

2006

# MIHA

Maternal and Infant Health Assessment

"For healthier mothers and babies"

Survey Research Center • University of California at Berkeley

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 toll-free at 1-800-342-9229.**

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 toll-free at 1-800-342-9229**.

**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.**

3. **Not counting your most recent birth**, did you ever have a baby that weighed less than 5 pounds, 8 ounces (2 ½ kilos) at birth?

- <sup>1</sup>  Yes  
<sup>2</sup>  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)?

- <sup>1</sup>  Yes  
<sup>2</sup>  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?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

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

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

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

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

- B. How many pounds or kilos 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. A. How would you rate your health **just before** you got pregnant?

- <sup>1</sup>  Excellent  
<sup>2</sup>  Good  
<sup>3</sup>  Fair  
<sup>4</sup>  Poor

- B. How would you rate your health **during your most recent pregnancy**?

- <sup>1</sup>  Excellent  
<sup>2</sup>  Good  
<sup>3</sup>  Fair  
<sup>4</sup>  Poor

10. 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)

11. During your most recent pregnancy, did a doctor, nurse or midwife tell you that you had any of the following health problems?

- |   | <u>Yes</u>                 | <u>No</u>                  |
|---|----------------------------|----------------------------|
| A. High blood pressure (hypertension) .....         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| B. High blood sugar (diabetes).....                 | <input type="checkbox"/>   | <input type="checkbox"/>   |
| C. Asthma .....                                     | <input type="checkbox"/>   | <input type="checkbox"/>   |
| D. Kidney or bladder (urinary tract) infection..... | <input type="checkbox"/>   | <input type="checkbox"/>   |

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

- |   | <u>Yes, I had that problem</u> | <u>No, I didn't have that problem</u> |
|---|--------------------------------|---------------------------------------|
| A. Labor pains more than 3 weeks before your baby was due (preterm/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. Pre-eclampsia, eclampsia or toxemia .....  | <input type="checkbox"/>       | <input type="checkbox"/>              |
| D. Problems with the placenta (like abruptio placenta, placenta previa, low-lying placenta) ..... | <input type="checkbox"/>       | <input type="checkbox"/>              |
| E. Cervix had to be sewn shut (incompetent cervix).....   | <input type="checkbox"/>       | <input type="checkbox"/>              |
| F. Other ( <b>Please tell us:</b> _____)  | <input type="checkbox"/>       |                                       |

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.

- |   | <u>Yes, I had that problem</u> | <u>No, I didn't have that 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"/>       |                                       |
- (**Please tell us:** \_\_\_\_\_)

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

- 1  Yes → **Skip to question 16**  
 2  No

15. 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 was too busy  
 6  My doctor or nurse told me not to go to the dentist during pregnancy  
 7  Someone in my dentist's office told me to wait until after my pregnancy  
 8  I read or heard somewhere else that it wasn't safe to go to the dentist during pregnancy  
 9  Other (**Please tell us:** \_\_\_\_\_)

16. A. When you got pregnant with this most recent birth, were you using any birth

control method to prevent pregnancy – like condoms, birth control pills, shots, withdrawal, rhythm, or another method?

- Yes
- No → **Skip to question 17 below**

B. What method of birth control were you using when you got pregnant? (If you were using more than one, please choose the MAIN method.) **(Please check only one.)**

- Condoms
- Birth control pill (the pill)
- Withdrawal (pulling out)
- Rhythm (natural family planning, calendar)
- Other **(Please tell us:** \_\_\_\_\_  
\_\_\_\_\_)

C. When you got pregnant, were you using a birth control method all of the time or sometimes?

- All of the time  
→ **Skip to question 19 on next page**
- Sometimes

17. If you weren't using birth control all the time, was that because you wanted to get pregnant or was there some other reason?

- I wanted to get pregnant  
→ **Skip to question 19 on next page**
- Some other reason

18. Here is a list of reasons why a woman might not always 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. Sometimes I forgot to use or take my birth control.....	<input type="checkbox"/>	<input type="checkbox"/>
E. I couldn't get an appointment to get birth control when I needed it.....	<input type="checkbox"/>	<input type="checkbox"/>
F. I had side effects from birth control, or was afraid I would have side effects.....	<input type="checkbox"/>	<input type="checkbox"/>
G. I was afraid birth control was bad for my health .....	<input type="checkbox"/>	<input type="checkbox"/>
H. My husband or partner did not want to use birth control	<input type="checkbox"/>	<input type="checkbox"/>
I. I couldn't afford to pay for birth control or my insurance wouldn't cover it	<input type="checkbox"/>	<input type="checkbox"/>
J. It was okay with me if I got pregnant.....	<input type="checkbox"/>	<input type="checkbox"/>
K. No special reason, I just didn't.....	<input type="checkbox"/>	<input type="checkbox"/>
L. Some other reason.....	<input type="checkbox"/>	
<b>(Please tell us:</b> _____ _____ _____)		

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

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

- Yes
- No

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

I never tried to make a prenatal care appointment

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

I never had prenatal care

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

- Yes
- No
- I did not want prenatal care

23. 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

24. A. During any of your prenatal care visits, did a doctor, nurse or other health care worker ask you if it was okay to test you for HIV (the virus that causes AIDS)?

- Yes
- No
- I never had prenatal care
- I don't remember/I'm not sure

B. 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 25**
- No
- I don't remember/I'm not sure

C. 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: \_\_\_\_\_  
\_\_\_\_\_)

25. 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 Expanded AFP, amniocentesis, chorionic villus sampling [CVS], or another test.)

- Yes
- No → **Skip to question 27**
- I don't remember/I'm not sure

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

- Yes
- No → **Skip to question 26**

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
- I'm not sure

→ **Now, skip to question 27**

26. 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 or during your pregnancy.

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

- I wanted to get pregnant then → **Skip to question 28 on next page**
- I wanted to get pregnant later
- I didn't want to get pregnant then or in the future → **Skip to question 28 on next page**
- I wasn't sure what I wanted → **Skip to question 28 on next page**

B. About how much longer did you want to wait until you became pregnant?

- 1 to 12 months
- 13 to 24 months (1 to 2 years)
- 2 to 5 years
- More than 5 years
- I wasn't sure

28. 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

29. A. During your pregnancy, did you ever have 2 weeks or longer when you felt sad, empty, or depressed for most of the day?

- Yes
- No

B. During your pregnancy, did you ever have 2 weeks or longer when you lost interest in most things you usually enjoyed (like work, hobbies, or personal relationships)?

- Yes
- No

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

- Yes
- No
- Don't remember

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

- Yes
- No

31. A. 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

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

- Yes
- No



32. 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.

- |   | <u>Yes</u>                 | <u>No</u>                  |
|---|----------------------------|----------------------------|
| A. A close family member was very sick and had to be hospitalized .....                         | 1 <input type="checkbox"/> | 2 <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 (for example, had to sleep outside, in a car, or in a homeless shelter) ..... | <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"/>   |

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.

33. A. During your most recent pregnancy, were you ever frightened for the safety of yourself, your family, or your friends because of the anger or threats of your partner?

- 1  Yes  
2  No

B. During your most recent pregnancy, did your partner try to control most or all of your daily activities? For example, controlling who you talked to or where you could go.

- 1  Yes  
2  No

34. 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

B. In 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

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

<sup>1</sup>  Yes

<sup>2</sup>  No → **Skip to question 36 below**

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

<sup>1</sup>  Less than one cigarette a day

<sup>2</sup>  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

<sup>1</sup>  Less than one cigarette a day

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

36. The next three questions are about drinking alcohol. By "alcohol" we mean any kind of drink with alcohol in it. A drink is one glass of wine, one wine cooler, one can or bottle of beer, one shot of liquor, or one mixed drink.

A. Have you had any alcoholic drinks in the past 2 years?

<sup>1</sup>  Yes

<sup>2</sup>  No → **Skip to question 37 on next page**

B. During your most recent pregnancy (including before you knew you were pregnant for sure) how many times did you drink 4 or more alcoholic drinks **in one sitting**?

\_\_\_\_\_ times

<sup>1</sup>  I didn't drink 4 or more drinks in one sitting

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

<sup>1</sup>  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

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

<sup>1</sup>  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



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

37. 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 below**

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

- Yes → **Skip to question 42 on next page**
- 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**

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

- Yes
- No → **Skip to question 42 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. 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 .....

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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_)

42. 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.

<sup>1</sup> Yes

<sup>2</sup> No → **Skip to question 43 below**

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

\_\_\_\_\_

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

<sup>1</sup> Before → **Skip to question 43 below**

<sup>2</sup> After

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

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



Now, we have a few questions about your health care since your most recent birth.

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

<sup>1</sup> Yes

<sup>2</sup> No

44. A. Since your most recent birth, was there any time when you needed to see a doctor or nurse for your own medical care but didn't go because you couldn't afford to pay for it?

<sup>1</sup> Yes

<sup>2</sup> No

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

<sup>1</sup> Yes

<sup>2</sup> No

45. A. Since your most recent birth, has a doctor, nurse or other health care worker talked to you about using birth control to prevent pregnancy?

<sup>1</sup> Yes

<sup>2</sup> No

<sup>2</sup> I don't remember

B. Right now, what is the MAIN birth control method you are using to prevent pregnancy (if you are using one at all)? (**Please check only one.**)

<sup>1</sup> No method

<sup>1</sup> Abstinence/not having sex

<sup>1</sup> Birth control pills or patch

<sup>1</sup> Condoms

<sup>1</sup> Female sterilization (tubes tied, hysterectomy)

<sup>1</sup> Male sterilization (vasectomy)

<sup>1</sup> Shots or injections (Depo-Provera, Lunelle)

<sup>1</sup> Withdrawal (pulling out)

<sup>1</sup> Rhythm (natural family planning, calendar)

<sup>1</sup> Other (**Please tell us:**

\_\_\_\_\_)

<sup>1</sup> I am currently pregnant

**THE NEXT QUESTIONS ASK ABOUT YOUR MOST RECENT BIRTH.**

(Note: if you had twins or triplets, please answer these next questions about the baby that was born first.)

46. Is your baby alive now?

<sup>1</sup>  Yes

Is he/she living with you now?

<sup>1</sup>  Yes → **Go to question 47**

<sup>2</sup>  No → **Skip to question 55  
on page 13**

<sup>2</sup>  No **Please accept our deepest sympathy.**

When did your baby die?

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

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

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

<sup>1</sup>  Yes

<sup>2</sup>  No, my baby is uninsured  
→ **Skip to question 48 below**

<sup>3</sup>  I don't know  
→ **Skip to question 48 below**

B. What kind of coverage does your baby have?

<sup>1</sup>  Medi-Cal

<sup>2</sup>  A health plan paid for by Medi-Cal

<sup>3</sup>  Private insurance

<sup>4</sup>  Healthy Families

<sup>5</sup>  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?

<sup>x</sup>  His/her coverage began at birth

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

48. Since your new baby was born, was there any time when you needed health care for your baby but didn't get it because you couldn't afford to pay for it?

<sup>1</sup>  Yes

<sup>2</sup>  No

49. In the first two hours after your baby was born, how long did you hold your baby "skin-to-skin" (your baby's bare chest on your bare chest)?

- Not at all
- Less than 15 minutes
- 15 to 30 minutes
- 30 minutes to 1 hour
- 1 to 2 hours

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

- Yes
- No → **Skip to question 54**

51. A. About how soon after your baby was born did you try to breast feed him/her for the very first time?

- Less than 1 hour after my baby was born
- 1 to 2 hours after my baby was born
- 2 to 6 hours after my baby was born
- More than 6 hours after my baby was born

B. Please tell us why you breast fed at that time.

- My baby or I wanted to breast feed at that time
- Hospital staff suggested I breast feed at that time
- Both reasons
- Another reason (**Please tell us:**  
\_\_\_\_\_)

52. 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 53**
- Mostly formula
- Other (**Please tell us:** \_\_\_\_\_)

C. Are you still breast feeding your baby?

- Yes → **Skip to question 54**
- No

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

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



54. 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

## 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 (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 country (**Which country:** \_\_\_\_\_)

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

\_\_\_\_\_

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

- Married

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

- 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 Agree	Agree	Disagree	Strongly Disagree
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"/>

These next questions are about the time since your most recent baby was born.

62. A. Since your new baby was born, have you ever had 2 weeks or longer when you felt sad, empty, or depressed for most of the day?
- Yes
  - No
- B. Since your new baby was born, have you ever had 2 weeks or longer when you lost interest in most things you usually enjoyed (like work, hobbies, or personal relationships)?
- Yes
  - No

- C. Since your new baby was born, has a doctor, nurse or midwife ever asked you if you were feeling sad, empty, or depressed?
- Yes
  - No
  - Don't remember
- D. Since your new baby was born, has a doctor, nurse or midwife referred you to a counselor who helps people who are feeling sad, empty, or depressed?
- Yes
  - No

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

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

63. 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

64. 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 65**
- Don't know → **Skip to question 65**

B. How often did this happen?

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

65. 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

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

- Yes
- No

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

- Yes
- No



67. A. What was your total family income in 2005 **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 2005) 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 2005

- \$0 to \$13,000
- \$13,001 to \$16,000
- \$16,001 to \$19,000
- \$19,001 to \$23,000
- \$23,001 to \$26,000
- \$26,001 to \$29,000
- \$29,001 to \$32,000
- \$32,001 to \$39,000
- \$39,001 to \$45,000
- \$45,001 to \$48,000
- \$48,001 to \$52,000
- \$52,001 to \$58,000
- \$58,001 to \$64,000
- \$64,001 to \$68,000
- \$68,001 to \$78,000
- \$78,001 to \$87,000
- \$87,001 to \$90,000
- \$90,001 to \$103,000
- \$103,001 to \$117,000
- \$117,001 or more

B. If you can't choose one of the previous categories, please tell us your average monthly income in 2005 before taxes.

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

68. Thinking back to 2005 --before your new baby was born--how many people lived on this income?

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

69. 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

70. Overall, how was your pregnancy experience? **Check the best answer.**

- One of the happiest times of my life
- A happy time with not many problems
- A moderately hard time
- A very hard time
- One of the worst times of my life

Is there anything else you would like to tell us about your pregnancy or your new baby?

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**Please go to the next page.**

**Thank you for answering these questions! Your answers will help us improve the health of mothers and babies.**

71. We want to send you a check for \$10 to thank you for your help with this important study. To make sure our records are correct and that the check will reach you, please fill in your name and address.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

\_\_\_\_\_ City State Zip code

Only check this box if you do not want to participate in the raffle for \$250.

Please do not enter me in the raffle for \$250.

72. We hope to do another survey when your baby is a year old. The next survey will be shorter and you'll receive a gift if you decide to take part. As with this survey, whether you take part in the next survey is completely up to you.

A. If we do another survey a few months from now, may we contact you? (Even if you say yes now, you can change your mind and decide not to take part later on.)

<sup>1</sup> Yes

<sup>2</sup> No → **Skip to question 73  
on next page**

*The information below is only to contact you for the next survey.*

B. What is your current home phone number?

(\_\_\_\_) \_\_\_\_\_

C. What is your current work phone number?

(\_\_\_\_) \_\_\_\_\_

<sup>0</sup> I am not employed

D. In case you move or we are not able to reach you, please give us the name, address, and phone number of two people who don't live with you and who will always know how to reach you.

Person #1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

\_\_\_\_\_ City State Zip code

Phone number: (\_\_\_\_\_) \_\_\_\_\_

How is this person related to you?

\_\_\_\_\_

Person #2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

\_\_\_\_\_ City State Zip code

Phone number: (\_\_\_\_\_) \_\_\_\_\_

How is this person related to you?

\_\_\_\_\_

73. If there is anything else you want to tell us about the health of mothers and babies in California, or about this survey, please write it here.

Thank you very much for your help

Now please mail this survey back to us in the enclosed envelope.  
You don't need stamps.

This page will be removed when we receive the survey.