

First, we would like to ask a few questions about you and the time before you got pregnant with your new baby. Please check the box next to your answer.

1. **Just before you got pregnant, did you have health insurance?** Do not count Medicaid.

- No  
 Yes

2. **Just before you got pregnant, were you on Medicaid?**

- No  
 Yes

3. **During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin?** These are pills that contain many different vitamins and minerals.

- I didn't take a multivitamin or a prenatal vitamin at all  
 1 to 3 times a week  
 4 to 6 times a week  
 Every day of the week

4. **What is your date of birth?**

\_\_\_\_ Month    \_\_\_\_ Day    19 \_\_\_\_ Year

5. **Just before you got pregnant with your new baby, how much did you weigh?**

\_\_\_\_ Pounds OR \_\_\_\_ Kilos

6. **How tall are you without shoes?**

\_\_\_\_ Feet    \_\_\_\_ Inches

OR \_\_\_\_ Centimeters

7. **Would you say that, in general, your health is—**

- Excellent  
 Very good  
 Good  
 Fair  
 Poor

8. **Before you got pregnant with your new baby, did you talk with a doctor, nurse, or other health care worker to prepare for a healthy pregnancy and baby?**

- No  
 Yes

9. **Before you got pregnant with your new baby, did you ever have any other babies who were born alive?**

- No  
 Yes

Go to Page 2, Question 12

10. **Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?**

- No  
 Yes

11. **Was the baby just before your new one born more than 3 weeks before its due date?**

- No  
 Yes

The next questions are about the time when you got pregnant with your *new* baby.

12. Thinking back to *just before* you got pregnant with your *new* baby, how did you feel about becoming pregnant?

Check one answer

- I wanted to be pregnant sooner
- I wanted to be pregnant later
- I wanted to be pregnant then
- I didn't want to be pregnant then or at any time in the future

13. When you got pregnant with your new baby, were you trying to get pregnant?

- No
- Yes

Go to Question 16

14. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?

(Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes

Go to Question 16

15. What were your or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

Check all that apply

- I didn't mind if I got pregnant
- I thought I could not get pregnant at that time
- I had side effects from the birth control method I was using
- I had problems getting birth control when I needed it
- I thought my husband or partner or I was sterile (could not get pregnant at all)
- My husband or partner didn't want to use anything
- Other —————> Please tell us:

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

16. How many weeks or months pregnant were you when you were *sure* you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

Weeks **OR**  Months

- I don't remember

**17. How many weeks or months pregnant were you when you had your first visit for prenatal care?** Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

\_\_\_\_\_ Weeks **OR** \_\_\_\_\_ Months

I didn't go for prenatal care

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

No

Yes

I didn't want prenatal care →

**Go to Question 20**

**19. Here is a list of problems some women can have getting prenatal care.** For each item, circle **Y** (Yes) if it was a problem for you during your most recent pregnancy or circle **N** (No) if it was not a problem or did not apply to you.

	No	Yes
a. I couldn't get an appointment when I wanted one . . . . .	N	Y
b. I didn't have enough money or insurance to pay for my visits. . . . .	N	Y
c. I had no way to get to the clinic or doctor's office . . . . .	N	Y
d. I couldn't take time off from work . . .	N	Y
e. The doctor or my health plan would not start care as early as I wanted . . .	N	Y
f. I didn't have my Medicaid card . . . . .	N	Y
g. I had no one to take care of my children . . . . .	N	Y
h. I had too many other things going on . . . . .	N	Y
i. I didn't want anyone to know I was pregnant . . . . .	N	Y
j. Other . . . . .	N	Y
Please tell us:		

**If you did not go for prenatal care, go to Page 4, Question 24.**

**20. How was your prenatal care paid for?**

**Check all that apply**

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- Dr. Dynasaur
- Other → Please tell us:

**21. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below?** Please count only discussions, not reading materials or videos. For each item, circle **Y** (Yes) if someone talked with you about it or circle **N** (No) if no one talked with you about it.

	No	Yes
a. How smoking during pregnancy could affect my baby. . . . .	N	Y
b. Breastfeeding my baby . . . . .	N	Y
c. How drinking alcohol during pregnancy could affect my baby . . . . .	N	Y
d. Using a seat belt during my pregnancy . . . . .	N	Y
e. Birth control methods to use after my pregnancy . . . . .	N	Y
f. Medicines that are safe to take during my pregnancy . . . . .	N	Y
g. How using illegal drugs could affect my baby. . . . .	N	Y
h. Doing tests to screen for birth defects or diseases that run in my family . . . . .	N	Y
i. What to do if my labor starts early . . .	N	Y
j. Getting tested for HIV (the virus that causes AIDS). . . . .	N	Y
k. Physical abuse to women by their husbands or partners . . . . .	N	Y

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?

- No  
 Yes

23. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you—

	No	Yes
a. How much alcohol you were drinking . . . . .	N	Y
b. If someone was hurting you emotionally or physically . . . . .	N	Y
c. If you were using illegal drugs (marijuana or hash, cocaine, crack, etc.) . . . . .	N	Y
d. If you planned to use birth control after your baby was born . . . . .	N	Y

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

- No  
 Yes → **Go to Question 30**  
 I don't know

25. Were you *offered* an HIV test during your most recent pregnancy or delivery?

- No → **Go to Question 28**  
 Yes

26. Did you turn down the HIV test?

- No → **Go to Question 28**  
 Yes

27. Why did you turn down the HIV test?

**Check all that apply**

- I did not think I was at risk for HIV  
 I did not want people to think I was at risk for HIV  
 I was afraid of getting the result  
 I was tested before this pregnancy, and did not think I needed to be tested again → **Go to Question 29**  
 Other → Please tell us:

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28. Had you been tested for HIV *before* this pregnancy?

- No → **Go to Question 30**  
 Yes  
 I don't know → **Go to Question 30**

29. When were you tested *before* this pregnancy?

**Check one answer**

- Less than 6 months before you got pregnant  
 6 months to 1 year before you got pregnant  
 More than 1 year before you got pregnant

30. Some health experts recommend taking folic acid for which one of the following reasons?

**Check one answer**

- To make strong bones  
 To prevent birth defects  
 To prevent high blood pressure  
 I don't know

The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.

**31. During your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?**

- No  
 Yes

**32. Did you have any of these problems during your most recent pregnancy?** For each item, circle **Y** (Yes) if you had the problem or circle **N** (No) if you did not.

- |   | No | Yes |
|---|----|-----|
| a. High blood sugar (diabetes) that started <i>before</i> this pregnancy . . . . .  | N  | Y   |
| b. High blood sugar (diabetes) that started <i>during</i> this pregnancy . . . . .  | N  | Y   |
| c. Vaginal bleeding . . . . .   | N  | Y   |
| d. Kidney or bladder (urinary tract) infection . . . . .  | N  | Y   |
| e. Severe nausea, vomiting, or dehydration . . . . .  | N  | Y   |
| f. Cervix had to be sewn shut (incompetent cervix) . . . . .  | N  | Y   |
| g. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia . . . . . | N  | Y   |
| h. Problems with the placenta (such as abruptio placentae or placenta previa) . . . . .                                   | N  | Y   |
| i. Labor pains more than 3 weeks before my baby was due (preterm or early labor) . . . . .                                | N  | Y   |
| j. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]) . . . . .                 | N  | Y   |
| k. I had to have a blood transfusion . . . . .  | N  | Y   |
| l. I was hurt in a car accident . . . . .   | N  | Y   |

If you did not have any of these problems, go to Question 34.

**33. Did you do any of the following things because of these problems?** For each item, circle **Y** (Yes) if you did that thing or circle **N** (No) if you did not.

- |  | No | Yes |
|--|----|-----|
| a. I went to the hospital or emergency room and stayed less than 1 day . . . . .               | N  | Y   |
| b. I went to the hospital and stayed 1 to 7 days . . . . .                                     | N  | Y   |
| c. I went to the hospital and stayed more than 7 days . . . . .                                | N  | Y   |
| d. I stayed in bed at home more than 2 days because of my doctor's or nurse's advice . . . . . | N  | Y   |

The next questions are about smoking cigarettes and drinking alcohol.

**34. Have you smoked at least 100 cigarettes in the past 2 years?** (A pack has 20 cigarettes.)

- No → Go to Page 6, Question 38  
 Yes

**35. In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day?** (A pack has 20 cigarettes.)

- 41 cigarettes or more  
 21 to 40 cigarettes  
 11 to 20 cigarettes  
 6 to 10 cigarettes  
 1 to 5 cigarettes  
 Less than 1 cigarette  
 None (0 cigarettes)

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

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

**37. How many cigarettes do you smoke on an average day now?** (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

**38. Have you had any alcoholic drinks in the past 2 years?** (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)

- No → Go to Question 41
- Yes

**39a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?**

- 14 drinks or more a week
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

**39b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?**

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

**40a. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?**

- 14 drinks or more a week
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

**40b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?**

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

**Pregnancy can be a difficult time for some women. These next questions are about things that may have happened before and during your most recent pregnancy.**

**41. This question is about things that may have happened during the 12 months before your new baby was born. For each item, circle Y (Yes) if it happened to you or circle N (No) if it did not. (It may help to use the calendar.)**

- |  | No | Yes |
|--|----|-----|
| a. A close family member was very sick and had to go into the hospital . . . . . | N  | Y   |
| b. I got separated or divorced from my husband or partner . . . . .              | N  | Y   |
| c. I moved to a new address . . . . .  | N  | Y   |
| d. I was homeless . . . . .  | N  | Y   |
| e. My husband or partner lost his job . . .                                      | N  | Y   |
| f. I lost my job even though I wanted to go on working . . . . .                 | N  | Y   |
| g. I argued with my husband or partner more than usual . . . . .                 | N  | Y   |
| h. My husband or partner said he didn't want me to be pregnant . . . . .         | N  | Y   |
| i. I had a lot of bills I couldn't pay . . . . .                                 | N  | Y   |
| j. I was in a physical fight . . . . .   | N  | Y   |
| k. My husband or partner or I went to jail . . . . .                             | N  | Y   |
| l. Someone very close to me had a bad problem with drinking or drugs . . . . .   | N  | Y   |
| m. Someone very close to me died . . . . .                                       | N  | Y   |

**42. During the 12 months before your new baby was born, did you ever eat less than you felt you should because there wasn't enough money to buy food?**

- No  
 Yes

**The next questions are about the time during the 12 months before you got pregnant with your new baby.**

**43a. During the 12 months before you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?**

- No  
 Yes

**43b. During the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner?**

- No  
 Yes

**The next questions are about the time during your most recent pregnancy.**

**44a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?**

- No  
 Yes

**44b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?**

- No  
 Yes

The next questions are about your labor and delivery. (It may help to look at the calendar when you answer these questions.)

**45. When was your baby due?**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

**46. When did you go into the hospital to have your baby?**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

I didn't have my baby in a hospital

**47. When was your baby born?**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

**48. When were you discharged from the hospital after your baby was born? (It may help to use the calendar.)**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

I didn't have my baby in a hospital

**49. How was your delivery paid for?**

**Check all that apply**

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- Dr. Dynasaur
- Other —————> Please tell us:

The next questions are about the time since your new baby was born.

**50. After your baby was born, was he or she put in an intensive care unit?**

- No
- Yes
- I don't know

**51. After your baby was born, how long did he or she stay in the hospital?**

- Less than 24 hours (less than 1 day)
- 24 to 48 hours (1 to 2 days)
- 3 days
- 4 days
- 5 days
- 6 days or more
- My baby was not born in a hospital
- My baby is still in the hospital —————> **Go to Question 54**

**52. Is your baby alive now?**

- No —————> **Go to Page 11, Question 68**
- Yes

**53. Is your baby living with you now?**

- No —————> **Go to Page 11, Question 68**
- Yes

**54. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?**

- No
- Yes —————> **Go to Question 56**



**55. What were your reasons for not breastfeeding your new baby?**

Check all that apply

- My baby was sick and could not breastfeed
- I was sick or on medicine
- I had other children to take care of
- I had too many household duties
- I didn't like breastfeeding
- I didn't want to be tied down
- I was embarrassed to breastfeed
- I went back to work or school
- I wanted my body back to myself
- Other \_\_\_\_\_ → Please tell us:

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**If you did not breastfeed your new baby, go to Page 10, Question 60.**

**56. Are you still breastfeeding or feeding pumped milk to your new baby?**

- No
- Yes \_\_\_\_\_ → **Go to Question 59**

**57. How many weeks or months did you breastfeed or pump milk to feed your baby?**

\_\_\_\_\_ Weeks **OR** \_\_\_\_\_ Months

- Less than 1 week

**58. What were your reasons for stopping breastfeeding?**

Check all that apply

- My baby had difficulty nursing
- Breast milk alone did not satisfy my baby
- I thought my baby was not gaining enough weight
- My baby got sick and could not breastfeed
- My nipples were sore, cracked, or bleeding
- I thought I was not producing enough milk
- I had too many other household duties
- I felt it was the right time to stop breastfeeding
- I got sick and could not breastfeed
- I went back to work or school
- I wanted or needed someone else to feed the baby
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other \_\_\_\_\_ → Please tell us:

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**59. How old was your baby the first time you fed him or her anything besides breast milk? Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.**

\_\_\_\_\_ Weeks **OR** \_\_\_\_\_ Months

- My baby was less than 1 week old
- I have not fed my baby anything besides breast milk

**If your baby was not born in a hospital, go to Page 10, Question 61.**

**60. This question asks about things that may have happened at the hospital where your new baby was born.** For each item, circle **Y** (Yes) if it happened or circle **N** (No) if it did not happen.

	No	Yes
a. Hospital staff gave me information about breastfeeding . . . . .	N	Y
b. My baby stayed in the same room with me at the hospital . . . . .	N	Y
c. I breastfed my baby in the hospital . . . . .	N	Y
d. I breastfed my baby in the first hour after my baby was born. . . . .	N	Y
e. Hospital staff helped me learn how to breastfeed . . . . .	N	Y
f. My baby was fed only breast milk at the hospital . . . . .	N	Y
g. Hospital staff told me to breastfeed whenever my baby wanted . . . . .	N	Y
h. The hospital gave me a gift pack with formula . . . . .	N	Y
i. The hospital gave me a telephone number to call for help with breastfeeding . . . . .	N	Y
j. My baby used a pacifier in the hospital . . . . .	N	Y

**If your baby is still in the hospital, go to Question 68.**

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

Hours

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

**62. How do you *most often* lay your baby down to sleep now?**

Check one answer

- On his or her side  
 On his or her back  
 On his or her stomach

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

- Always  
 Often  
 Sometimes  
 Rarely  
 Never

**64. Was your new baby seen by a doctor, nurse, or other health care worker during the first week after he or she left the hospital?**

- No  
 Yes

**65. Has your new baby had a well-baby checkup?** (A well-baby checkup is a regular health visit for your baby usually at 2, 4, or 6 months of age.)

- No  
 Yes

**66. Has your new baby gone as many times as you wanted for a well-baby checkup?**

- No  
 Yes → Go to Question 68

**67. Did any of these things keep your baby from having a well-baby checkup?**

**Check all that apply**

- I didn't have enough money or insurance to pay for it
- I had no way to get my baby to the clinic or office
- I didn't have anyone to take care of my other children
- I couldn't get an appointment
- My baby was too sick to go for routine care
- Other —————> Please tell us:

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**68. 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 not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes —————> **Go to Question 70**

**69. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?**

**Check all that apply**

- I am not having sex
- I want to get pregnant
- I don't want to use birth control
- My husband or partner doesn't want to use anything
- I don't think I can get pregnant (sterile)
- I can't pay for birth control
- I am pregnant now
- Other —————> Please tell us:

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**70. Since your new baby was born, have you had a postpartum checkup for yourself?**

(A postpartum checkup is the regular checkup a woman has after she gives birth.)

- No
- Yes

**The next few questions are about the time during the *12 months before your new baby was born.***

**71. During the *12 months before your new baby was born*, what were the sources of your household's income?**

**Check all that apply**

- Paycheck or money from a job
- Money from family or friends
- Money from a business, fees, dividends, or rental income
- Aid such as Temporary Assistance for Needy Families (TANF), welfare, WIC, public assistance, general assistance, food stamps, or Supplemental Security Income
- Unemployment benefits
- Child support or alimony
- Social security, workers' compensation, disability, veteran benefits, or pensions
- Other —————> Please tell us:

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**72. During the 12 months before your new baby was born, what was your total household income before taxes?** Include your income, your husband's or partner's income, and any other income you may have used. (All information will be kept private and will not affect any services you are now getting.)

Check one answer

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more

**73. During the 12 months before your new baby was born, how many people, including yourself, depended on this income?**

People

The next few questions are on a variety of topics.

**74. Which of the following statements best describes the rules about smoking *inside* your home during your most recent pregnancy?**

Check one answer

- No one was allowed to smoke anywhere inside my home
- Smoking was allowed in some rooms or at some times
- Smoking was permitted anywhere inside my home

**75. Which of the following statements best describes the rules about smoking *inside* your home now?**

Check one answer

- No one is allowed to smoke anywhere inside my home
- Smoking is allowed in some rooms or at some times
- Smoking is permitted anywhere inside my home

**76. During the 3 months before you got pregnant with your new baby, how often did you participate in any physical activities or exercise for 30 minutes or more?** (For example, walking for exercise, swimming, cycling, dancing, or gardening.) Do not count exercise you may have done as part of your regular job.

- Less than 1 day per week
- 1 to 4 days per week
- 5 or more days per week

**77. During the last 3 months of your most recent pregnancy, how often did you participate in any physical activities or exercise for 30 minutes or more?** Do not count exercise you may have done as part of your regular job.

- Less than 1 day per week
- 1 to 4 days per week
- 5 or more days per week
- I was told by a doctor, nurse, or other health care worker not to exercise

**If your baby is not alive or is not living with you, go to Question 80.**

**78. Do you have an infant car seat(s) for your new baby?**

- No —————> Go to Question 80
- Yes

**79. How did you learn to install and use your infant car seat(s)?**

Check all that apply

- I read the instructions
- A friend or family member showed me
- Someone from a loaner program showed me
- A health or safety professional showed me
- I figured it out myself
- Some other way —————> Please tell us:

**80. During the *past month*, how many times a week did you take a multivitamin or a prenatal vitamin? These are pills that contain many different vitamins and minerals.**

- I did not take a multivitamin or a prenatal vitamin at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

**81. At any time during your most recent pregnancy or after delivery, did a doctor, nurse, or other health care worker talk with you about “baby blues” or postpartum depression?**

- No
- Yes

**82a. Since your new baby was born, how often have you felt down, depressed, or hopeless?**

- Always
- Often
- Sometimes
- Rarely
- Never

**82b. Since your new baby was born, how often have you had little interest or little pleasure in doing things?**

- Always
- Often
- Sometimes
- Rarely
- Never

**83. This question is about things that may have happened *during* your most recent pregnancy. For each thing, circle Y (Yes) if it happened to you or circle N (No) if it did not.**

*During your most recent pregnancy—*

	No	Yes
a. Your husband or partner threatened you or made you feel unsafe in some way . . . . .	N	Y
b. You were frightened for the safety of yourself or your family because of the anger or threats of your husband or partner. . . . .	N	Y
c. Your husband or partner tried to control your daily activities, for example, controlling who you could talk to or where you could go . . . . .	N	Y
d. Your husband or partner forced you to take part in any sexual activity when you did not want to (including touch that made you uncomfortable) . . . . .	N	Y

**84. This question is about things that may have happened *since* your most recent delivery.**

For each thing, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not.

*Since* your most recent delivery—

- |  | No | Yes |
|--|----|-----|
| a. Your ex-husband or ex-partner pushed, hit, slapped, kicked, choked, or physically hurt you in any other way . . .                                       | N  | Y   |
| b. Your husband or partner physically hurt you in any way . . . . .  | N  | Y   |
| c. Your husband or partner threatened you or made you feel unsafe in some way . . . . .  | N  | Y   |
| d. You were frightened for the safety of yourself or your family because of the anger or threats of your husband or partner. . . . .                       | N  | Y   |
| e. Your husband or partner tried to control your daily activities, for example, controlling who you could talk to or where you could go . . . . .          | N  | Y   |
| f. Your husband or partner forced you to take part in any sexual activity when you did not want to (including touch that made you uncomfortable) . . . . . | N  | Y   |

**85. Have you *ever* had your teeth cleaned by a dentist or dental hygienist?**

- No —————> Go to Question 87
- Yes

**86. When did you have your teeth cleaned by a dentist or dental hygienist?**

For each of the three time periods, circle **Y** (Yes) if you had your teeth cleaned then or circle **N** (No) if you did not have your teeth cleaned then.

- |  | No | Yes |
|--|----|-----|
| a. Before my most recent pregnancy . . .   | N  | Y   |
| b. During my most recent pregnancy . . .   | N  | Y   |
| c. After my most recent pregnancy. . . . . | N  | Y   |

**87. What is today's date?**

Month	Day	Year

**Please use this space for any additional comments you would like to make  
about the health of mothers and babies in Vermont.**

*Thanks for answering our questions!*

*Your answers will help us work to make Vermont  
mothers and babies healthier.*