

Missouri Pregnancy Risk Assessment Monitoring System (PRAMS)

Phase 7

First, we would like to ask a few questions about you.

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

[BOX] Pounds OR [BOX] Kilos

2. *How tall are you without shoes?*

[BOX] Feet [BOX] Inches
OR [BOX] Centimeters

3. *What is your date of birth?*

[BOX] / [BOX] / [BOX]
Month Day Year

The next questions are about any *past* pregnancy experiences you may have had.

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

No → Go to Question 7
Yes

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 born 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 to be checked for diabetes..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I visited a health care worker to be checked for high blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I visited a health care worker to be 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 your job or the job of your husband, partner, or parents
- Private health insurance purchased directly from an insurance company by you or someone else
- Medicaid or MO HealthNet
- TRICARE or other military health care
- Some other kind of health insurance => Please tell us _____
- I did not have any 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?

- I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin *before* I got pregnant → **Go to Question 11**
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

G8
10. 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 _____

11. *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

12. *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 problems? For each one, check **No** if you did not have the problem or **Yes** if you did.

| | No | Yes |
|--|--------------------------|--------------------------|
| a. Type 1 or Type 2 diabetes (<u>NOT</u> the same as gestational diabetes or diabetes that starts during pregnancy) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. High blood pressure or hypertension | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Depression | <input type="checkbox"/> | <input type="checkbox"/> |

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

13. 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 → **Go to Question 14**

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

| |
|--|
| If you wanted to be pregnant later, answer Question 14. Otherwise, go to Question 15. |
|--|

14. 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

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

No

Yes → **Go to Question 18**

16. 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 18**

17. 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:

[BOX]

“If you were not trying to get pregnant when you got pregnant with your new baby, go to Question 19.”

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.)

18. 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).

[BOX] Weeks **OR** [BOX] Months

I didn't go for prenatal care → **Go to Question 22**

If you did not go for prenatal care, go to Question 22.

R21

19. Did any of these things keep you from getting prenatal care at all or as early as you wanted?

For each item, check No if it did not keep you from getting prenatal care or check 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 or MO HealthNet 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"/> |

20. 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 your job or the job of your husband, partner or parents

Private health insurance purchased directly from an insurance company by you or someone else

Medicaid or Mo Health Net

TRICARE or other military health care

Some other kind of health insurance => Please tell us _____

I did not have any health insurance to pay for my *prenatal care*

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, 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"/> |

22. 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

23. 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

24. During the 12 months before the delivery of your new baby, did you get a flu shot? Check ONE answer

- No → Go to Question 27
- Yes, before my pregnancy
- Yes, during my pregnancy

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

[BOX] /20__ [BOX]
Month Year

I don't remember

L14

26. 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 check Yes if it was.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. My doctor didn't mention anything about a flu shot during my pregnancy | <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 | <input type="checkbox"/> | <input type="checkbox"/> |
- Please tell us:
[BOX]

27. 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 check **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 needed to see a dentist for a problem..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I went to a dentist or dental clinic about a problem..... | <input type="checkbox"/> | <input type="checkbox"/> |

Y6

28. 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 pregnancy? For each item, check **No** if it was not something that made it hard for you to go to a dentist during pregnancy or **Yes** if it was.

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

29. During your most recent pregnancy, did you take a class or classes to prepare for childbirth and learn what to expect during labor and delivery?

- No
 Yes

30. 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 new mothers.

- No
 Yes

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

No
Yes

32. 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).

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

No → Go to Question 37

Yes

34. 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

35. 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

36. 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

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

37. 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

38. 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

JJ1

39. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in a two hour time span?

6 or more times

4 to 5 times

2 to 3 times

1 time

I didn't have 4 drinks or more in a 2 hour time span

40. 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. 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, 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
- c. I moved to a new address.....
- d. I was homeless or had to sleep outside or in a car, or stay in a shelter
- e. My husband or partner lost his job.....
- f. I lost my job even though I wanted to go on working
- g. My husband or partner or I had work hours or pay cut back
- h. I was apart from my husband or partner due to our jobs (military deployment or work-related travel)
- i. I argued with my husband or partner more than usual
- j. My husband or partner said he didn't want me to be pregnant
- k. I had problems paying the rent, mortgage, or other bills
- l. My husband or partner or I went to jail
- m. Someone very close to me had a problem with drinking or drugs
- n. Someone very close to me died

42. 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

43. 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.

44. When was your new baby born?

[BOX] / [BOX] / 20__ [BOX]
Month Day Year

K9

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

- No → Go to Question 47
- Yes
- I don't know → Go to Question 47

K10

46. 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 needed to deliver the baby because I had a pregnancy complication (such as low amniotic fluid, or preeclampsia)

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: _____

K3

47. How was your *new* baby delivered?

Vaginally → **Go to Question 49**

Cesarean delivery (c-section)

K6

48. Which statement best describes whose idea was it 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

49. By the end of your *most recent* pregnancy, how much weight had you gained? Check ONE answer

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

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

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

No

Yes

I don't know

51. 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 54**

52. Is your baby alive now?

No → **Go to Question 60** *We are very sorry for your loss.*
Yes

53. Is your baby living with you now?

No → **Go to Question 60**
Yes

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

No → **Go to Question 58**
Yes

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

No
Yes → **Go to Question 58**

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

[BOX] Weeks OR [BOX] Months

Less than 1 week

B3

57. This question asks about things that may have happened at the hospital where your new baby was born. For each item, check No if it did not happen or check Yes if it did happen.

| | No | Yes |
|--|--------------------------|--------------------------|
| a. Hospital staff gave me information about breastfeeding | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My baby stayed in the same room with me at the hospital | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Hospital staff helped me learn how to breastfeed | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I breastfed in the first hour after my baby was born | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I breastfed my baby in the hospital | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My baby was fed only breast milk at the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Hospital staff told me to breastfeed whenever my baby wanted | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The hospital gave me a breast pump to use | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The hospital gave me a gift pack with formula..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. The hospital gave me a telephone number to call for help with breastfeeding..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Hospital staff gave my baby a pacifier..... | <input type="checkbox"/> | <input type="checkbox"/> |

58. 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

F3.
59. 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 check **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"/> |

60. 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 new mothers.

No
Yes

61. 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 63**

62. 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
- Other → Please tell us:
[BOX]

If you or your husband or partner is not doing anything to keep from getting pregnant now, go to Question 68.

63. 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 Paraguard®)
Natural family planning (including rhythm method)
Withdrawal (pulling out)
Not having sex (abstinence)
Other → Please tell us:
[BOX]

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

No
Yes

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

Always
Often
Sometimes
Rarely
Never

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

Always
Often
Sometimes
Rarely
Never

67. What kind of health insurance do you have now? Check ALL that apply

Private health insurance from your job or the job of your husband, partner or parents
Private health insurance purchased directly from an insurance company by you or someone else
Medicaid or MO HealthNet
TRICARE or other military health care
Some other kind of health insurance => Please tell us _____
I do not have health insurance now

If you have health insurance now, go to Question 69.

DD20

68. What is the reason that you do not have any health insurance now? Check ALL that apply

Health insurance is too expensive

- I cannot get health insurance from my job or the job of my husband or partner
- I applied for health insurance, but I am still 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 is too high for the public program I want to apply for
- I don't know how to get health insurance
- Other → Please tell us

The next questions are on a variety of topics.

AA3

69. Listed below are some things about quitting smoking that a doctor, nurse, or other health care worker might have done during any of your prenatal care visits. For each thing, check **No** if it did not apply to you during any of your prenatal care visits or check **Yes** if it did.

| <i>During any of your prenatal care visits, did a doctor, nurse, or other health care worker—</i> | No | Yes |
|---|--------------------------|--------------------------|
| a. Spend time with you discussing how to quit smoking..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Suggest that you set a specific date to stop smoking | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Suggest you attend a class or program to stop smoking | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Provide you with booklets, videos, or other materials to help you quit smoking on your own..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Refer you to counseling for help with quitting | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Ask if a family member or friend would support your decision to quit..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Refer you to a national or state quit line | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Recommend using nicotine gum..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Recommend using a nicotine patch | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Prescribe a nicotine nasal spray or nicotine inhaler | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Prescribe a pill like Zyban® (also known as Wellbutrin® or Bupropion®) or Chantix® (also known as Varenicline) to help you quit..... | <input type="checkbox"/> | <input type="checkbox"/> |

S2

70. Did you worry that wearing your seat belt during pregnancy would hurt your new baby?

- No
- Yes

C4

71. At any time during your most recent pregnancy, did you work at a job for pay?

- No → Go to Question 75
- Yes

C7

72. Have you returned to the job you had during your most recent pregnancy? Check ONE answer

- No → Go to Question 75
- No, but I will be returning
- Yes, I have returned to work

C8

73. Which of the following describes the leave or time you took off from work after your new baby was born?
Check ALL that apply.

- I took *paid* leave from my job
- I took *unpaid* leave from my job
- Family Medical Leave (paid or unpaid)
- I did not take leave → **Go to Question 75**

C10
74. Did any of the things listed below affect your decision about how much leave to take from work after your new baby was born? For each item, check **No** if it does not apply to you or **Yes** if it does.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. I could not financially afford to take a longer leave | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was afraid I'd lose my job if I stayed out longer | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had too much work to do to stay out longer | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My job does not have paid leave | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My job does not offer a flexible work schedule and hours | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I had not built up enough leave time to take more time off | <input type="checkbox"/> | <input type="checkbox"/> |

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

75. 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 \$18,000
- \$18,001 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 or \$52,000
- \$52,001 to \$55,000
- \$55,001 to \$66,000
- \$66,001 to \$77,000
- \$77,001 or more

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

[BOX] People

76. What is today's date?

[BOX] / [BOX] / 20__ [BOX]
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 Missouri.

Thanks for answering our questions!

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