We know that this is a busy time for you.
Thank you for your help.

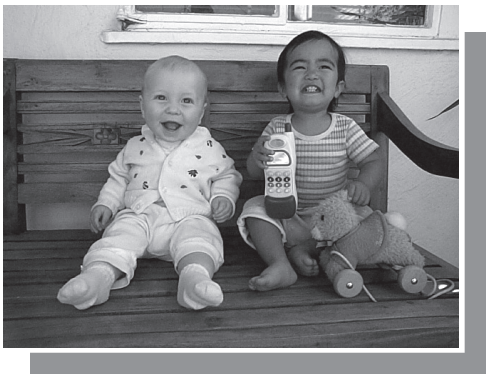
Here's how to fill out the survey:

- 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 decide you want to do it by telephone, please call **Toni Clark toll-free at 1-855-367-6442** (1-855-FOR-MIHA).

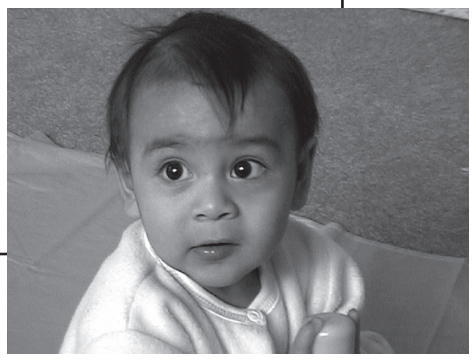
Be sure to fill out the last page of the survey, which asks for your mailing address so we can send you a gift card for **$10** to say "thank you." Then please mail this survey back to us in the enclosed envelope. No stamps are needed.



Please read this before starting.

- It's your choice whether or not to do the survey.
- Your answers will be kept **confidential**.
- Answering 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 1-855-367-6442** (1-855-FOR-MIHA).

Thank you!



FOR OFFICE USE ONLY

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Data Entry		
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INTRODUCTION

1 A. What is today's date?

_____ _____, _____
month date year

B. When was your most recent baby born?

_____ _____, _____
month date year

2. **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

3. **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

This survey is about you and your baby who was just born.

4. **During the 12 months before the birth of your baby who was just born,** did you get a flu shot?

1❑ Yes, I got a flu shot before I got pregnant

2❑ Yes, I got a flu shot during my pregnancy

3❑ No, I did not get a flu shot → **Skip to question 6**

5. During what month and year did you get the flu shot?

_____ , _____
month year

1❑ I don't remember

These next questions are about the time just before you got pregnant with your baby who was just born.

6. **Just before you got pregnant**, did you have a particular doctor, nurse, or clinic that you usually went to if you wanted health care?

1❑ Yes

2❑ No

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

1❑ Excellent

2❑ Very good

3❑ Good

4❑ Fair

5❑ Poor

8. **During the month before you got pregnant,** did you have Medi-Cal, private insurance, or some other health insurance plan for your own health care, or were you uninsured? **Check ALL that apply.**

1❑ Medi-Cal

2❑ A health plan paid for by Medi-Cal
(**Name of plan** _____)

3❑ Private insurance through your job, your husband's or partner's job, or your parent's or guardian's job
(**Name of plan** _____)

4❑ Private insurance you bought directly from a health insurance company or plan, or through *Covered California* (or another health insurance marketplace)
(**Name of plan** _____)

5❑ Other
(**Name of plan** _____)

6❑ I **did not have** Medi-Cal or any other health insurance during the **month before** I got pregnant

9. **During the month before 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 before I got pregnant
- [2] ❑ 1 to 3 times a week
- [3] ❑ 4 to 6 times a week
- [4] ❑ Every day of the week

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

_____ pounds[1] **OR** _____ kilos[2]

11. How much weight did you gain **during your pregnancy**?

_____ pounds[1] **OR** _____ kilos[2]

- [x] ❑ I lost weight overall during my pregnancy

12. About how much do you weigh **right now**?

_____ pounds[1] **OR** _____ kilos[2]

13. How tall are you without shoes?

_____ feet[1] and _____ inches

OR _____ meters[2] and _____ centimeters

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

- [1] ❑ I wanted to get pregnant then
- [2] ❑ I wanted to get pregnant later
- [3] ❑ I didn't want to get pregnant then or in the future
- [4] ❑ I wasn't sure what I wanted

15. **Before you got pregnant** with your new baby, did a doctor, nurse, or other health care worker talk to you about how to improve your health before pregnancy?

- [1] ❑ Yes
- [2] ❑ No

16. **Before you got pregnant**, 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	❑	❑

17. 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)[1] **OR** _____ month(s)[2]

Now, we have a few questions about prenatal care during your pregnancy with your baby who was just born. By "prenatal care," we mean health care for pregnancy. We will ask you about when you first tried to make your prenatal care appointment, then when you actually had your first appointment.

18. 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 a visit just for a pregnancy test or only for WIC, the Women, Infants and Children Supplemental Nutrition Program.)

_____ week(s)[1] **OR** _____ month(s)[2]

- [x] ❑ I never tried to get prenatal care

19. 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 or only for WIC.)

_____ week(s)[1] **OR** _____ month(s)[2]

- [x] ❑ I never had prenatal care

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

1❑ Yes
2❑ No
3❑ I did not want prenatal care

21. **During any of your prenatal care visits**, did a doctor, nurse, or other health care worker —

	Yes	No
A. Ask you if you were smoking cigarettes?	1❑	2❑
B. Ask you if you were drinking alcohol?.....	❑	❑
C. Ask you if you were feeling sad, empty or depressed?....	❑	❑
D. Ask you if someone was hurting you emotionally or physically?	❑	❑

22. **During any of your prenatal care visits**, did a doctor, nurse, or other health care worker talk with you about how much weight you should gain during your pregnancy?

1❑ Yes
2❑ No

23. **During your most recent pregnancy**, did you receive a Tdap vaccination or shot? A Tdap vaccination is a shot that protects against tetanus, diphtheria, and pertussis (whooping cough).

1❑ Yes, I got a Tdap shot during my pregnancy
2❑ No, but I got a Tdap shot in the hospital when I delivered
3❑ No, I did not get a Tdap shot

24. **During your most recent pregnancy**, did you have any test for birth defects, for example, expanded AFP or prenatal screening, the integrated test, quad screen, amniocentesis, or chorionic villus sampling (CVS)?

1❑ Yes → **Skip to question 26**
2❑ No
3❑ Don't remember → **Skip to question 26**

25. What were your reasons for not getting any test for birth defects? **Check ALL that apply.**

1❑ I started prenatal care too late
2❑ My doctor didn't mention it
3❑ I didn't want to know the results
4❑ I was afraid it might hurt my baby
5❑ My partner or family did not want me to have a test
6❑ I would not do anything differently about my pregnancy if I knew my baby had a birth defect
7❑ Other (**Please tell us:** _____ _____)

26. **During your most recent pregnancy**, did a home visitor come to your home to help you prepare for your new baby? (A home visitor is a nurse, health care worker, social worker, or other person who works for a program that helps pregnant women.)

1❑ Yes
2❑ No

Now we have a few questions about your feelings and experiences when you were pregnant with your baby who was just born.

27. 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

28. 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

29. 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?

1❑ Yes
2❑ No

B. 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

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. I got separated or divorced from my husband or partner	1❑	2❑
B. I had to move because of problems paying the rent or mortgage.....	❑	❑
C. I did not have a regular place to sleep at night (had to move from house to house)	❑	❑
D. I was homeless (had to sleep outside, or stay in a car or a shelter)	❑	❑
E. My husband or partner lost their job	❑	❑
F. I lost my job even though I wanted to go on working	❑	❑
G. My partner or I had our pay or hours cut back.....	❑	❑
H. My partner or I went to jail	❑	❑
I. Someone very close to me had a bad problem with drinking or drugs	❑	❑

31. Some of these things also might happen to people during childhood. Childhood experiences may be important. Please tell us if any of these things ever happened to you from the time you were born through age 13.

	Yes	No
A. Most of the time I had an adult who believed in me and who I could count on to help me	1❑	2❑
B. A parent or guardian I lived with got divorced or separated	❑	❑
C. We had to move because of problems paying the rent or mortgage	❑	❑
D. Someone in my family or I went hungry because we could not afford enough food	❑	❑
E. A parent or guardian got in trouble with the law or went to jail	❑	❑
F. A parent or guardian I lived with had a serious drinking or drug problem	❑	❑
G. I was in foster care (removed from my home by the court or child welfare agency).....	❑	❑

32. Thinking back to your childhood through age 13, how often was it hard for your family to pay for basic needs like food or housing?

1❑ Very often
2❑ Somewhat often
3❑ Not very often
4❑ Never

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. 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

34. 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

35. During your most recent pregnancy, 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, during, and after your pregnancy with your baby who was just born.

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

    [1] ❑ Yes
    [2] ❑ No → **Skip to question 39 on the next page**

37. A. During the <u>3 months before</u> you got pregnant, how many cigarettes or packs of cigarettes did you smoke **on an average day**? (A pack has 20 cigarettes.)

    _____ cigarettes[1] **OR** _____ packs[2]

    [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 <u>last 3 months</u> of your pregnancy, how many cigarettes or packs of cigarettes did you smoke **on an average day**? (A pack has 20 cigarettes.)

    _____ cigarettes[1] **OR** _____ packs[2]

    [1] ❑ Less than one cigarette a day
    [2] ❑ I didn't smoke at all during the last 3 months of my pregnancy

38. How many cigarettes do you smoke **on an average day** <u>now</u>? (A pack has 20 cigarettes.)

    _____ cigarettes[1] **OR** _____ packs[2]

    [1] ❑ Less than one cigarette a day
    [2] ❑ I don't smoke at all now

The next questions are about drinking alcohol. By "drinks with 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.

39. Have you had any drinks with alcohol in the past 2 years?

1❑ Yes
2❑ No → **Skip to question 44 on the next page**

40. 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 drinks per week
4❑ 4 to 6 drinks per week
5❑ 7 to 13 drinks per week
6❑ 14 or more drinks per week

41. During the 3 months before you got pregnant, how many times did you drink **4 or more** drinks with alcohol **in one sitting**? (By one sitting we mean within about two hours.)

_____ times

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

The next few questions are about drinking alcohol during your pregnancy with your baby who was just born.

42. 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 drinks per week
4❑ 4 to 6 drinks per week
5❑ 7 or more drinks per week

43. During your most recent pregnancy (including before you knew you were pregnant for sure) how many times did you drink **4 or more** drinks with alcohol **in one sitting**? (By one sitting we mean within about two hours.)

_____ times

0❑ I never drank 4 or more drinks in one sitting during my pregnancy

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

44. **During your most recent pregnancy**, did you have Medi-Cal, private insurance, or some other health insurance plan to pay for your prenatal care? **Check ALL that apply.**

1❑ Medi-Cal

2❑ A health plan paid for by Medi-Cal

(**Name of plan** _____)

3❑ Private insurance through your job, your husband's or partner's job, or your parent's or guardian's job

(**Name of plan** _____)

4❑ Private insurance you bought directly from a health insurance company or plan, or through *Covered California* (or another health insurance marketplace)

(**Name of plan** _____)

5❑ Other (**Name of plan** _____)

6❑ I **did not have** Medi-Cal or any other health insurance to pay for my prenatal care

45. About how many weeks or months pregnant were you when that insurance or health plan began? (If you had more than one health plan, please tell us about the one that began first.)

_____ week(s)[1] **OR** _____ month(s)[2]

0❑ My health plan started before I got pregnant

x❑ I was uninsured during my pregnancy

46. **During your most recent pregnancy**, was there any time when you had no health insurance plan at all?

1❑ Yes

2❑ No

47. **During your most recent pregnancy**, were you told by a doctor's office or clinic that they did not accept your health insurance plan?

1❑ Yes

2❑ No

3❑ I was uninsured during my pregnancy

48. **During your most recent pregnancy**, were you told by a doctor's office or clinic that they would not accept you as a new patient?

1❑ Yes

2❑ No

Here are a few questions about your health and health care since your most recent birth.

49. **Right now**, do you have Medi-Cal, private insurance, or some other health insurance plan to pay for your own health care? **Check ALL that apply.**

1❑ Medi-Cal

2❑ A health plan paid for by Medi-Cal

(**Name of plan** _____)

3❑ Private insurance through your job, your husband's or partner's job, or your parent's or guardian's job

(**Name of plan** _____)

4❑ Private insurance you bought directly from a health insurance company or plan, or through *Covered California* (or another health insurance marketplace)

(**Name of plan** _____)

5❑ Other (**Name of plan** _____)

6❑ I **do not have** Medi-Cal or any other health insurance to pay for my own health care **now**

50. **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

51. **Since your most recent birth**, have you had a postpartum checkup for yourself (the medical checkup a woman has about 4 to 6 weeks after she gives birth)?

1 ❑ Yes
2 ❑ No

52. Are you or your husband or partner doing anything now to keep from getting pregnant? (Some things people do to keep from getting pregnant include using birth control pills, condoms, withdrawal, or natural family planning.)

1 ❑ Yes → **Skip to question 54**
2 ❑ No

53. What are your reasons for not doing anything to keep from getting pregnant now? **Check ALL that apply.**

1 ❑ I am not having sex
2 ❑ I want to get pregnant
3 ❑ I don't want to use birth control
4 ❑ I am worried about side effects from birth control
5 ❑ My husband or partner doesn't want to use anything
6 ❑ I can't pay for birth control
7 ❑ I have problems getting birth control when I need it
8 ❑ I had my tubes tied or blocked
9 ❑ My husband or partner had a vasectomy
10 ❑ I am pregnant now
11 ❑ Other (**Please tell us:** _____

_____)

Now skip to question 55

54. What kind of birth control are you or your husband or partner using now to keep from getting pregnant? **Check ALL that apply.**

1 ❑ Tubes tied or blocked (female sterilization)
2 ❑ Vasectomy (male sterilization)
3 ❑ Birth control pills, patch, vaginal ring
4 ❑ Condoms
5 ❑ Shots or injections (Depo-Provera)
6 ❑ Implants (Implanon, Nexplanon)
7 ❑ IUD (Mirena, ParaGard, Skyla)
8 ❑ Natural family planning (rhythm, temperature)
9 ❑ Withdrawal (pulling out)
10 ❑ Not having sex (abstinence)
11 ❑ Other (**Please tell us:** _____

_____)

55. Since your most recent birth, has a home visitor come to your home to help you learn how to take care of yourself or your new baby? (A home visitor is a nurse, health care worker, social worker, or other person who works for a program that helps new mothers.)

1 ❑ Yes
2 ❑ No

56. 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

57. 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

Now, we have a few questions about your baby who was just born.

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

58. A. Is your baby alive now?

1 ❑ Yes

2 ❑ No → **Please accept our deepest sympathy. Skip to question 67 on page 11.**

B. Is he or she living with you now?

1 ❑ Yes

2 ❑ No → **Skip to question 67 on page 11.**

59. **Before you delivered** your baby, how did you plan to feed him or her when he or she was born?

1 ❑ I planned to breastfeed only

2 ❑ I planned to use formula only

3 ❑ I planned to breastfeed and use formula

4 ❑ I was not sure how I would feed my baby

60. Was your new baby ever breastfed or fed breast milk?

1 ❑ Yes

2 ❑ No → **Skip to question 62 on the next page**

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

1 ❑ Yes → **Skip to question 62 on the next page**

2 ❑ No

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

_____ days[1] **OR** _____ weeks[2] **OR** _____ months[3]

62. Here are some questions about liquids and foods you might have given your new baby other than breast milk. If you have never given your new baby any of these, just check the box at the bottom of each question.

A. How old was your baby when he or she was first fed formula?

_____ days[1] **OR** _____ weeks[2] **OR** ____ months[3]

[1]❑ Less than 1 day old

[2]❑ My baby has never had any formula

B. How old was your baby the first time he or she drank liquids other than breast milk or formula (such as water, juice, tea, or cow's milk)?

_____ days[1] **OR** _____ weeks[2] **OR** ____ months[3]

[1]❑ Less than 1 day old

[2]❑ My baby has never had any liquids other than breast milk or formula

C. How old was your baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

_____ days[1] **OR** _____ weeks[2] **OR** ____ months[3]

[1]❑ My baby has never eaten food

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

[1]❑ On his or her side

[2]❑ On his or her back

[3]❑ On his or her stomach

64. 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

65. **Right now**, is your baby covered by Medi-Cal, private insurance, or some other health insurance plan for his or her health care?
Check ALL that apply.

[1]❑ Medi-Cal

[2]❑ A health plan paid for by Medi-Cal

(**Name of plan:** _____)

[3]❑ Private insurance through your job or your husband's or partner's job

(**Name of plan:** _____)

[4]❑ Private insurance you bought directly from a health insurance company or plan, or through *Covered California* (or another health insurance marketplace)

(**Name of plan:** _____)

[5]❑ Other

(**Name of plan:** _____)

[6]❑ My baby **does not have** Medi-Cal or any other health insurance to pay for his or her health care

66. 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

These next questions give us a general idea of the different backgrounds of people who have taken part in this important survey. We ask these questions of everyone who participates. Again, please remember that all the information is confidential.

67. At the time your new 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)

68. Do you consider yourself to be:

- 1 ❑ Heterosexual or straight (attracted to or have sex with men only)
- 2 ❑ Lesbian or gay (attracted to or have sex with women only)
- 3 ❑ Bisexual (attracted to or have sex both with men and women)
- 4 ❑ Something else? (**Please tell us:** _____)

69. 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

70. 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

71. 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:** _____)

72. A. In what country were you born?

- 1 ❑ United States ⟶ **Skip to question 73**
- 2 ❑ Other country (**Which country:** _____)

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

_____

73. Overall during your life until now, how often have you worried that you might be treated or judged unfairly because of your race or ethnic group?

- 1 ❑ Very often
- 2 ❑ Somewhat often
- 3 ❑ Not very often
- 4 ❑ Never

We are almost done. These next questions 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 pregnancy with your baby who was just born.

74. 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

75. 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 76**
- [3] ❑ Don't know → **Skip to question 76**

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

76. 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

77. 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

78. During your pregnancy, did you receive food stamps (also called CalFresh benefits)?

- [1] ❑ Yes
- [2] ❑ No

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

1 ❑ Yes → **Skip to question 82**
2 ❑ No

80. Why were you not on WIC during your pregnancy? **Check ALL that apply**.

1 ❑ I never heard of WIC
2 ❑ I didn't think I would qualify for WIC
3 ❑ I did not need WIC
4 ❑ I couldn't get to WIC when they were open
5 ❑ I couldn't get through on the phone
6 ❑ It was too difficult to apply for WIC
7 ❑ I used to be on WIC but didn't like it
8 ❑ I did not want to use WIC Checks to shop
9 ❑ Other (**Please tell us:** _____

_____)

81. Since your new baby was born, have you or your new baby been on WIC?

1 ❑ Yes
2 ❑ No → **Skip to question 83 on next page**

82. What benefits have you liked getting from the WIC program? **Check ALL that apply**.

1 ❑ Support for breastfeeding my baby
2 ❑ Help getting a breast pump
3 ❑ WIC Checks for baby formula
4 ❑ WIC Checks for food
5 ❑ Information on health and nutrition
6 ❑ Information on how to get health care services for my family
7 ❑ Information on community programs that could help my family
8 ❑ Other (**Please tell us:** _____

_____)

83. What was your total family income in 2013 **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 2013) 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 2013

- 1 ❑ $0 to $16,000
- 2 ❑ $16,001 to $20,000
- 3 ❑ $20,001 to $24,000
- 4 ❑ $24,001 to $28,000
- 5 ❑ $28,001 to $31,000
- 6 ❑ $31,001 to $36,000
- 7 ❑ $36,001 to $39,000
- 8 ❑ $39,001 to $47,000
- 9 ❑ $47,001 to $55,000
- 10 ❑ $55,001 to $59,000
- 11 ❑ $59,001 to $63,000
- 12 ❑ $63,001 to $71,000
- 13 ❑ $71,001 to $78,000
- 14 ❑ $78,001 to $83,000
- 15 ❑ $83,001 to $94,000
- 16 ❑ $94,001 to $107,000
- 17 ❑ $107,001 to $110,000
- 18 ❑ $110,001 to $126,000
- 19 ❑ $126,001 to $142,000
- 20 ❑ $142,001 or more

84. If you can't choose one of the previous categories, please tell us your average monthly total family income in 2013 before taxes.

$_____ per month

85. Thinking back to 2013—before your new baby was born—how many people lived on this income?

_____ total number of people

86. 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

87. 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

Thank you for taking the time to help improve the health of mothers and babies. We know this is a busy time for you. Please remember that your answers are confidential.

Please use the space below to share anything else you would like to tell us about improving the health of mothers and babies in California. We look forward to hearing from you!

_____

_____

_____

_____

_____

_____

_____

_____

_____

This page will be removed when we receive the survey.

Thank you for answering these questions!

88. We want to send you a gift card to thank you for your help with this important study. To make sure that our records are correct and 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]❑ CVS/pharmacy

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

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

89. We hope to do another survey when your baby is older. As with this survey, whether you take part in the next survey is completely up to you. (Even if you say yes now, you can change your mind and decide not to take part later.)

A. If we do another survey in the future, may we contact you? If so, we will use the address you listed above plus additional contact information you choose to give to us below.

[1]❑ Yes [2]❑ No

The information below is only used to contact you for the next study.

B. What is your current home phone number?

(_____) _____ [1]❑ I do not have a landline

C. What is your cell phone number?

(_____) _____ [1]❑ I do not have a cell phone

D. What is your current work phone number?

(_____) _____ [0]❑ I do not have a work number

E. What is your e-mail address?

_____@_____

F. 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?

_____

This page will be removed when we receive the survey.

THANK YOU VERY MUCH FOR YOUR HELP!

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