

Please mark your answers. Follow the directions included with the questions. If no directions are presented, check the box next to your answer or fill in the blanks. Because not all questions will apply to everyone, you may be asked to skip certain questions.

BEFORE PREGNANCY

First, we would like to ask a few questions about you and the time *before* you got pregnant with your new baby.

1. 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, circle **Y** (Yes) if you did it or circle **N** (No) if you did not.

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

2. During the *month before* you got pregnant with your new baby, were you covered by any of these health insurance plans?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid
- TRICARE or other military health care
- ARKids First
- Other source(s) —————> Please tell us:
- I did not have any health insurance before I got pregnant

3. 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 at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

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

Pounds **OR** Kilos

2

5. How tall are you without shoes?

Feet Inches

OR Meters

6. What is your date of birth?

/ / 19
Month Day Year

7. Before you got pregnant with your new baby, were you ever told by a doctor, nurse, or other health care worker that you had Type 1 or Type 2 diabetes? This is not the same as gestational diabetes or diabetes that starts during pregnancy.

- No
 Yes

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

- No → **Go to Question 11**
 Yes

9. Did the baby born just before your new one weigh more than 5 pounds, 8 ounces (2.5 kilos) at birth?

- No
 Yes

10. Was the baby just before your new one born more than 3 weeks before his or her due date?

- No
 Yes

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

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

Check one answer

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

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

- No
 Yes → **Go to Question 15**

13. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
 Yes → **Go to Question 15**

Go to Question 14

14. 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
- 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.)

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

_____ Weeks **OR** _____ Months

- I don't remember

16. 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 18**

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

No

Yes → **Go to Page 4, Question 19**

18. Did any of these things keep you from getting prenatal care at all or as early as you wanted? For each item, circle **T** (True) if it was a reason that you didn't get prenatal care when you wanted or circle **F** (False) if it was not a reason for you or if something does not apply to you.

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

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

19. 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 or HMO clinic
- Nurse midwife's office
- Non-nurse midwife's office
- Other \longrightarrow Please tell us:

20. Did any of these health insurance plans help you pay for your *prenatal care*?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid
- TRICARE or other military health care
- ARKids First
- Other source(s) \longrightarrow Please tell us:

- I did not have health insurance to help 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, circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.

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

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 \longrightarrow **Go to Question 26**
- I don't know

Go to Question 23

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

- No → **Go to Question 26**
 Yes

24. Did you turn down the HIV test?

- No → **Go to Question 26**
 Yes

25. Why did you turn down the HIV test?

Check all that apply

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

26. During the last 3 months of your most recent pregnancy, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

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

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

- No → **Go to Question 29**
 Yes

Go to Question 28

28. Have you ever heard about folic acid from any of the following?

Check all that apply

- Magazine or newspaper article
 Radio or television
 Doctor, nurse, or other health care worker
 Internet
 Book
 Family or friends
 Other → Please tell us:

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

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

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

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
- Yes

Go to Question 37

Go to Question 34

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

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

Check one answer

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

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

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

- No —————→ **Go to Question 41**
- Yes

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

- 14 drinks or more a week
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then —————→ **Go to Question 40a**

39b. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is 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 1 sitting

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

- 14 drinks or more a week
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then —————→ **Go to Question 41**

Go to Question 40b

40b. During the last 3 months of your pregnancy, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is 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 1 sitting

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.

41. This question is about things that may have happened during the 12 months before your new baby was born. For each item, circle Y (Yes) if it happened to you or circle N (No) if it did not. (It may help to 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	N	Y
b. I got separated or divorced from my husband or partner	N	Y
c. I moved to a new address	N	Y
d. I was homeless	N	Y
e. My husband or partner lost his job . . .	N	Y
f. I lost my job even though I wanted to go on working	N	Y
g. I argued with my husband or partner more than usual.	N	Y
h. My husband or partner said he didn't want me to be pregnant	N	Y
i. I had a lot of bills I couldn't pay.	N	Y
j. I was in a physical fight	N	Y
k. My husband or partner or I went to jail	N	Y
l. Someone very close to me had a problem with drinking or drugs	N	Y
m. Someone very close to me died	N	Y

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

- No
 Yes

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

- No
 Yes

45. 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

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

- No
 Yes

47. 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. (It may help to look at the calendar when you answer these questions.)

48. When was your baby due?

/ / 20
 Month Day Year

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

/ / 20
 Month Day Year

I didn't have my baby in a hospital

50. When was your baby born?

/ / 20
 Month Day Year

51. When were you discharged from the hospital after your baby was born?

/ / 20
 Month Day Year

I didn't have my baby in a hospital

52. Did any of these health insurance plans help you pay for the *delivery* of your new baby?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
 Health insurance that you or someone else paid for (not from a job)
 Medicaid
 TRICARE or other military health care
 ARKids First
 Other source(s) —————> Please tell us:

I did not have health insurance to help pay for my delivery

AFTER PREGNANCY

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

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

- No
- Yes
- I don't know

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

- Less than 24 hours (less than 1 day)
- 24 to 48 hours (1 to 2 days)
- 3 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 57**

55. Is your baby alive now?

- No → **Go to Page 11, Question 68**
- Yes

56. Is your baby living with you now?

- No → **Go to Page 11, Question 68**
- Yes

57. 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 Page 10, Question 61b**
- Yes

Go to Question 58

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

- No
- Yes → **Go to Question 60**

59. 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 Page 10, Question 61a.

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

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

61a. How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)?

Weeks **OR** Months

- My baby was less than 1 week old
- My baby has not had any liquids other than breast milk

61b. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

Weeks **OR** Months

- My baby was less than 1 week old
- My baby has not eaten any foods

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

62. 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

63. Was your new baby seen by a doctor, nurse, or other health care worker for a *one week check-up* after he or she was born?

- No
- Yes

64. 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 66**
- Yes

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

Check one answer

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Other → Please tell us:

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

- Times
 - None
 - My baby has not been sick
- } → **Go to Question 68**

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

Check all that apply

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

68. Are you or your husband or partner doing anything *now* to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes



Go to Question 70

69. 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
- My husband or partner doesn't want to use anything
- I don't think I can get pregnant (sterile)
- I can't pay for birth control
- I am pregnant now
- Other → Please tell us:

If you or your husband or partner is **not doing anything to keep from getting pregnant *now***, go to Question 71.

70. 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 closed (female sterilization)
- Vasectomy (male sterilization)
- Pill
- Condoms
- Injection once every 3 months (Depo-Provera[®])
- Contraceptive implant (Implanon[®])
- Contraceptive patch (OrthoEvra[®])
- Diaphragm, cervical cap, or sponge
- Vaginal ring (NuvaRing[®])
- IUD (including Mirena[®])
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Emergency contraception (The "morning-after" pill)
- Other → Please tell us:

71. 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 6 weeks after she gives birth.)

- No
- Yes

72. Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced things this way since your new baby was born. Use the scale when answering:

- | | | | | |
|----------|----------|-----------|----------|----------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Rarely | Sometimes | Often | Always |
- a. I felt down, depressed, or sad.
- b. I felt hopeless
- c. I felt slowed down

OTHER EXPERIENCES

The next questions are on a variety of topics.

73. Which of the following statements best describes you during the 3 months before you got pregnant with your new baby?

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

74. 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

If you did not smoke during the 3 months before you got pregnant with your new baby, go to Question 76.

75. Listed below are some things that can make it hard for some people to quit smoking.

For each item, circle Y (Yes) if it is something that makes it hard for you or circle N (No) if it is not.

- | | No | Yes |
|--|----|-----|
| a. Cost of medicines or products to help with quitting | N | Y |
| b. Cost of classes to help with quitting . . | N | Y |
| c. Fear of gaining weight | N | Y |
| d. Loss of a way to handle stress | N | Y |
| e. Other people smoking around you . . | N | Y |
| f. Cravings for a cigarette. | N | Y |
| g. Lack of support from others to quit . . | N | Y |
| h. Worsening depression | N | Y |
| i. Worsening anxiety | N | Y |
| j. Some other reason. | N | Y |

Please tell us:

76. During your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had any of the following diseases or infections? For each one, circle **Y** (Yes) if you were told you had the disease or infection or circle **N** (No) if you were not told you had the disease or infection.

- | | No | Yes |
|---|----|-----|
| a. Urinary tract infection (UTI) | N | Y |
| b. Yeast infections | N | Y |
| c. Group B Strep (Beta Strep). | N | Y |
| d. Bacterial vaginosis | N | Y |
| e. Trichomoniasis (Trich) | N | Y |
| f. Chlamydia | N | Y |
| g. Genital warts (HPV) | N | Y |
| h. Herpes | N | Y |
| i. Gonorrhea | N | Y |
| j. Syphilis | N | Y |
| k. Pelvic inflammatory disease (PID) . . . | N | Y |
| l. Human Immunodeficiency Virus (HIV) | N | Y |

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

During your most recent pregnancy—

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

78. This question is about the care of your teeth during your most recent pregnancy. For each item, circle **Y** (Yes) if it is true or circle **N** (No) if it is not true.

- | | No | Yes |
|---|----|-----|
| a. I needed to see a dentist for a problem | N | Y |
| b. I went to a dentist or dental clinic. . . | N | Y |
| c. A dental or other health care worker talked with me about how to care for my teeth and gums. | N | Y |

If your baby is not alive or is not living with you, go to Question 81.

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

- No
 Yes

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

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

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

- No → **Go to Page 14, Question 83**
 Yes

Go to Page 14, Question 82

82. 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

83. Do you currently have an emergency plan for your family in case of disaster? For example, you and your family have talked about how to be safe if a disaster happened.

- No
- Yes

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

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

Check all that apply

- Money from family or friends
- Money from a business, fees, dividends, or rental income
- Paycheck or money from a job
- Food stamps or WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)
- Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, general assistance, or Supplemental Security Income (SSI)
- Unemployment benefits
- Child support or alimony
- Social security, workers' compensation, disability, veteran benefits, or pensions
- Other \longrightarrow Please tell us:

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.)

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

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

 People

87. What is today's date?

/
 /

20

Month Day Year

**Please use this space for any additional comments you would like to make
about 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.***