2009

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 gift card 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, please 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 (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

6. **Just before you got pregnant**, did you have Medi-Cal, private insurance, or some other health plan for your own health care, or were you uninsured? (**Check all that apply.**)

   a☐ Medi-Cal
   b☐ A health plan paid for by Medi-Cal
   c☐ Private insurance
   d☐ Other (**Please tell us:** _____)
   e☐ I was uninsured before pregnancy

7. A. How would you rate your physical health **just before you got pregnant**? (Physical health includes illness, injury, and other physical problems.)

   1☐ Excellent
   2☐ Good
   3☐ Fair
   4☐ Poor

   B. How would you rate your mental health **just before you got pregnant**? (Mental health includes stress, depression and problems with emotions.)

   1☐ Excellent
   2☐ Good
   3☐ Fair
   4☐ Poor

8. 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

   C. How tall are you without shoes?

   _____ feet and _____ inches

   OR _____ meters and _____ centimeters

9. **During the month <u>before</u>** you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

   1☐ I didn't take a multivitamin, prenatal vitamin or folic acid vitamin at all
   2☐ 1 to 3 times a week
   3☐ 4 to 6 times a week
   4☐ Every day of the week

Here are some questions that ask about your experiences and feelings around the time you became pregnant. Please **think of your most recent birth** when answering these questions.

10. A. In the month that I became pregnant…
(Please check only one.)

[1] ☐ I/we were not using any contraception

[2] ☐ I/we were using contraception, but not every time

[3] ☐ I/we always used contraception, but knew that the method had failed at least once (broke, moved, came off, came out, didn't work)

[4] ☐ I/we always used contraception

B. In terms of becoming a mother (for the first time or again), I feel that my pregnancy happened at the…
(Please check only one.)

[1] ☐ Right time

[2] ☐ Ok, but not quite right time

[3] ☐ Wrong time

C. Just before I became pregnant…
(Please check only one.)

[1] ☐ I intended to get pregnant

[2] ☐ My intentions kept changing

[3] ☐ I did not intend to get pregnant

D. Just before I became pregnant…
(Please check only one.)

[1] ☐ I wanted to have a baby

[2] ☐ I had mixed feelings about having a baby

[3] ☐ I did not want to have a baby

In the next question, we ask about your partner – this might be (or have been) your husband, a partner you live with, a boyfriend, or someone you've had sex with once or twice.

11. Before I became pregnant…
(Please check only one.)

[1] ☐ My partner and I agreed that we would like me to be pregnant

[2] ☐ My partner and I had discussed having children together, but hadn't agreed for me to get pregnant

[3] ☐ We never discussed having children together

12. Before you became pregnant for your most recent birth, did you do any of the following to improve your health in preparation for pregnancy? (**Check all that apply.**)

[a] ☐ Take folic acid or multivitamins

[b] ☐ Stop or cut down smoking

[c] ☐ Stop or cut down drinking alcohol

[d] ☐ Eat more healthily

[e] ☐ Seek medical/health advice

[f] ☐ Take some other action (**Please tell us**: _____)

[g] ☐ I did not do any of the above before I became pregnant with my most recent birth

13. How did you feel when you found out you really were pregnant?

[1] ☐ Very happy

[2] ☐ Somewhat happy

[3] ☐ Somewhat unhappy

[4] ☐ Very unhappy

[5] ☐ I wasn't sure how I felt

14. Before you got pregnant for your most recent birth, did a doctor, nurse or other health care worker ever tell you that you had any of the following health conditions?

	Yes	No
A. Diabetes (high blood sugar) ...	1 ☐	2 ☐
B. Hypertension (high blood pressure)	☐	☐
C. Asthma.....	☐	☐

15. During your most recent pregnancy, did a doctor, nurse or other health care worker ever tell you that you had any of the following health conditions?

	Yes	No
A. Diabetes or gestational diabetes (high blood sugar)	1 ☐	2 ☐
B. Hypertension (high blood pressure)	☐	☐
C. Asthma.....	☐	☐

16. Did you have any of these other 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/early labor)	1 ☐	2 ☐
B. Water broke more than 3 weeks before your baby was due (premature rupture of membranes)	☐	☐
C. Pre-eclampsia, eclampsia or toxemia	☐	☐
D. Problems with the placenta (like abruptio placenta, placenta previa, low-lying placenta)	☐	☐
E. Cervix had to be sewn shut (incompetent cervix).....	☐	☐
F. Other (**Please tell us**: _____)	☐	

17. A. Overall, how would you rate your physical health during your most recent pregnancy? (Physical health includes illness, injury, and other physical problems.)

1 ☐ Excellent
2 ☐ Good
3 ☐ Fair
4 ☐ Poor

B. Overall, how would you rate your mental health during your most recent pregnancy? (Mental health includes stress, depression and problems with emotions.)

1 ☐ Excellent
2 ☐ Good
3 ☐ Fair
4 ☐ Poor

18. A. During your most recent pregnancy, did a medical doctor, nurse or other health care worker talk with you about the health of your teeth and gums?

1 ☐ Yes
2 ☐ No

B. During your most recent pregnancy, did a medical doctor, nurse or other health care worker suggest that you go to see a dentist?

1 ☐ Yes
2 ☐ No

C. During your most recent pregnancy, did you visit a dentist, dental clinic, or get dental care at any other health clinic?

1 ☐ Yes → **Skip to question 20 on next page**

2 ☐ No

19. Here is a list of reasons why women don't get dental care during pregnancy. For each one, please tell us if it was a reason for you.

	Yes, that was a reason	No, that was not a reason
A. I didn't need to go.....	1 ☐	2 ☐
B. I didn't have dental insurance ..	☐	☐
C. It cost too much to get dental care	☐	☐
D. I don't like going to the dentist, I was nervous or afraid to go, or I was afraid it would hurt.....	☐	☐
E. I was too busy	☐	☐
F. I didn't have transportation	☐	☐
G. I didn't have childcare.....	☐	☐
H. A doctor or nurse told me not to go to the dentist during pregnancy.....	☐	☐
I. Someone in a dentist's office told me to wait until after my pregnancy.....	☐	☐
J. I couldn't find a dentist who would see me during my pregnancy.....	☐	☐
K. I didn't think it was safe to go to the dentist during pregnancy	☐	☐
L. Other (**Please tell us**: _____)	☐	

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

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

1 ☐ Yes

2 ☐ No

B. How many weeks **or** months pregnant were you when you <u>had</u> your first prenatal care visit? (Please do not count a visit just for a pregnancy test.)

_____ weeks **OR** _____ months

x ☐ I never had prenatal care

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

1 ☐ Yes

2 ☐ No

3 ☐ I don't remember/I'm not sure

22. A. During your pregnancy, did a doctor, nurse, or other health care worker 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.)

1 ☐ Yes

2 ☐ No → **Skip to question 24**

3 ☐ I don't remember/I'm not sure

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

1 ☐ Yes

2 ☐ No → **Skip to question 24**

23. What test did you have? (**Check all that apply**.)

a ☐ AFP or expanded AFP (a blood test for birth defects)

b ☐ Amniocentesis (amnio)

c ☐ Chorionic villus sampling (CVS)

d ☐ NT, nuchal translucency

e ☐ Other (**Please tell us:** _____)

f ☐ I'm not sure

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

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

[1] ☐ Yes
[2] ☐ No

25. 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)?

[1] ☐ Yes
[2] ☐ No

26. During your pregnancy, how often was it hard for you to do your daily activities because of emotional problems (like depression or lack of interest)?

[1] ☐ Often
[2] ☐ Sometimes
[3] ☐ Rarely
[4] ☐ Never

27. During your pregnancy, did a doctor, nurse or other health care worker ever ask you if you were feeling sad, empty, or depressed?

[1] ☐ Yes
[2] ☐ No
[3] ☐ Don't remember

28. During your pregnancy, did a doctor, nurse or other health care worker refer you to a counselor who helps people who are feeling sad, empty, or depressed?

[1] ☐ Yes
[2] ☐ No

29. 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?

[1] ☐ Yes
[2] ☐ No

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

[1] ☐ Yes
[2] ☐ No

31. 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.	I got separated or divorced from my partner	[1] ☐	[2] ☐
B.	I moved to a new address	☐	☐
C.	I was homeless (for example, had to sleep outside, in a car, or in a homeless shelter)	☐	☐
D.	My husband or partner lost their job	☐	☐
E.	I lost my job even though I wanted to go on working	☐	☐
F.	I had a lot of bills I couldn't pay	☐	☐
G.	My partner or I went to jail	☐	☐
H.	Someone very close to me had a bad problem with drinking or drugs	☐	☐

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 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

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

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

Now, we have a few questions about smoking before and during pregnancy.

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

1 ☐ Yes
2 ☐ No → **Skip to question 36**

35. A. During the 3 months *before* you got pregnant, 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 3 months before I got pregnant

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

36. The next 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?

1 ☐ Yes

2 ☐ No → **Skip to question 38 on next page**

B. During the 3 months *before* you got pregnant, about how many drinks with alcohol did you have **in an average week**?

1 ☐ I didn't drink at all during the 3 months before I got pregnant

2 ☐ Less than one drink per week

3 ☐ 1 to 3 per week

4 ☐ 4 to 6 per week

5 ☐ 7 -13 per week

6 ☐ 14 or more drinks per week

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

1 ☐ I didn't drink at all during the first 3 months of my pregnancy

2 ☐ Less than one drink per week

3 ☐ 1 to 3 per week

4 ☐ 4 to 6 per week

5 ☐ 7 or more drinks per week

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

1 ☐ I didn't drink at all during the last 3 months of my pregnancy

2 ☐ Less than one drink per week

3 ☐ 1 to 3 per week

4 ☐ 4 to 6 per week

5 ☐ 7 or more drinks per week

37. The next two questions are about drinking 4 or more alcoholic drinks in one sitting. By one sitting, we mean within about 2 hours.

A. During the 3 months *before* you got pregnant, how many times did you drink **4 or more** alcoholic drinks **in one sitting**?

_____ times

0 ☐ I didn't drink 4 or more drinks in one sitting in the 3 months before I got pregnant

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

0 ☐ I didn't drink 4 or more drinks in one sitting during my most recent pregnancy

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

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

    1 ☐ Yes
    2 ☐ No

39. 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 41**

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

    _____

41. Right now, are you covered by Medi-Cal, private insurance, some other health plan for your own health care, or are you uninsured? (**Check all that apply.**)

    a ☐ Medi-Cal
    b ☐ A health plan paid for by Medi-Cal
    c ☐ Private insurance
    d ☐ Other (**Please tell us:** _____)
    e ☐ I am uninsured

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

42. 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?

    1 ☐ Yes
    2 ☐ No

43. 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)?

    1 ☐ Yes
    2 ☐ No

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

    1 ☐ Yes
    2 ☐ No
    3 ☐ I don't remember

    B. Since your most recent birth, has a doctor, nurse or other health care worker talked to you about the best length of time to wait before having another baby?

    1 ☐ Yes
    2 ☐ No
    3 ☐ I don't remember
    4 ☐ My doctor, nurse or health care worker knows that I am not having any more children

45. A. Since your most recent birth, have you ever had 2 weeks or longer when you felt sad, empty, or depressed for most of the day?

1 ☐ Yes
2 ☐ No

B. Since your most recent birth, have you ever had 2 weeks or longer when you lost interest in most things you usually enjoyed (like work, hobbies, or personal relationships)?

1 ☐ Yes
2 ☐ No

46. A. Since your most recent birth, has a doctor, nurse or other health care worker ever asked you if you were feeling sad, empty, or depressed?

1 ☐ Yes
2 ☐ No
3 ☐ Don't remember

B. Since your most recent birth, has a doctor, nurse or other health care worker referred you to a counselor who helps people who are feeling sad, empty, or depressed?

1 ☐ Yes
2 ☐ No

Now, we have a few questions about your most recent baby.

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

47. Is your baby alive now?

1 ☐ Yes

Is he/she living with you now?

1 ☐ Yes → **Go to question 48 on next page**

2 ☐ No → **Skip to question 57 on page 12**

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

→ **Please skip to question 57 on page 12**

48. 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 49**

3 ☐ I don't know
→ **Skip to question 49**

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:** _____

_____)

49. 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?

1 ☐ Yes

2 ☐ No

50. 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)?

1 ☐ Not at all

2 ☐ Less than 15 minutes

3 ☐ 15 to 30 minutes

4 ☐ 30 minutes to 1 hour

5 ☐ 1 to 2 hours

51. At the hospital, about how many hours each day did your baby stay in the same room with you? (By a day, we mean 24 hours).

1 ☐ Never or almost never

2 ☐ 1 to 12 hours every day

3 ☐ 13 to 23 hours every day

4 ☐ More than 23 hours every day

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

1 ☐ Yes

2 ☐ No → **Skip to question 55**

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

1 ☐ Less than 1 hour after my baby was born

2 ☐ 1 to 2 hours after my baby was born

3 ☐ 2 to 6 hours after my baby was born

4 ☐ More than 6 hours after my baby was born

C. At the hospital, was your baby fed anything other than breast milk?

1 ☐ Yes

2 ☐ No

3 ☐ I don't know

53. A. When your baby was one week old, what were you feeding him/her? **Check all that apply.**

1 ☐ Breast milk
2 ☐ Formula

B. When your baby was three months old, what were you feeding him/her? **Check all that apply.**

1 ☐ Breast milk
2 ☐ Formula
3 ☐ Other liquids (like juice, milk or water)
4 ☐ Food (like cereal, baby food, or mashed up food the family eats)

54. A. Are you still feeding your baby breast milk?

1 ☐ Yes → **Skip to question 55**
2 ☐ No

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

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

55. Have you ever given your new baby a multivitamin, like Poly-Vi-Sol or Tri-Vi-Sol?

1 ☐ Yes
2 ☐ No
3 ☐ I don't know

56. 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

B. How often does your new baby sleep in the same bed with you or anyone else?

1 ☐ Always
2 ☐ Often
3 ☐ Sometimes
4 ☐ Rarely
5 ☐ Never

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 this is confidential.

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

- [1] ☐ I never went to school
- [2] ☐ 8th grade or less
- [3] ☐ Some high school, but I did not graduate
- [4] ☐ High school (or I got a GED)
- [5] ☐ Some college or community college, but I did not graduate from a four-year college
- [6] ☐ College graduate (from a four-year college or university) or more

B. 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.**

- [1] ☐ Never went to school
- [2] ☐ 8th grade or less
- [3] ☐ Some high school, but did not graduate
- [4] ☐ High school (or got a GED)
- [5] ☐ Some college or community college, but did not graduate from a four-year college
- [6] ☐ College graduate (from a four-year college or university) or more
- [7] ☐ I don't know

58. A. In what country were you born?

- [1] ☐ United States → **Skip to question 59**
- [2] ☐ Other country (**Which country:** _____)

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

_____

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

- [1] ☐ English
- [2] ☐ Spanish
- [3] ☐ English and Spanish equally
- [4] ☐ Asian language (**Please tell us:** _____)
- [5] ☐ Some other language (**Please tell us:** ____)

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

- [1] ☐ Married
- [2] ☐ Living with someone like we were married, but not legally married
- [3] ☐ Separated, divorced, or widowed
- [4] ☐ Single (never married)

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.

61. 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?

1 ☐ Often true
2 ☐ Sometimes true
3 ☐ Never true
4 ☐ 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?

1 ☐ Often true
2 ☐ Sometimes true
3 ☐ Never true
4 ☐ Don't know

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

1 ☐ Yes
2 ☐ No → **Skip to question 63**
3 ☐ Don't know → **Skip to question 63**

B. How often did this happen?

1 ☐ Almost every month
2 ☐ Some months but not almost every month
3 ☐ 1 or 2 months
4 ☐ Don't know

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

1 ☐ Yes
2 ☐ No
3 ☐ Don't know

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

1 ☐ Yes
2 ☐ No
3 ☐ Don't know

64. During your pregnancy, did you receive food stamps?

1 ☐ Yes
2 ☐ No

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

1 ☐ Yes
2 ☐ No → **Skip to question 66**

B. How many weeks or months pregnant were you when you first got on WIC during this pregnancy?

_____ weeks **OR** _____ months

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

1 ☐ Yes
2 ☐ No

67. A. What was your total family income in 2008 **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 2008) 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 2008

- 1 ☐ $0 to $14,000
- 2 ☐ $14,001 to $18,000
- 3 ☐ $18,001 to $21,000
- 4 ☐ $21,001 to $25,000
- 5 ☐ $25,001 to $28,000
- 6 ☐ $28,001 to $32,000
- 7 ☐ $32,001 to $35,000
- 8 ☐ $35,001 to $42,000
- 9 ☐ $42,001 to $50,000
- 10 ☐ $50,001 to $53,000
- 11 ☐ $53,001 to $56,000
- 12 ☐ $56,001 to $64,000
- 13 ☐ $64,001 to $70,000
- 14 ☐ $70,001 to $74,000
- 15 ☐ $74,001 to $85,000
- 16 ☐ $85,001 to $96,000
- 17 ☐ $96,001 to $99,000
- 18 ☐ $99,001 to $114,000
- 19 ☐ $114,001 to $128,000
- 20 ☐ $128,001 or more

B. If you can't choose one of the previous categories, please tell us your average monthly income in 2008 before taxes.

$_____ per month

68. Thinking back to 2008 -- 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?

- 1 ☐ Very hard
- 2 ☐ Somewhat hard
- 3 ☐ Not too hard
- 4 ☐ Not hard at all

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

- 1 ☐ One of the happiest times of my life
- 2 ☐ A happy time with not many problems
- 3 ☐ A moderately hard time
- 4 ☐ A very hard time
- 5 ☐ 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?

_____

_____

_____

Please go to the next page.

This page will be removed when we receive the survey.

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 gift card for **$10** to thank you for your help with this important study. To make sure our records are correct and that the gift card will reach you, please fill in your name and address.

Name: _____

Address: _____ Apt # _____

_____ _____ _____
City State Zip code

Please indicate which gift card you would like to receive: [1] ☐ Target [2] ☐ Longs

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 older. 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 in the next year or two, may we contact you? (Even if you say yes now, you can change your mind and decide not to take part later on.) We will use the address you listed above plus additional contact information you choose to give to us below.

[1] ☐ Yes [2] ☐ No → **Skip to question 73 on next page**

The information below is only to contact you for the next survey, it will not be shared outside our research team.

B. What is your current home phone number?

(_____) _____

C. What is your cell phone number?

(_____) _____

D. What is your current work phone number?

(_____) _____ [0] ☐ I am not employed

E. 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.