

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 → 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 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
- FAMIS/FAMIS MOMS
- 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:

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## 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 19**

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

- No  
 Yes → **Go to Page 4, Question 20**

**Go to Page 4, Question 19**

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

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

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

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

**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 my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid
- FAMIS/FAMIS MOMS
- 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 Page 6, 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  
 Yes

30. 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).

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

- No  **Go to Question 35**  
 Yes

32. 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

33. 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

34. 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

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

Check ONE answer

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

The next questions are about drinking alcohol around the time of 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 Page 8, 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 your new baby was born, how often did you feel unsafe in the neighborhood where you lived?**

- Always  
 Often  
 Sometimes  
 Rarely  
 Never

**41. During the 12 months before your new baby was born, did you feel emotionally upset (for example, angry, sad, or frustrated) as a result of how you were treated based on your race?**

- No  
 Yes

**42. During the 12 months before your new baby was born, did you miss any doctor appointments because you were worried about what your partner would do if you went?**

- No  
 Yes

**43. 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



44. 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.

45. When was your new baby born?

/  /  20  
 Month      Day      Year

46. 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.

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

- No  
 Yes  
 I don't know

48. 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 Page 10, Question 51**

49. Is your baby alive now?

- No → *We are very sorry for your loss.*  
 Yes → **Go to Page 11, Question 62**

50. Is your baby living with you now?

- No → **Go to Page 11, Question 61**  
 Yes

**Go to Page 10, Question 51**

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

No

Yes

→ **Go to Question 53**

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

**Check ALL that apply**

I was sick or on medicine

I had other children to take care of

I had too many household duties

I didn't like breastfeeding

I tried but it was too hard

I didn't want to

I went back to work or school

Other → Please tell us:

**If you did not breastfeed your new baby, go to Question 56.**

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

No

Yes

→ **Go to Question 56**

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

\_\_\_\_\_ Weeks **OR** \_\_\_\_\_ Months

Less than 1 week

**55. What were your reasons for stopping breastfeeding?**

**Check ALL that apply**

My baby had difficulty latching or nursing

Breast milk alone did not satisfy my baby

I thought my baby was not gaining enough weight

My nipples were sore, cracked, or bleeding

It was too hard, painful, or too time consuming

I thought I was not producing enough milk, or my milk dried up

I had too many other household duties

I felt it was the right time to stop breastfeeding

I got sick or I had to stop for medical reasons

I went back to work or school

My baby was jaundiced (yellowing of the skin or whites of the eyes)

Other → Please tell us:

**56. 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 61.**

57. 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

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

- Always
- Often
- Sometimes
- Rarely
- Never

59. 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 61

Yes

60. Has your new baby gone as many times as you wanted for a well-baby checkup?

- No
- Yes

61. 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

62. 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 Page 12, Question 64

63. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?

Check ALL that apply

- I am not having sex
- I want to get pregnant
- I don't want to use birth control
- I am worried about side effects from birth control
- My husband or partner doesn't want to use anything
- I have problems getting birth control when I need it
- I had my tubes tied or blocked
- My husband or partner had a vasectomy
- I am pregnant now
- Other → Please tell us:

If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Page 12, Question 65.

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

- No
- Yes

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

- No \_\_\_\_\_ → **Go to Question 68**

- Yes

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

- No
- Yes

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
- Often
- Sometimes
- Rarely
- Never

70. 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
- FAMIS/FAMIS MOMS
- TRICARE or other military health care
- Some other kind of health insurance \_\_\_\_\_ → Please tell us:

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- I do not have health insurance *now*

**OTHER EXPERIENCES**

The next questions are on a variety of topics.

**71. Before you got pregnant with your new baby, did your husband or partner ever try to keep you from using your birth control so that you would get pregnant when you didn't want to?** For example, did he hide your birth control, throw it away or do anything else to keep you from using it?

- No
- Yes

**72. During the 12 months before your new baby was born, did you experience discrimination, harassment, or were you made to feel inferior because of the things listed below?** For each item, check **No** if you did not experience these things or **Yes** if you did experience them.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. My race, ethnicity, or culture .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My insurance or Medicaid status ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My weight .....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My marital status .....               | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other .....                           | <input type="checkbox"/> | <input type="checkbox"/> |

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

**73. 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

**If your baby is not alive or is not living with you, go to Page 14, Question 76.**

**74. Listed below are some statements about safety.** For each one, check **No** if it does not apply to you or **Yes** if it does.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. I always used a seat belt during my most recent pregnancy .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My home has a working smoke alarm .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. There are <b>loaded</b> guns, rifles, or other firearms in my home .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I have received information about infant products that should be taken off the market (product recalls) since my new baby was born ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**If your new baby is still in the hospital, go to Page 14, Question 76.**

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

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

**76. Please tell us if you have heard of the following Virginia programs.** For each item, check **No** if you had not heard about it or check **Yes** if you had.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. Quit Now Virginia<br>(1- 800-QUIT-NOW).....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 2-1-1 VIRGINIA .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. TEXT4BABY.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. VA Department of Health Family<br>Planning Clinics.....           | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Plan First / Family Planning Waiver....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Care Connection for Children.....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Baby Care.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Loving Steps / Healthy Start .....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Resource Mothers .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Parents as Teachers .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Home Instruction Program for<br>Preschool Youngsters (HIPPI)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Nurse – Family Partnership (NFP).....                             | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Healthy Families .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Part C Early Intervention .....                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Project LINK.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| p. CHIP of VA.....   | <input type="checkbox"/> | <input type="checkbox"/> |

**77. Did you receive a Tdap vaccination before, during or after your most recent pregnancy?** A Tdap vaccination is a shot that protects against tetanus, diphtheria, and pertussis (or whooping cough). Tdap was new in 2005.

**Check ONE answer**

- No
- Yes, I received Tdap *before* my pregnancy
- Yes, I received Tdap *during* my pregnancy
- Yes, I received Tdap *after* my pregnancy
- I don't know

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

**78. 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

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

People

**80. 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 Virginia.**

*Thanks for answering our questions!*

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