

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 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 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
- Medicaid
- ARKids First
- 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 in the *month before* I got pregnant
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

10. 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

11. 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.

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 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 14**

13. 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

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

- No  
 Yes

→ Go to Question 17

15. 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 17

16. 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:

## 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 the calendar when you answer these questions.)

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 → Go to Page 4, Question 21

18. Where did you go *most of the time* for your prenatal care visits? Do not include visits for WIC.

Check ONE answer

- Hospital clinic  
 Health department clinic  
 Private doctor's office  
 Community health clinic  
 Midwife  
 Other → Please tell us:

19. 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
- Medicaid
- ARKids First
- 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*

20. 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"/> |

21. 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

22. Have you ever heard or read that taking a vitamin with folic acid can help prevent some birth defects?

- No  
 Yes

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 26**  
 Yes, before my pregnancy  
 Yes, during my pregnancy

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

/

Month      Year

- I don't remember

26. 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.....
- b. A dental or other health care worker talked with me about how to care for my teeth and gums .....
- c. I had my teeth cleaned by a dentist or dental hygienist.....
- d. I had insurance to cover dental care during my pregnancy .....
- e. I needed to see a dentist for a **problem** .....
- f. I went to a dentist or dental clinic about a **problem** .....

27. 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

28. 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

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

No → **Go to Question 31**

Yes

30. When you went for WIC visits during *your most recent* pregnancy, did you receive information on breastfeeding?

No

Yes

31. 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).

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

No → **Go to Question 36**

Yes

33. 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

34. 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

35. 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

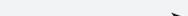
1 to 5 cigarettes

Less than 1 cigarette

I don't smoke now

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

36. 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 39**

Yes

37. 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

38. 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.

39. 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"/> |

40. 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

41. During the *12 months before you got pregnant* with your new baby, did anyone else physically hurt you in any way?

- No  
 Yes

42. 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

43. During your most recent pregnancy, did anyone else physically hurt you in any way?

- No  
 Yes

**The next questions are about your labor and delivery.**

44. When was your new baby born?

/  / 20  
 Month      Day      Year

45. 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.**

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

- No  
 Yes  
 I don't know

47. 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 50**

**Go to Question 48**

48. Is your baby alive now?

- No → *We are very sorry for your loss.*  
 Yes → **Go to Page 10, Question 61**

49. Is your baby living with you now?

- No → **Go to Page 10, Question 60**  
 Yes

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

- No → **Go to Question 54**  
 Yes

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

- No  
 Yes → **Go to Question 53**

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

Weeks OR  Months

- Less than 1 week

**If your baby was not born in a hospital, go to Question 54.**

53. 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 **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"/> |

54. Did a doctor, nurse, or other health care worker talk with you about how to lay your new baby down to sleep?

- No  
 Yes

**If your baby is still in the hospital, go to Question 60.**

**55. 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

**56. 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 → **Go to Question 58**  
 Yes

**57. Where do you usually take your new baby for well-baby checkups?**

**Check ONE answer**

- Hospital clinic  
 Private doctor's office  
 Community health clinic  
 Other → Please tell us:

**58. How many times has your new baby gone for care when he or she was sick?**

- {  Times
- None → **Go to Question 60**  
 My baby has not been sick → **Go to Question 60**

**Go to Question 59**

**59. Where have you taken your new baby when he or she was sick and needed care?**

**Check ALL that apply**

- Hospital clinic  
 Hospital emergency room  
 Private doctor's office  
 Community health clinic  
 Other → Please tell us:

**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 mothers of newborns.

- 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**

**Go to Question 62**

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
- I am pregnant now
- Other \_\_\_\_\_ → Please tell us:

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**If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Question 64.**

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 ParaGard®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other \_\_\_\_\_ → Please tell us:

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64. *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
- 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 my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid
- ARKids First
- TRICARE or other military health care
- Some other kind of health insurance —————> Please tell us:

- I do not have health insurance *now*

### OTHER EXPERIENCES

The next questions are on a variety of topics.

68. *During the 12 months before you got pregnant with your new baby, did you have a miscarriage, fetal death (baby died before being born), or stillbirth?*

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

**If you had more than one miscarriage, fetal death, or stillbirth during the 12 months before you got pregnant with your new baby, please answer the next question for the most recent one.**

69. *How long did that pregnancy last?*

- Less than 20 weeks (less than 4 months)
- 20 to 28 weeks (4 to 6 months)
- More than 28 weeks (more than 6 months)

70. *Which of the following statements best describes you during the 3 months before you got pregnant?*

**Check ONE answer**

- I was trying to get pregnant
- I was trying to keep from getting pregnant but was not trying very hard
- I was trying hard to keep from getting pregnant

71. *How did you feel when you found out you were pregnant with your new baby? Were you—*

- Very unhappy to be pregnant
- Unhappy to be pregnant
- Not sure
- Happy to be pregnant
- Very happy to be pregnant

72. *Before your new baby was born, did any of the following things happen?*

**Check ALL that apply**

- Someone answered my questions about breastfeeding
- I was offered a class on breastfeeding
- I attended a class on breastfeeding
- I decided or planned to feed *only* breast milk to my baby
- I discussed feeding *only* breast milk to my baby with my family
- I discussed feeding *only* breast milk to my baby with my health care worker
- I planned to breastfeed within the first hour after giving birth

**If you did not smoke during the 3 months before you got pregnant with your new baby, go to Question 74.**

**73. Listed below are some things that can make it hard for some people to quit smoking.** For each item, check **No** if it is not something that makes it hard for you or **Yes** if it is.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. Cost of medicines or products to help with quitting ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Cost of classes to help with quitting .....               | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Fear of gaining weight .....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Loss of a way to handle stress .....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other people smoking around me .....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Cravings for a cigarette .....                            | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Lack of support from others to quit .....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Worsening depression .....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Worsening anxiety .....                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Some other reason .....                                   | <input type="checkbox"/> | <input type="checkbox"/> |
- Please tell us: \_\_\_\_\_ →

**74. How would you describe the time during your most recent pregnancy?**

**Check ONE answer**

- One of the happiest times of my life
- A happy time with few problems
- A moderately hard time
- A very hard time
- One of the worst times of my life

**75. This question is about things that may have happened during your most recent pregnancy.** For each thing, check **No** if it did not happen to you or **Yes** if it did.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. My husband or partner threatened me or made me feel unsafe in some way .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was frightened for my safety or my family's safety because of the anger or threats of my husband or partner .....                | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My husband or partner forced me to take part in touching or any sexual activity when I did not want to .....                       | <input type="checkbox"/> | <input type="checkbox"/> |

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

No → **Go to Page 14, Question 78**

Yes

**77. How long has it been since you had your teeth cleaned by a dentist or a dental hygienist?**

- Within the past year (less than 12 months)
- 1 to less than 2 years (12 to 23 months)
- 2 to less than 5 years
- 5 or more years

78. During pregnancy, you probably had to get different kinds of health-related services. These may have included clinic visits, doctor's or nurse's office visits, applying for health insurance, applying for Medicaid, or getting help for a family problem.

Did you ever feel you were treated unfairly in getting these kinds of services because of any of the following? For each item, check **No** if you were not treated unfairly or **Yes** if you were treated unfairly.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. Your race.....                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your age .....                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Your language .....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Your citizenship .....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Your inability to pay .....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I felt unfairly treated, but don't know why..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I have not been treated unfairly .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I felt unfairly treated for other reasons .....  | <input type="checkbox"/> | <input type="checkbox"/> |

Please tell us: \_\_\_\_\_>

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

79. 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

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

People

81. What is today's date?

/ 
  / 
  20  
 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 Arkansas.**

*Thanks for answering our questions!*

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