

Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

BEFORE PREGNANCY

The first questions are about *you*.

1. How tall are *you* without shoes?

Feet Inches

OR Centimeters

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

Pounds OR Kilos

3. What is your date of birth?

/ /
Month Day Year

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

- No
 Yes

Go to Question 7

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

- No
 Yes

6. Was the baby *just before your new one earlier than 3 weeks before his or her due date?*

- No
 Yes

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

7. At any time during the *12 months before you got pregnant with your new baby, did you do any of the following things?*

For each item, check **No** if you did not do it or **Yes** if you did it.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. I was dieting (changing my eating habits) to lose weight..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was exercising 3 or more days of the week..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I was regularly taking prescription medicines other than birth control..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I visited a health care worker and was checked for diabetes..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I visited a health care worker and was checked for high blood pressure..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I visited a health care worker and was checked for depression or anxiety..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I talked to a health care worker about my family medical history..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I had my teeth cleaned by a dentist or dental hygienist..... | <input type="checkbox"/> | <input type="checkbox"/> |

8. During the *month before you got pregnant with your new baby, what kind of health insurance did you have?*

Check ALL that apply.

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Montana Medicaid
- Military health care
- Healthy Montana Kids/Healthy Montana Kids Plus
- Indian Health Service (IHS)
- Some other kind of health insurance → Please tell us
- I did not have any health insurance during the *month before* I got pregnant

9. What was the reason that you did not have any health insurance during the *month before you got pregnant with your new baby?*

Check ALL that apply.

- Health insurance was too expensive
- I could not get health insurance from my job or the job of my husband or partner
- I applied for health insurance, but was waiting to get it
- I applied for health insurance, but was refused because of a preexisting medical condition
- I had problems with the health insurance application or paperwork
- My income was too high for the public program I wanted to apply for
- I didn't know how to get health insurance
- I am not a US citizen or I don't have the right residency documents
- Other → Please tell us _____

10. 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?

Check ONE answer.

- I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the *month before* I got pregnant
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

Go to Question 12

11. During the *month before you got pregnant with your new baby*, what were your reasons for not taking multivitamins, prenatal vitamins, or folic acid vitamins?

Check ALL that apply.

- I wasn't planning to get pregnant
- I didn't think I needed to take vitamins
- The vitamins were too expensive
- The vitamins gave me side effects (such as constipation)
- Other → Please tell us _____

12. 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?

- No
- Yes

13. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker tell you that you had any of the following health conditions?

For each one, check **No** if you did not have the condition or **Yes** if you did.

No Yes

- a. Type 1 or Type 2 diabetes (NOT the same as gestational diabetes or diabetes that starts during pregnancy).....
- b. High blood pressure or hypertension.....
- c. Depression.....

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

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

Go to Question 16

15. How much longer did you want to wait to become pregnant?

- Less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to 5 years
- More than 5 years

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

- No
 Yes → **Go to Question 20**

17. 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 using birth control pills, condoms, withdrawal, or natural family planning.

- No
 Yes → **Go to Question 19**

18. What were your reasons 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
- I forgot to use a birth control method
- Other → Please tell us _____

If you or your husband or partner were not doing anything to keep from getting pregnant, go to Question 20.

19. What method of birth control were you using when you got pregnant?

Check ALL that apply.

- Birth control pill
- Condoms
- Injection (Depo-Provera®)
- Contraceptive implant (Implanon®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena® or ParaGard®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Other → Please tell us _____

DURING PREGNANCY

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 a calendar when you answer these questions.)

20. 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 → **Go to Question 26**

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

- No
 Yes → **Go to Question 23**

22. Did any of these things keep you from getting prenatal care when you wanted it?

For each item, check **No** if it did not keep you from getting prenatal care or **Yes** if it did.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. I couldn't get an appointment when I wanted one..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I didn't have enough money or insurance to pay for my visits..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I didn't have any transportation to get to the clinic or doctor's office..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The doctor or my health plan would not start care as early as I wanted..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I had too many other things going on.... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I couldn't take time off from work or school..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I didn't have my Medicaid card..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I didn't have anyone to take care of my children..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I didn't know that I was pregnant..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. I didn't want anyone else to know I was pregnant..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I didn't want prenatal care..... | <input type="checkbox"/> | <input type="checkbox"/> |

23. During your most recent pregnancy, what kind of health insurance did you have to pay for your prenatal care?

Check ALL that apply.

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Montana Medicaid
- Military health care
- Healthy Montana Kids/Healthy Montana Kids Plus
- Indian Health Service (IHS)
- Some other kind of health insurance → Please tell us _____
- I did not have any health insurance to pay for my prenatal care

24. 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, check No if no one talked with you about it or Yes if someone did.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. How much weight I should gain during my pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How smoking during pregnancy could affect my baby..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Breastfeeding my baby..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. How drinking alcohol during pregnancy could affect my baby..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Using a seat belt during my pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Medicines that are safe to take during my pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. How using illegal drugs could affect my baby..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Doing tests to screen for birth defects or diseases that run in my family..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Getting tested for HIV (the virus that causes AIDS)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. What to do if I feel depressed during my pregnancy or after my baby is born..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Physical abuse to women by their husbands or partners..... | <input type="checkbox"/> | <input type="checkbox"/> |

25. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about taking multi-vitamins, prenatal vitamins, or folic acid vitamins during your pregnancy?

- No
- Yes

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

- No
- Yes
- I don't know

27. During the 12 months before the delivery of your new baby, did a doctor, nurse, or other health care worker offer you a flu shot or tell you to get one?

- No
- Yes

28. During the 12 months before the delivery of your new baby, did you get a flu shot?

Check ONE answer.

- No → Go to Question 30
- Yes, before my pregnancy
- Yes, during my pregnancy

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

- ___ Month/ ___ Year → Go to Question 32
- I don't remember → Go to Question 32

30. What were your reasons for not getting a flu shot during the *12 months before the delivery of your new baby*?

For each item, check **No** if it was not a reason for you or **Yes** if it was.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. My doctor didn't mention anything about a flu shot..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was worried about side effects of the flu shot for me..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I was worried that the flu shot might harm my baby..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I was not worried about getting sick with the flu..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I do not think the flu shot works..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I don't normally get a flu shot..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other → Please tell us _____ | <input type="checkbox"/> | <input type="checkbox"/> |

31. Have you ever had a flu shot when you were *not* pregnant?

- No
 Yes

32. This question is about the care of your teeth *during your most recent pregnancy*.

For each item, check **No** if it is not true or does not apply to you or **Yes** if it is true.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. I knew it was important to care for my teeth and gums during my pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A dental or other health care worker talked with me about how to care for my teeth and gums..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had my teeth cleaned by a dentist or dental hygienist..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I had insurance to cover dental care during my pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I <u>needed</u> to see a dentist for a problem | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I <u>went</u> to a dentist or dental clinic about a problem | <input type="checkbox"/> | <input type="checkbox"/> |

33. Did any of the following things make it hard for you to go to a dentist or dental clinic about the problem you had during *your most recent pregnancy*?

For each item, check **No** if it is not true or does not apply to you or **Yes** if it is true.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. I could not find a dentist or dental clinic that would take pregnant patients..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I could not find a dentist or dental clinic that would take Medicaid patients..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I did not think it was safe to go to the dentist during pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I could not afford to go to the dentist or dental clinic..... | <input type="checkbox"/> | <input type="checkbox"/> |

34. During *your most recent pregnancy*, did you take a class or classes to prepare for child-birth and learn what to expect during labor and delivery?

- No
 Yes

35. 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, a health care worker, a social worker, or other person who works for a program that helps pregnant women.

- No
 Yes

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

- No
 Yes

37. During *your most recent* pregnancy, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during *this* pregnancy)?

- No
- Yes

The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).

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

- No → **Go to Question 44**
- Yes

39. 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
- I didn't smoke then

40. 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
- I didn't smoke then

If you did not smoke during the 3 months before you got pregnant with your new baby, go to Question 43.

41. During any of your prenatal visits, did a doctor, nurse, or other health care worker advise you to quit smoking?

- No → **Go to Question 43**
- Yes
- I did not go for prenatal care → **Go to Question 43**

42. Did that person refer you to the free Montana Tobacco Quit Line?

- No
- Yes

43. 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
- I don't smoke now

44. Which of the following statements best describes the rules about smoking *inside* your home *now*, even if no one who lives in your home is a smoker?

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

The next questions are about drinking alcohol around the time of your pregnancy (before and during).

45. 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 48**
- Yes

46. 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

47. 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

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

48. This question is about things that may have happened during the *12 months before your new baby was born*.

For each item, check **No** if it did not happen to you or **Yes** if it did. (It may help to look at the calendar when you answer these questions.)

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. A close family member was very sick and had to go into the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I got separated or divorced from my husband or partner..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I moved to a new address..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I was homeless or had to sleep outside, in a car, or in a 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. My husband, partner, or I had a cut in work hours or pay..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I was apart from my husband or partner due to military deployment or extended work-related travel.... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I argued with my husband or partner more than usual..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. My husband or partner said he didn't want me to be pregnant..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I had problems paying the rent, mortgage, or other bills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. My husband, partner, or I went to jail..... | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Someone very close to me had a problem with drinking or drugs..... | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Someone very close to me died..... | <input type="checkbox"/> | <input type="checkbox"/> |

49. During the *12 months before you got pregnant* with your new baby, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

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

- No
- Yes

The next questions are about your labor and delivery.

51. When was your baby born?

/ /
 Month Day Year

52. Did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?

No → Go to Question 54

Yes

I don't know → Go to Question 54

53. Why did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?

Check ALL that apply.

- My water broke and there was a fear of infection
- I was past my due date
- My health care provider worried about the size of the baby
- My baby was not doing well and needed to be born
- I had a complication in my pregnancy (such as low amniotic fluid or pre-eclampsia)
- Labor stopped or was not progressing
- I wanted to schedule my delivery
- I wanted to give birth with a specific health care provider
- Other → Please tell us

54. How was your new baby delivered?

- Vaginally → **Go to Question 58**
- Cesarean delivery (C-section)

55. Did you plan or schedule a cesarean delivery (C-section) at least one week before your new baby was born?

- No
- Yes

56. What was the reason that your new baby was born by cesarean delivery (C-section)?

Check ALL that apply.

- I had a previous cesarean delivery (C-section)
- My baby was in the wrong position (such as breech)
- I was past my due date
- My health care provider worried that my baby was too big
- I had a medical condition that made labor dangerous for me (such as heart condition, physical disability)
- I had a complication in my pregnancy (such as preeclampsia, placental problems, infection, preterm labor)
- My health care provider tried to induce my labor, but it didn't work
- Labor was taking too long
- The fetal monitor showed that my baby was having problems before or during labor (fetal distress)
- I wanted to schedule my delivery
- I didn't want to have my baby vaginally
- Other → Please tell us _____

57. Which statement best describes whose idea it was for you to have a cesarean delivery (C-section)?

Check ONE answer.

- My health care provider recommended a cesarean delivery *before* I went into labor
- My health care provider recommended a cesarean delivery while I was in labor
- I asked for the cesarean delivery

58. By the end of your most recent pregnancy, how much weight had you gained?

Check ONE answer and fill in blank if needed.

- I gained _____ pounds
- I didn't gain any weight, but I lost _____ pounds
- My weight didn't change during my pregnancy
- I don't know

AFTER PREGNANCY

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

59. After your baby was delivered, was he or she put in an intensive care unit (NICU)?

- No
- Yes
- I don't know

60. After your baby was delivered, 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 to 5 days
- 6 to 14 days
- More than 14 days
- My baby was not born in a hospital
- My baby is still in the hospital → **Go to Question 63**

61. Is your baby alive now?

- No → *We are very sorry for your loss.* → **Go to Question 75**
- Yes

62. Is your baby living with you now?

- No → **Go to Question 75**
- Yes

63. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?

- No
- Yes → **Go to Question 65**

64. What were your reasons for not breastfeeding your new baby?

Check ALL that apply.

- 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 tried but it was too hard
- I didn't want to
- I went back to work or school
- Other → Please tell us _____

If you did not breastfeed your new baby, go to Question 68.

65. Are you currently breastfeeding or feeding pumped milk to your new baby?

- No
- Yes → **Go to Question 68**

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

- _____ Weeks
- _____ Months
- _____ Less than 1 week

67. What were your reasons for stopping breastfeeding?

Check ALL that apply.

- My baby had difficulty latching or nursing
- Breast milk alone did not satisfy my baby
- I thought my baby was not gaining enough weight
- My nipples were sore, cracked, or bleeding
- It was too hard, painful, or too time consuming
- I thought I was not producing enough milk, or my milk dried up
- I had too many other household duties
- I felt it was the right time to stop breastfeeding

Question 67 (continued)

- I got sick or I had to stop for medical reasons
- I went back to work or school
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other → Please tell us _____

68. Have you ever heard or read about what can happen if a baby is shaken?

- No
- Yes

If your baby is still in the hospital, go to Question 71.

69. In which *one* position 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

70. Listed below are some things that describe how your new baby *usually* sleeps.

For each item, check No if it doesn't usually apply to your baby or Yes if it usually applies to your baby.

	No	Yes
a. My new baby sleeps in a crib or portable crib.....	<input type="checkbox"/>	<input type="checkbox"/>
b. My new baby sleeps on a firm or hard mattress.....	<input type="checkbox"/>	<input type="checkbox"/>
c. My new baby sleeps with pillows.....	<input type="checkbox"/>	<input type="checkbox"/>
d. My new baby sleeps with bumper pads.....	<input type="checkbox"/>	<input type="checkbox"/>
e. My new baby sleeps with plush or thick blankets.....	<input type="checkbox"/>	<input type="checkbox"/>
f. My new baby sleeps with stuffed toys.....	<input type="checkbox"/>	<input type="checkbox"/>
g. My new baby sleeps with an infant positioner.....	<input type="checkbox"/>	<input type="checkbox"/>
h. My new baby sleeps with me or another person.....	<input type="checkbox"/>	<input type="checkbox"/>

71. Did your new baby have any well-baby shots or vaccinations before he or she was 3 months old? Do not count shots or vaccinations given in the hospital right after birth.

- No
- Yes
- My child has not had any well-baby shots, but he or she is not 3 months old yet

72. Has your new baby had a well-baby checkup? A well-baby checkup is a regular health visit for your baby usually at 1, 2, 4, and 6 months of age.

- No
- Yes → Go to Question 74

73. 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 doctor's 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 a well-baby checkup
- Other → Please tell us _____

74. Since your new baby was born, 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, a health care worker, a social worker, or other person who works for a program that helps mothers of newborns.

- No
- Yes

75. 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.

- No
- Yes → Go to Question 77

76. What are your reasons 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
- I am worried about side effects from birth control
- My husband or partner doesn't want to use anything
- I have problems getting birth control when I need it
- I had my tubes tied or blocked
- My husband or partner had a vasectomy
- I am pregnant now
- Other → Please tell us _____

If you or your husband or partner is not doing anything to keep from getting pregnant now, go to Question 78.

77. What kind of birth control are you or your husband or partner using now to keep from getting pregnant?

Check ALL that apply.

- Tubes tied or blocked (female sterilization, Essure[®], Adiana[®])
- Vasectomy (male sterilization)
- Birth control pill
- Condoms
- Injection (Depo-Provera[®])
- Contraceptive implant (Implanon[®])
- Contraceptive patch (OrthoEvra[®]) or vaginal ring (NuvaRing[®])
- IUD (including Mirena[®] or ParaGard[®])
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other → Please tell us _____

78. *Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.*

- No → **Go to Question 80**
 Yes

79. *At that visit, did a doctor, nurse, or other health care worker discuss family planning or birth control with you?*

- No
 Yes

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

- Always
 Often
 Sometimes
 Rarely
 Never

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

- Always
 Often
 Sometimes
 Rarely
 Never

82. *What kind of **health insurance** do **you** have **now**?*

Check ALL that apply.

- Private health insurance from my job or the job of my husband, partner, or parents
 Private health insurance purchased directly from an insurance company
 Montana Medicaid
 Healthy Montana Kids/Healthy Montana Kids Plus
 Indian Health Service (IHS)
 Some other kind of health insurance → Please tell us _____
 I do not have health insurance *now*

OTHER EXPERIENCES

The next questions are about using an infant seat for your baby.

83. *When your new baby rides in a car, truck, or van, how often does he or she ride in an infant car seat?*

- Always
 Often
 Sometimes
 Rarely
 Never → **Go to Question 85**

84. *When your new baby rides in an infant car seat, is he or she **usually** facing forward or facing the rear of the car, truck, or van?*

- Facing forward, **OR**
 Facing the rear

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

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

- \$0 to \$15,000
 \$15,001 to \$19,000
 \$19,001 to \$22,000
 \$22,001 to \$26,000
 \$26,001 to \$29,000
 \$29,001 to \$37,000
 \$37,001 to \$44,000
 \$44,001 to \$52,000
 \$52,001 to \$56,000
 \$56,001 to \$67,000
 \$67,001 to \$79,000
 \$79,001 or more

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

_____ Number of People

87. What is today's date?

/ /
Month Day Year

Please use this space for any additional comments you would like to make about your experiences around the time of your pregnancy or the health of mothers and babies in Montana.

*Thanks for answering our questions!
Your answers will help us work to make
Montana mothers and babies healthier.*