,001 - \$39,000
- \$39,001 - \$42,000
- \$42,001 - \$44,000
- \$44,001 - \$50,000
- \$50,001 - \$56,000
- \$56,001 - \$59,000
- \$59,001 - \$67,000
- \$67,001 - \$75,000
- \$75,001 - \$78,000
- \$78,001 - \$89,000
- \$89,001 - \$101,001
- \$101,001 or more

B. If you can't choose one of these categories, please tell us your average monthly income in 1999.

\$ _____ per month

51. Thinking back to 1999--before your new baby was born--how many people lived on this income.

_____ total number of people

