



**2002**

# MIHA

Maternal and Infant Health Assessment

**"For healthier mothers and babies"**

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

We know that this is a busy time for you.  
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 0-510-643-5220.**

The last page of the survey asks for your mailing address so we can send you a check for **\$10** to say “thank you.” Be sure to fill it out. Then please mail this survey back to us in the enclosed envelope. No stamps are needed.

**Please read this before starting.**

- It's your choice whether or not to do the survey.
- Your answers will be kept **confidential**.
- 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.
- If you have any questions, call Toni Clark collect at 0-510-643-5220.

**Thank you!**

**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 weighed less than 5 pounds, 8 ounces (2½ kilos) at birth?

- Yes
- No

4. 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

5. Before you got pregnant for this recent birth, did you have a particular doctor, nurse, or clinic that you usually went to if you wanted health care?

- Yes
- No

**BEFORE, DURING AND AFTER YOUR MOST RECENT PREGNANCY**

First, we have a few questions about your health.

6. Did you have any of these health problems during your most recent pregnancy?

Yes, I had that problem      No, I didn't have that problem

- A. Labor pains more than 3 weeks before your baby was due (preterm or early labor)..... <sup>1</sup>      <sup>2</sup>
- B. Water broke more than 3 weeks before your baby was due (premature rupture of membranes)....
- C. High blood pressure .....
- D. Pre-eclampsia, eclampsia or toxemia .....
- E. High blood sugar (diabetes).....
- F. Problems with the placenta (like abruptio placenta, placenta previa, low-lying placenta) .....
- G. Vaginal bleeding .....
- H. Cervix had to be sewn shut (cerclage, incompetent cervix) .....
- I. Kidney or bladder (urinary tract) infection ...
- J. Severe nausea or vomiting .....
- K. You were injured in a car accident .....
- L. Other health problem

**(Please tell us:**  
 \_\_\_\_\_)

7. Here is a list of some problems women may have with their teeth or mouth. For each one, please tell us if you had that problem during your most recent pregnancy.

	Yes, I had that <u>problem</u>	No, I didn't have that <u>problem</u>
A. I had a tooth ache .....	<input type="checkbox"/>	<input type="checkbox"/>
B. I had a loose tooth .....	<input type="checkbox"/>	<input type="checkbox"/>
C. My gums bled a lot .....	<input type="checkbox"/>	<input type="checkbox"/>
D. I had painful, red or swollen gums .....	<input type="checkbox"/>	<input type="checkbox"/>
E. I had cavities that needed to be filled .....	<input type="checkbox"/>	<input type="checkbox"/>
F. I had to have a tooth pulled .....	<input type="checkbox"/>	<input type="checkbox"/>
G. Other ( <b>Please tell us:</b> _____)	<input type="checkbox"/>	

8. During your most recent pregnancy, did you visit a dentist or dental clinic?

Yes

No → **Skip to question 10 on this page**

9. Here is a list of reasons people may have for going to a dentist. For each one, please tell us if it was a reason that you went to the dentist during your most recent pregnancy.

	Yes, it was <u>a reason</u>	No, it wasn't <u>a reason</u>
A. I went in for a regular check-up or cleaning ..	<input type="checkbox"/>	<input type="checkbox"/>
B. My mouth, teeth or gums bothered me .....	<input type="checkbox"/>	<input type="checkbox"/>
C. I went back so the dentist could fix a problem found at an earlier visit .....	<input type="checkbox"/>	<input type="checkbox"/>
D. Other ( <b>Please tell us:</b> _____)	<input type="checkbox"/>	

→ **Now skip to question 11**

10. What was the MAIN reason you did not go to a dentist or dental clinic? Please check only one.

I didn't need to go

I didn't think of it

I didn't have dental insurance, or it cost too much

I don't like going to the dentist

I didn't know where to go for dental care

I tried but couldn't get an appointment

I was too busy

Other (**please tell us:** \_\_\_\_\_)

11. How would you rate your health just before you got pregnant?

- Excellent
- Good
- Fair
- Poor

12. How would you rate your health during your most recent pregnancy?

- Excellent
- Good
- Fair
- Poor

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

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

14. Here is a list of herbs that women sometimes take before or during pregnancy. Did you take any of the following herbs during the month before you became pregnant or during your most recent pregnancy?

	Yes, I took <u>that herb</u>	No, I didn't take that <u>herb</u>
Dong Quai	<input type="checkbox"/>	<input type="checkbox"/>
Ephedra (Ma Huang)	<input type="checkbox"/>	<input type="checkbox"/>
Gingko	<input type="checkbox"/>	<input type="checkbox"/>
Kava Kava	<input type="checkbox"/>	<input type="checkbox"/>
Other herbal medicines	<input type="checkbox"/>	

(Please tell us: \_\_\_\_\_)

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

- Yes
- No → **Skip to question 17 on next page**

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

- I didn't smoke at all during the first 3 months of my pregnancy
- Less than one cigarette per day
- 1 to 9 cigarettes per day
- $\frac{1}{2}$  pack per day
- 1 pack per day
- $1\frac{1}{2}$  packs per day
- 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?

- I didn't smoke at all during the last 3 months of my pregnancy
- Less than one cigarette per day
- 1 to 9 cigarettes per day
- $\frac{1}{2}$  pack per day
- 1 pack per day
- $1\frac{1}{2}$  packs per day
- 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?

- Yes
- No
- I didn't get prenatal care
- I didn't smoke during my most recent pregnancy

16. About how many cigarettes or packs of cigarettes do you smoke on an average day now?

- I don't smoke at all now

- <sup>2</sup> Less than one cigarette per day
- <sup>3</sup> 1 to 9 cigarettes per day
- <sup>4</sup>  $\frac{1}{2}$  pack per day
- <sup>5</sup> 1 pack per day
- <sup>6</sup>  $1\frac{1}{2}$  packs per day
- <sup>7</sup> 2 packs or more

17. 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.

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

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
- <sup>2</sup> Less than one drink per week
- <sup>3</sup> 1 to 3 per week
- <sup>4</sup> 4 to 6 per week
- <sup>5</sup> 7 or more drinks per week

The next questions are about physical abuse. Physical abuse means pushing, hitting, slapping, kicking, choking, or any other way of physically hurting someone. **Please remember that all information in this survey is completely confidential.**

18. A. During the 12 months before you got pregnant, did your husband, partner or boyfriend push, hit, slap, kick, choke, or physically hurt you in any other way?

- Yes
- No → **Skip to question 19**

B. Did you try to get any kind of help or medical care for that?

- Yes
- No

19. A. During your most recent pregnancy, did your husband, partner or boyfriend physically hurt you in any way?

- Yes
- No → **Skip to question 20**

B. Did you try to get any kind of help or medical care for that?

- Yes
- No

20. A. Since your most recent baby was born, has your husband, partner or boyfriend physically hurt you in any way?

- Yes
- No → **Skip to question 21 on next page**

B. Did you try to get any kind of help or medical care for that?

- Yes
- No

Now, we have a few questions about your feelings and experiences just before and during your pregnancy.

21. 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

22. 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

23. 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 you were pregnant, or you just knew for sure.)

\_\_\_\_\_ weeks **OR** \_\_\_\_\_ months

Now, we have a few questions about prenatal care. By prenatal care, we mean health care for pregnancy.

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

- Yes
- No

25. A. 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

- I never tried to make a prenatal care appointment

B. 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

- I never had prenatal care

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

- Yes
- No

27. Overall, how important do you think it was to the people closest to you that you got prenatal care during your most recent pregnancy?

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



28. Here is a list of problems some women can have getting prenatal care. 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 I could get Medi-Cal for prenatal care .....	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>
B. I had problems finding a place that would accept my insurance or Medi-Cal .....	<input type="checkbox"/>	<input type="checkbox"/>
C. I didn't know where to go for prenatal care .....	<input type="checkbox"/>	<input type="checkbox"/>
D. I had problems getting through on the phone to make an appointment .....	<input type="checkbox"/>	<input type="checkbox"/>
E. I had problems getting an appointment at a time or date that was good for me...	<input type="checkbox"/>	<input type="checkbox"/>
F. I had no way to get to the clinic or office.....	<input type="checkbox"/>	<input type="checkbox"/>
G. There was no one to take care of my children.....	<input type="checkbox"/>	<input type="checkbox"/>
H. I had too many other problems to deal with.....	<input type="checkbox"/>	<input type="checkbox"/>
I. Any other problems getting prenatal care?.....	<input type="checkbox"/>	

**(Please tell us:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_)

29. Now, we have a few questions about your health insurance coverage during pregnancy.

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

Yes

No → **Skip to question 31**

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

Yes → **Skip to question 34 on next page**

No

30. A. About how many weeks **or** months pregnant were you when you first tried to get Medi-Cal?

\_\_\_\_\_ weeks **OR** \_\_\_\_\_ months

B. About how many weeks **or** months pregnant were you when you actually turned in your Medi-Cal application?

\_\_\_\_\_ weeks **OR** \_\_\_\_\_ months

C. And about how many weeks **or** months pregnant were you when you knew that you had Medi-Cal (or a health plan that Medi-Cal paid for)?

\_\_\_\_\_ weeks **OR** \_\_\_\_\_ months

→ **Now skip to question 32 on this page**

31. A. Did you ever try to apply for Medi-Cal during this pregnancy?

Yes

No → **Skip to question 34 on next page**

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

\_\_\_\_\_ weeks **OR** \_\_\_\_\_ months

C. About how many weeks **or** months pregnant were you when you actually turned in your Medi-Cal application?

\_\_\_\_\_ weeks **OR** \_\_\_\_\_ months

I never turned it in

32. Where did you apply for Medi-Cal? (If you applied at more than one place, please check the first place you applied.)

Medi-Cal office

Clinic or doctor's office

WIC office

I mailed in my application

Another place (Please tell us:

\_\_\_\_\_)

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

Yes,                  No,  
it was        it wasn't  
a problem a problem

- A. I didn't know how to apply or where to go .....
- B. It was hard to get through on the phone to Medi-Cal or a Medi-Cal worker.....
- C. The people I spoke with at Medi-Cal were rude or not very helpful.....
- D. I had no way to get to the Medi-Cal office.....
- E. It was hard to fill out the forms or get all the papers they wanted.....
- F. I was afraid I might have to pay back Medi-Cal later .....
- G. I was afraid applying for Medi-Cal could get in the way of becoming a permanent resident or citizen, or bringing family to the U.S.....
- H. Some other reason.....    
**(Please tell us:**  
\_\_\_\_\_

34. 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 35**

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 35**
- After

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

\_\_\_\_\_ weeks **OR** \_\_\_\_\_ months

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

- Yes
- No

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.)

36. Is your baby alive now?

Yes

Is he/she living with you now?

Yes → **Go to question 37 on this page**

No → **Skip to question 51 on page 13**

No **Please accept our deepest sympathy.**

When did your baby die?

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(month) (day) (year)

→ **Please skip to question 51 on page 13**

37. A. Right now, is your baby covered by Medi-Cal, private insurance, or some other health plan for his/her health care?

Yes

No, my baby is uninsured  
→ **Skip to question 38 on next page**

I don't know

→ **Skip to question 38 on next page**

B. What kind of coverage does your baby have?

Medi-Cal

A health plan paid for by Medi-Cal

Private insurance

Healthy Families

Other (**Please tell us:** \_\_\_\_\_)

C. About how many weeks or months old was your baby when his or her own Medi-Cal, private insurance, Healthy Families, or other coverage began?

\_\_\_\_\_ weeks **OR** \_\_\_\_\_ months

His/her coverage began at birth



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

- Yes
- No → **Skip to question 44 on next page**

39. A. Did you get help with breast feeding from any of the following people?

**Check all that apply.**

- A breast feeding expert (lactation consultant)
- An expert on nutrition or diet
- Your doctor or your baby's doctor
- Others who worked in the hospital when your baby was born
- La Leche League or another breast feeding support group
- Your mother, family, or friends
- Someone at WIC
- Other (Please tell us: \_\_\_\_\_)

B. If you checked more than one person above, which person helped you the most with breast feeding?

\_\_\_\_\_ gave me the most help



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

- Breast milk only
- Both breast milk and formula
- Formula only

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

- Breast milk only
- Mostly breast milk
- Formula only → **Skip to question 42 below**
- Mostly formula
- Other (Please tell us: \_\_\_\_\_)

41. Are you still breast feeding your baby?

- Yes → **Skip to question 43 on next page**
- No

42. How old was your baby when you stopped breast feeding him/her?

\_\_\_\_\_ days **OR** \_\_\_\_\_ weeks **OR** \_\_\_\_\_ months

43. A. Since your new baby was born, have you ever pumped breast milk?

- Yes → **Skip to question 44**
- No

B. What is the main reason you have not pumped breast milk?

- I just didn't want to
- I didn't need to pump
- I didn't have a pump I can use
- I didn't have a good place to pump at work or school
- My work or school didn't let me take the time to pump
- Other (**Please tell us:** \_\_\_\_\_  
\_\_\_\_\_)

44. Before your baby was two months old, did he/she ever have cereal, tea, juice or any foods or drinks other than breast milk or formula?

	<u>Yes</u>	<u>No</u>
Cereal	<input type="checkbox"/>	<input type="checkbox"/>
Tea	<input type="checkbox"/>	<input type="checkbox"/>
Juice	<input type="checkbox"/>	<input type="checkbox"/>
Water or sugar water	<input type="checkbox"/>	<input type="checkbox"/>
Other foods or drinks (Please tell us: _____)	<input type="checkbox"/>	

45. A. Since your new baby was born, have you gone back to (or started) work or school?

- Yes
- No → **Skip to question 46 on next page**

B. About how old was your baby when you went back to (or started) work or school?

\_\_\_\_\_ weeks **OR** \_\_\_\_\_ months

C. Are there places at your work or school where women can breast feed or pump breast milk if they want to?

- Yes
- No
- I'm not sure

D. Does your work or school let women take time to breast feed or pump breast milk if they want to?

- Yes
- No
- They let women take some time, but it is not enough
- I'm not sure



46. A. 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

B. Who was the most important in helping you decide which way to put your baby down to sleep? **Check only one answer.**

- A doctor, nurse, or midwife
- My mother, sister, aunt or grandmother
- My husband or partner
- Other family or friends
- Things that I read
- I saw that my baby slept better a certain way
- Other (Please tell us: \_\_\_\_\_)

47. A. Is your baby ever cared for in a child care center?

- Yes
- No → **Skip to question 48**

B. How do staff at the child care center put your new baby down to sleep? **Check all that apply.**

- On his/her side
- On his/her back
- On his/her stomach
- I don't know

48. A. Does anyone else besides a child care center ever take care of your baby?

- Yes
- No → **Skip to question 49**

B. How do they put your baby down to sleep? **Check all that apply.**

- On his/her side
- On his/her back
- On his/her stomach
- I don't know

49. A. Where does your new baby usually sleep at night? **Check all that apply.**

- In a crib, playpen, cradle or bassinet
- In a bed with me
- In a bed alone
- On a sofa, couch, chair, or futon
- Other (**Please tell us:** \_\_\_\_\_)

B. Where does your new baby usually sleep for naps? **Check all that apply.**

- In a crib, playpen, cradle or bassinet
- In a bed with me
- In a bed alone
- On a sofa, couch, chair, or futon
- In a carseat or bouncy-seat
- In a baby swing
- Other (**Please tell us:** \_\_\_\_\_)

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

- \_\_\_\_\_ Hours
- Less than one hour a day
  - My baby is never in the same room with someone who is smoking

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

\_\_\_\_\_ pounds      **OR**      \_\_\_\_\_ kilos

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

\_\_\_\_\_ pounds      **OR**      \_\_\_\_\_ kilos

52. How tall are you without shoes?

\_\_\_\_\_ feet    and    \_\_\_\_\_ inches

**OR** \_\_\_\_\_ meters    and    \_\_\_\_\_ centimeters

**OTHER QUESTIONS**

These next few questions give us a general idea of the different backgrounds of people who have taken part in this important research. Again, please remember that we will not share any information you give us in this survey.

53. Here are some statements that people use to describe themselves. How strongly do you agree or disagree with how well the following statements describe you?

	Strongly <u>Agree</u>	<u>Agree</u>	<u>Disagree</u>	Strongly <u>Disagree</u>
A. There is really no way I can solve some of the problems I have .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>

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

- African-American, Black, 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, or 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: \_\_\_\_\_

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

- English
- Spanish
- English and Spanish equally
- Asian language  
(Please tell us: \_\_\_\_\_)
- Some other language  
(Please tell us: \_\_\_\_\_)

56. 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
- High school (or I got 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

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

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



Now, we would like to ask some questions about food and money during pregnancy.

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

- Yes
- No

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

- Yes
- No

Please read each statement below and tell us whether the statement was **OFTEN**, **SOMETIMES**, or **NEVER** true for you during your most recent pregnancy.

60. A. "The food that I bought just didn't last, and I didn't have money to get more." During your most recent pregnancy, was that often, sometimes, or never true for you?

- Often true
- Sometimes true
- Never true
- Don't know

B. "I couldn't afford to eat balanced meals." During your most recent pregnancy, was that often, sometimes, or never true for you?

- Often true
- Sometimes true
- Never true
- Don't know

61. A. During your pregnancy, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes
- No → **Skip to question 62**
- Don't know → **Skip to question 62**

B. How often did this happen?

- Almost every month
- Some months but not almost every month
- 1 or 2 months
- Don't know

62. A. During your pregnancy, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- Yes
- No
- Don't know

B. During your pregnancy, were you ever hungry but didn't eat because you couldn't afford enough food?

- Yes
- No
- Don't know

63. A. What was your total family income in 2001 **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 2001) 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 2001

- \$0 to \$12,000
- \$12,001 to \$15,000
- \$15,001 to \$18,000
- \$18,001 to \$21,000
- \$21,001 to \$23,000
- \$23,001 to \$27,000
- \$27,001 to \$29,000
- \$29,001 to \$35,000
- \$35,001 to \$41,000
- \$41,001 to \$44,000
- \$44,001 to \$47,000
- \$47,001 to \$53,000
- \$53,001 to \$59,000
- \$59,001 to \$62,000
- \$62,001 to \$71,000
- \$71,001 to \$80,000
- \$80,001 to \$83,000
- \$83,001 to \$95,000
- \$95,001 to \$107,000
- \$107,001 or more

B. If you can't choose one of these categories, please tell us your average monthly income in 2001.

\$ \_\_\_\_\_ per month

64. Thinking back to 2001 --before your new baby was born--how many people lived on this income?

\_\_\_\_\_ total number of people

65. In general, during your most recent pregnancy, how hard was it for you and your family to live on the income you had?

- Very hard
- Somewhat hard
- Not too hard
- Not hard at all

66. Overall, how would you describe the time during your pregnancy? **Check the best answer.**

- One of the happiest times of my life
- A happy time with few problems
- A moderately hard time
- A very hard time
- One of the worst times of my life

**Thank you. Please go to the next page.**

