

**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
- FAMIS
- 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

**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, did a doctor, nurse, or other health care worker talk with you about how to prepare for a healthy pregnancy and baby?**

- No
- Yes

**8. 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

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

No Go to Question 12

- Yes

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

- No
- Yes

**11. 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.

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

Check one answer

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

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

No  
 Yes Go to Question 16

**14. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [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 17

Go to Question 15

**15. 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  $\longrightarrow$  Please tell us:

**If you were not trying to get pregnant when you got pregnant with your new baby, go to Question 17.**

**16. Did you take any fertility drugs or receive any medical procedures from a doctor, nurse, or other health care worker to help you get pregnant with your *new* baby?**  
(This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.)

- No
- Yes

**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 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

**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).

Weeks **OR**  Months

- I didn't go for prenatal care  $\longrightarrow$

**Go to Page 4, Question 20**

**Go to Page 4, Question 19**

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

No  
 Yes → **Go to Question 21**

**20. 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 24.**

**21. 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
- FAMIS
- Other source(s) → Please tell us:
- I did not have health insurance to help pay for my prenatal care

**22. 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   |

**23. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask if you were smoking cigarettes?**

- No
- Yes

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

- No
- Yes → Go to Question 26
- I don't know

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

- No
- Yes

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

- No
- Yes

**27. 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

**28. 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. <b>Severe</b> 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).**

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

- No → Go to Question 34
- Yes

**30. 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

**31. 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 33.**

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

- No
- Yes
- I had quit smoking before my first prenatal care visit
- I didn't go for prenatal care

**33. 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

**34. 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).**

**35. 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 Page 8, Question 38**
- Yes

**36a. 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 Page 8, Question 37a**

**36b. 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

**37a. 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 38

**37b. 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.**

**38. 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   |

**39. 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



**40. 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

**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 an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?**

- No  
 Yes

**44. 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.)

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

/  / 20  
 Month Day Year

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

/  / 20  
 Month Day Year

- I didn't have my baby in a hospital

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

/  / 20  
 Month Day Year

**48. 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

**49. 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  
 FAMIS  
 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.

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

- No
- Yes
- I don't know

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

- Less than 24 hours (less than 1 day)
- 24 to 48 hours (1 to 2 days)
- 3 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 Page 12, Question 65**
- Yes

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

- No → **Go to Page 12, Question 65**
- Yes

**Go to Question 54**

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

- No
- Yes → **Go to Question 56**

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

**Check all that apply**

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

**If you did not breastfeed your new baby, go to Question 59b.**

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

- No
- Yes → **Go to Question 59a**

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

Weeks **OR**  Months

- Less than 1 week

**58. What were your reasons for stopping breastfeeding?****Check all that apply**

- My baby had difficulty 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
- I had too many other household duties
- I felt it was the right time to stop breastfeeding
- I got sick and was not able to breastfeed
- I went back to work or school
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other \_\_\_\_\_ → Please tell us:

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**59a. 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

**59b. 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 Page 12, Question 65.**

**60. 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

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

- Always
- Often
- Sometimes
- Rarely
- Never

**62. 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

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**63. 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 65**
- Yes

**64. 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
- Community health clinic
- Free clinic
- Other → Please tell us:

**65. 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 67**

**Go to Question 66****66. 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:

**67. After your new baby was born, did a doctor, nurse, or other health care worker talk with you about using birth control?**

- No
- Yes

**68. 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 → **Go to Question 70**
- Yes

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

- No
- Yes

**70. 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.**

**71. During your most recent pregnancy, about how many hours a day, on average, were you in the same room or vehicle with another person who was smoking?**

- Hours
- Less than 1 hour a day
  - I was never in the same room or vehicle with someone who was smoking

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

- No
- Yes

**73. 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   |

**74. During your most recent pregnancy, did you get any of these services? For each one, circle Y (Yes) if you got the service or circle N (No) if you did not get it.**

- |   | No | Yes |
|---|----|-----|
| a. Childbirth classes . . . . .   | N  | Y   |
| b. Parenting classes . . . . .  | N  | Y   |
| c. Visits to your home by a nurse or other health care worker . . . . . | N  | Y   |
| d. Counseling for depression or anxiety. . . . .                        | N  | Y   |
| e. Counseling on how to stop smoking. . . . .                           | N  | Y   |

**75. During your most recent pregnancy, would you have had the kinds of help listed below if you needed them? For each one, circle Y (Yes) if you would have had it or circle N (No) if not.**

- |  | No | Yes |
|--|----|-----|
| a. Someone to loan me \$50. . . . .  | N  | Y   |
| b. Someone to help me if I were sick and needed to be in bed. . . . .              | N  | Y   |
| c. Someone to take me to the clinic or doctor’s office if I needed a ride. . . . . | N  | Y   |
| d. Someone to talk with about my problems . . . . .                                | N  | Y   |

**If your baby is not alive or is not living with you, go to Question 79.**

**76. Listed below are some statements about safety.** For each one, circle **Y** (Yes) if it applies to you or circle **N** (No) if it does not.

- |   | No | Yes |
|---|----|-----|
| a. My baby was brought home from the hospital in an infant car seat . . . . .   | N  | Y   |
| b. My baby always or almost always rides in an infant car seat . . . . .        | N  | Y   |
| c. My home has a working smoke alarm . . . . .                                  | N  | Y   |
| d. There are <b>loaded</b> guns, rifles, or other firearms in my home . . . . . | N  | Y   |

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

- No  
 Yes

**78. 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

**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.)

- 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

**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 the health of mothers and babies in Virginia.**

***Thanks for answering our questions!***

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

December 8, 2008