
2003

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. When was your most recent baby born?

_____, _____, _____
month date year

We call this birth your MOST RECENT BIRTH or PREGNANCY.

BEFORE YOUR MOST RECENT 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?

¹ Yes

² 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)?

¹ Yes

² No

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

¹ Yes

² No

JUST BEFORE AND DURING YOUR MOST RECENT PREGNANCY.

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

_____ pounds **OR** _____ kilos

7. How much weight did you gain during your most recent pregnancy?

_____ pounds **OR** _____ kilos

8. How tall are you without shoes?

_____ feet and _____ inches

OR _____ meters and _____ centimeters

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

¹ Excellent

² Good

³ Fair

⁴ Poor

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

¹ Excellent

² Good

³ Fair

⁴ Poor

11. 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.)

_____ week(s) **OR** _____ month(s)

Now, we have a few questions about your health and health care.

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

	Yes, I had that <u>problem</u>	No, I didn't have that <u>problem</u>
A. Labor pains more than 3 weeks before your baby was due (preterm or early labor)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
B. Water broke more than 3 weeks before your baby was due (premature rupture of membranes)....	<input type="checkbox"/>	<input type="checkbox"/>
C. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
D. Pre-eclampsia, eclampsia or toxemia	<input type="checkbox"/>	<input type="checkbox"/>
E. High blood sugar (diabetes).....	<input type="checkbox"/>	<input type="checkbox"/>
F. Problems with the placenta (like abruptio placenta, placenta previa, low-lying placenta)	<input type="checkbox"/>	<input type="checkbox"/>
G. Vaginal bleeding	<input type="checkbox"/>	<input type="checkbox"/>
H. Cervix had to be sewn shut (cerclage, incompetent cervix)	<input type="checkbox"/>	<input type="checkbox"/>
I. Kidney or bladder (urinary tract) infection...	<input type="checkbox"/>	<input type="checkbox"/>
J. Severe nausea or vomiting, or dehydration	<input type="checkbox"/>	<input type="checkbox"/>
K. You were injured in a car accident	<input type="checkbox"/>	<input type="checkbox"/>
L. Other health problem	<input type="checkbox"/>	<input type="checkbox"/>

(Please tell us: _____)

13. 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 toothache	1 <input type="checkbox"/>	2 <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	<input type="checkbox"/>	<input type="checkbox"/>

(Please tell us: _____
_____)

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

1 Yes

2 No → **Skip to question 16 on next page**



15. 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..	1 <input type="checkbox"/>	2 <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	<input type="checkbox"/>	<input type="checkbox"/>

(Please tell us:

_____)

→ **Now skip to question 17**

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

- 1 I didn't need to go
- 2 I didn't think of it
- 3 I didn't have dental insurance, or it cost too much
- 4 I don't like going to the dentist
- 5 I didn't know where to go for dental care
- 6 I tried but couldn't get an appointment
- 7 I was too busy
- 8 Other (Please tell us:

_____)

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

17. 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

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

1 Yes

2 No

3 I did not want prenatal care

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

1 Very important

2 Somewhat important

3 Not too important

4 Not at all important

5 I'm not sure

20. 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	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

(Please tell us: _____)

21. During any of your prenatal care visits, did a doctor, nurse or other health care worker talk with you about how HIV (the virus that causes AIDS) could affect a baby?

- Yes
- No
- I never had prenatal care

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

- Yes → **Skip to question 23**
- No
- I don't remember

B. Here are a few reasons why some women do not have an HIV test during their pregnancies. For each one, please tell us if it was a reason you did not have an HIV test during your most recent pregnancy.

	Yes, it was <u>a reason</u>	No, it wasn't <u>a reason</u>
a. I was not offered the test	<input type="checkbox"/>	<input type="checkbox"/>
b. I did not think I had HIV	<input type="checkbox"/>	<input type="checkbox"/>
c. I had an HIV test before I was pregnant and did not think I needed another one	<input type="checkbox"/>	<input type="checkbox"/>
d. I wanted to have the test but had problems getting it done.....	<input type="checkbox"/>	<input type="checkbox"/>
e. I was not sure I wanted to know the result	<input type="checkbox"/>	<input type="checkbox"/>
f. Other	<input type="checkbox"/>	<input type="checkbox"/>

(Please tell us: _____)

23. A. During your pregnancy, did a doctor, nurse, or midwife offer you a test to see if your baby might have a birth defect? (Birth defect tests include AFP, expanded AFP, amniocentesis, chorionic villus sampling [CVS], or another test.)

- Yes
- No → **Skip to question 25**

B. And, did you choose to have a test for birth defects?

- Yes
- No → **Skip to question 24**

C. What test did you have? **Check all that apply.**

- AFP or expanded AFP testing
- Amniocentesis (amnio)
- Chorionic villus sampling (CVS)
- NT, nuchal translucency
- Other (**Please tell us:** _____
_____)
- I wanted to have the test but had problems getting it done

→ **Now, skip to question 25**



24. Why did you choose not to have a test?

Check all that apply.

- I was afraid it might hurt my baby
- I did not want to know the results
- My partner or family did not want me to have a test
- I would not do anything differently if I knew my baby had a birth defect
- Other (**Please tell us:** _____
_____)

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

25.A. 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

B. 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

26. During your pregnancy, did you feel very blue, sad, or depressed for more than a couple of weeks at a time?

Yes

No

27. A. During your pregnancy, did a doctor, nurse or midwife ever ask you if you were feeling blue, sad, or depressed?

Yes

No → **Skip to question 28**

Don't remember → **Skip to question 28**

B. During your pregnancy, did a doctor, nurse or midwife refer you to a counselor who helps people who are feeling blue, sad, or depressed ?

Yes

No

28. During your pregnancy, did you have someone you could turn to if you needed practical help, like getting a ride somewhere, or help with shopping or cooking a meal?

Yes

No

29. During your pregnancy, did you have someone you could turn to if you needed someone to comfort or listen to you?

Yes

No

30. Here are a few things that might happen to some women during their pregnancies. Please tell us if any of these things happened to you during your most recent pregnancy.

Yes No

- | | | |
|---|--------------------------|--------------------------|
| A. A close family member was sick or had to go into the hospital | <input type="checkbox"/> | <input type="checkbox"/> |
| B. I got separated or divorced from my partner | <input type="checkbox"/> | <input type="checkbox"/> |
| C. I moved to a new address.. | <input type="checkbox"/> | <input type="checkbox"/> |
| D. I was homeless | <input type="checkbox"/> | <input type="checkbox"/> |
| E. My husband or partner lost his job..... | <input type="checkbox"/> | <input type="checkbox"/> |
| F. I lost my job even though I wanted to go on working | <input type="checkbox"/> | <input type="checkbox"/> |
| G. I argued with my husband or partner more than usual | <input type="checkbox"/> | <input type="checkbox"/> |
| H. My husband or partner said he didn't want me to be pregnant..... | <input type="checkbox"/> | <input type="checkbox"/> |
| I. I had a lot of bills I couldn't pay | <input type="checkbox"/> | <input type="checkbox"/> |
| J. I was in a physical fight | <input type="checkbox"/> | <input type="checkbox"/> |
| K. My partner or I went to jail | <input type="checkbox"/> | <input type="checkbox"/> |
| L. Someone very close to me had a bad problem with drinking or drugs..... | <input type="checkbox"/> | <input type="checkbox"/> |
| M. Someone very close to me died..... | <input type="checkbox"/> | <input type="checkbox"/> |

31. During your most recent pregnancy, how safe did you feel your neighborhood or home was from crime?

- Very safe
- Somewhat safe
- Somewhat unsafe
- Very unsafe

The next questions are about relationships with intimate partners. By “partner” we mean *current* or *former* husband, partner, boyfriend or girlfriend. Please remember that all the information in this survey is completely confidential.

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

¹ Yes

² No → **Skip to question 33**

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

¹ Yes

² No

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

¹ Yes

² No → **Skip to question 34**

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

¹ Yes

² No

34. A. Since your most recent baby was born, has your partner pushed, hit, slapped, kicked, choked, or physically hurt you in any way?

¹ Yes

² No → **Skip to question 35**

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

¹ Yes

² No

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

¹ Yes

² No → **Skip to question 36 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? (A pack has 20 cigarettes.)

_____ cigarettes **OR** _____ packs

¹ Less than one cigarette a day

² I didn't smoke at all during the first 3 months of my pregnancy

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

_____ cigarettes **OR** _____ packs

¹ Less than one cigarette a day

² I didn't smoke at all during the last 3 months of my pregnancy

D. About how many cigarettes or packs of cigarettes do you smoke on an average day now? (A pack has 20 cigarettes.)

_____ cigarettes **OR** _____ packs

¹ Less than one cigarette a day

² I don't smoke at all now

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.

36. A. 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
- Less than one drink per week
- 1 to 3 per week
- 4 to 6 per week
- 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
- Less than one drink per week
- 1 to 3 per week
- 4 to 6 per week
- 7 or more drinks per week

37. During your pregnancy, did you use any of the following medications without a prescription?

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| A. Sulfa-based antibiotics, like <i>Bactrim, Septra, Sulfatiazol</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Tetracycline antibiotics, like <i>Tetracycline, Terramicina, Oxytetracycline</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Steroids, like <i>Dexamethasone, Betamethazone, Celestamine</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Hormones, like <i>Estrogen, Progesterone, Perlutal</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Other medications <u>without</u> a prescription..... | <input type="checkbox"/> | <input type="checkbox"/> |
- (Please tell us: _____)

38. 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 40 on next page**

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

- Yes → **Skip to question 43 on page 10**
- No

39. A. About how many weeks **or** months pregnant were you when you first *applied* for Medi-Cal?

_____ weeks **OR** _____ months

B. 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 41 on next page**

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

¹ Yes

² No → **Skip to question 43 on next page**

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

_____ weeks **OR** _____ months

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

¹ Medi-Cal office

² Clinic or doctor's office

³ WIC office

⁴ I mailed in my application

⁵ Another place (**Please tell us:**

_____)



42. 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, it was a problem No, it wasn't a problem

A. I didn't know how to apply or where to go ¹ ²

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:

_____)

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

¹ Yes

² No → **Skip to question 44**

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

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

¹ Before → **Skip to question 44**

² After

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

_____ weeks **OR** _____ months

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

¹ Yes

² 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.)

45. Is your baby alive now?

¹ Yes

Is he/she living with you now?

¹ Yes → **Go to question 46 on next page**

² No → **Skip to question 55 on page 13**

² No **Please accept our deepest sympathy.**

When did your baby die?

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

→ **Please skip to question 55 on page 13**

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

- ¹ Yes
- ² No, my baby is uninsured
→ **Skip to question 47**
- ³ I don't know
→ **Skip to question 47**

B. What kind of coverage does your baby have?

- ¹ Medi-Cal
- ² A health plan paid for by Medi-Cal
- ³ Private insurance
- ⁴ Healthy Families
- ⁵ 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?

- ^x His/her coverage began at birth
_____ weeks **OR** _____ months



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

- ¹ Yes
- ² No → **Skip to question 52 on next page**

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

Check all that apply.

- ¹ A breast feeding expert (lactation consultant)
- ¹ An expert on nutrition or diet
- ¹ Your doctor or your baby's doctor
- ¹ Others who worked in the hospital when your baby was born
- ¹ La Leche League or another breast feeding support group
- ¹ Your mother, family, or friends
- ¹ Someone at WIC
- ¹ 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

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

- ¹ Breast milk only
- ² Both breast milk and formula
- ³ Formula only

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

- ¹ Breast milk only
- ² Mostly breast milk
- ³ Formula only → **Skip to question 51 below**
- ⁴ Mostly formula
- ⁵ Other (**Please tell us:** _____)

50. Are you still breast feeding your baby?

- ¹ Yes → **Skip to question 52**
- ² No

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

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

52. Before your baby was two months old, what food or drinks had he or she ever had, even once (other than breast milk or formula)?

- ¹ Cereal
- ¹ Tea
- ¹ Juice
- ¹ Water, sugar water, or glucose
- ¹ Other foods or drinks (**Please tell us:** _____)
- ¹ Nothing, my baby has only had breast milk or formula

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

- ¹ On his/her side
- ² On his/her back
- ³ On his/her stomach

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

_____ Hours

- ¹ Less than one hour a day
- ² My baby is never in the same room with someone who is smoking

OTHER QUESTIONS

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

55. A. What ethnic or racial group(s) do you consider yourself? **Check all that apply.**

- African-American, Black, or African
- American Indian, Native American, Eskimo or Aleut
- 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 or the Middle East)
- 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: _____

- I identify equally with all the groups I checked

56. A. In what country were you born?

- United States → **Skip to question 57**
- Other (Please tell us: _____)

B. In what year did you start living in the U.S.?

57. 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: _____)

58. 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

59. Thinking back to who you lived with when you were about 13 years old, what was the highest grade or year of school completed by your mother, father or main guardian? If you lived with more than one parent or guardian, please tell us about the one who had the most education.

- Never went to school
- 8th grade or less
- Some high school, but did not graduate
- High school (or got a GED)
- Some college or junior college, but did not graduate from a four-year college
- College graduate (from a four-year college or university) or more
- I don't know

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

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

61. 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.....	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"/>

62. Below is a list of the ways you might have felt in the past week. Please tell us how often you have felt this way during the past week.

	<u>Hardly ever</u>	Some of <u>the time</u>	Most of <u>the time</u>
A. I did not feel like eating; my appetite was poor.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
B. I felt depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. I felt that everything I did was an effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. My sleep was restless.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. I was happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. I felt lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. People were unfriendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. I enjoyed life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. I felt sad.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. I felt that people disliked me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. I could not "get going"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now, we have just a few more questions. These are about food and money

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

- Yes
 No

64. 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.

65. 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

66. 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 67**
 Don't know → **Skip to question 67**

B. How often did this happen?

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

67. 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

68. A. What was your total family income in 2002 **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 2002) 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 2002

- \$0 to \$12,000
- \$12,001 to \$15,000
- \$15,001 to \$18,000
- \$18,001 to \$21,000
- \$21,001 to \$24,000
- \$24,001 to \$27,000
- \$27,001 to \$30,000
- \$30,001 to \$36,000
- \$36,001 to \$42,000
- \$42,001 to \$45,000
- \$45,001 to \$48,000
- \$48,001 to \$54,000
- \$54,001 to \$60,000
- \$60,001 to \$64,000
- \$64,001 to \$73,000
- \$73,001 to \$82,000
- \$82,001 to \$85,000
- \$85,001 to \$97,000
- \$97,001 to \$109,000
- \$109,001 or more

B. If you can't choose one of these categories, please tell us your average monthly income in 2002.

\$ _____ per month

69. Thinking back to 2002 --before your new baby was born--how many people lived on this income?

_____ total number of people

70. 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

71. 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 for answering these questions. Your answers will help us to improve the health of mothers and babies.

Please go to the next page.