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 | Kilos

3. What is your date of birth?
   
   Month / Day / Year

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

4. 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.............................
   b. I was exercising 3 or more days of the week for fitness outside of my regular job ......................................................
   c. I was regularly taking prescription medicines other than birth control............
   d. A health care worker checked me for diabetes...................................................
   e. I talked to a health care worker about my family medical history ..................

5. During the 3 months before you got pregnant with your new baby, did you have 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 gestational diabetes or diabetes that starts during pregnancy) .........................
   b. High blood pressure or hypertension .......
   c. Depression ................................................

6. 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
7. In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?

- No  [ ]
- Yes  [ ]

[Go to Question 10]

8. What type of health care visit did you have in the 12 months before you got pregnant with your new baby?

- Regular checkup at my family doctor’s office  [ ]
- Regular checkup at my OB/GYN’s office  [ ]
- Visit for an illness or chronic condition  [ ]
- Visit for an injury  [ ]
- Visit for family planning or birth control  [ ]
- Visit for depression or anxiety  [ ]
- Visit to have my teeth cleaned by a dentist or dental hygienist  [ ]
- Other  [ ]

Please tell us:

[ ]

[Check ALL that apply]

9. During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker do any of the following things? For each item, check No if they did not or Yes if they did.

- a. Tell me to take a vitamin with folic acid...  [ ]  [ ]
- b. Talk to me about maintaining a healthy weight................................................................. [ ]  [ ]
- c. Talk to me about controlling any medical conditions such as diabetes or high blood pressure ........................................... [ ]  [ ]
- d. Talk to me about my desire to have or not have children................................................ [ ]  [ ]
- e. Talk to me about using birth control to prevent pregnancy ........................................... [ ]  [ ]
- f. Talk to me about how I could improve my health before a pregnancy .............................. [ ]  [ ]
- g. Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis.................................................. [ ]  [ ]
- h. Ask me if I was smoking cigarettes........ [ ]  [ ]
- i. Ask me if someone was hurting me emotionally or physically .............................................. [ ]  [ ]
- j. Ask me if I was feeling down or depressed............................................................ [ ]  [ ]
- k. Ask me about the kind of work I do ........... [ ]  [ ]
- l. Test me for HIV (the virus that causes AIDS)... [ ]  [ ]

[ ]

10. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about preparing for a pregnancy?

- No  [ ]
- Yes  [ ]

[Go to Question 12]

[Go to Question 11]
11. *Before* you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk with you about any of the things listed below about preparing for a pregnancy? *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. Getting my vaccines updated before pregnancy ........................................................... 

b. Visiting a dentist or dental hygienist before pregnancy .............................................

c. Getting counseling for any genetic diseases that run in my family...........................

d. Getting counseling or treatment for depression or anxiety ..................................

e. The safety of using prescription or over-the-counter medicines during pregnancy ...........................................................

f. How smoking during pregnancy can affect a baby ...................................................

g. How drinking alcohol during pregnancy can affect a baby ....................................

h. How using illegal drugs during pregnancy can affect a baby .................................

The next questions are about your health insurance coverage before, during, and after your pregnancy with your new baby.

12. 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 or partner
- Private health insurance from my parents
- Private health insurance from the Illinois Health Insurance Marketplace or GetcoveredIllinois.gov or HealthCare.gov
- Medicaid
- CHIP or All Kids
- TRICARE or other military health care
- Other health insurance ——> Please tell us: __________________________

- I did not have any health insurance during the *month before* I got pregnant

13. During your *most recent pregnancy*, what kind of health insurance did you have for your prenatal care?

Check ALL that apply

- I did not go for prenatal care ——> **Go to Page 4, Question 14**
- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the Illinois Health Insurance Marketplace or GetcoveredIllinois.gov or HealthCare.gov
- Medicaid
- CHIP, All Kids, or Moms & Babies
- TRICARE or other military health care
- Other health insurance ——> Please tell us: __________________________

- I did not have any health insurance for my prenatal care
14. **What kind of health insurance do you have now?**

- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the Illinois Health Insurance Marketplace or GetcoveredIllinois.gov or HealthCare.gov
- Medicaid
- CHIP, All Kids, or Moms & Babies
- TRICARE or other military health care
- Other health insurance  
  Please tell us:

- I do not have health insurance now

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

- 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

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

- No
- Yes  
  Go to Question 19

17. **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 having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- No
- Yes  
  Go to Question 19

18. **What were your reasons or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant?**

- 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:

19. **How many weeks or months pregnant were you when you had your first visit for prenatal care?**

    Weeks  OR  Months

- I didn’t go for prenatal care  
  Go to Question 21

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

- No
- Yes  
  Go to Question 21

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.)
21. 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.

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

If you did not get prenatal care, go to Page 6, Question 25.

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

- Private doctor’s office
- Hospital clinic
- Health department clinic
- Community health clinic
- Other

Please tell us:


23. 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.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How smoking during pregnancy could affect my baby.</td>
<td>❑</td>
</tr>
<tr>
<td>b. Breastfeeding my baby.</td>
<td>❑</td>
</tr>
<tr>
<td>c. How drinking alcohol during pregnancy could affect my baby.</td>
<td>❑</td>
</tr>
<tr>
<td>d. Using a seat belt during my pregnancy.</td>
<td>❑</td>
</tr>
<tr>
<td>e. Medicines that are safe to take during my pregnancy.</td>
<td>❑</td>
</tr>
<tr>
<td>f. How using illegal drugs could affect my baby.</td>
<td>❑</td>
</tr>
<tr>
<td>g. Doing tests to screen for birth defects or diseases that run in my family.</td>
<td>❑</td>
</tr>
<tr>
<td>h. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due).</td>
<td>❑</td>
</tr>
<tr>
<td>i. What to do if I feel depressed during my pregnancy or after my baby is born.</td>
<td>❑</td>
</tr>
<tr>
<td>j. Physical abuse to women by their husbands or partners.</td>
<td>❑</td>
</tr>
</tbody>
</table>
24. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, check No if they did not ask you about it or Yes if they did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. If I knew how much weight I should gain during pregnancy</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. If I was taking any prescription medication</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. If I was smoking cigarettes</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. If I was drinking alcohol</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. If someone was hurting me emotionally or physically</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. If I was feeling down or depressed</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>g. If I was using drugs such as marijuana, cocaine, crack, or meth</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>h. If I wanted to be tested for HIV (the virus that causes AIDS)</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>i. If I planned to breastfeed my new baby</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>j. If I planned to use birth control after my baby was born</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

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

- No
- Yes

Go to Question 27

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

- Magazine or newspaper article
- Radio or television
- Doctor, nurse, or other health care worker
- Book
- Family or friends
- Other

Check ALL that apply

Please tell us: ____________________________

27. 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

28. During the 12 months before the delivery of your new baby, did you get a flu shot?

Check ONE answer

- No
- Yes, before my pregnancy
- Yes, during my pregnancy

29. During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?

- No
- Yes

30. During your most recent pregnancy, did you have any of the following health conditions? For each one, check No if you did not have the condition or Yes if you did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Gestational diabetes (diabetes that started during this pregnancy)</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. High blood pressure (that started during this pregnancy), pre-eclampsia or eclampsia</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. Depression</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>
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 ☐ 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

If you did not smoke at any time during the 3 months before you got pregnant, go to Question 36.

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

☐ No ☐ Yes
☐ I didn’t go for prenatal care

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

a. Spend time with me discussing how to quit smoking ...................................................... ☐ ☐
b. Suggest that I set a specific date to stop smoking ............................................................ ☐ ☐
c. Suggest I attend a class or program to stop smoking .................................................... ☐ ☐
d. Provide me with booklets, videos, or other materials to help me quit smoking on my own .......................................................... ☐ ☐
e. Refer me to counseling for help with quitting ................................................................. ☐ ☐
f. Ask if a family member or friend would support my decision to quit .................................. ☐ ☐
g. Refer me to a national or state quit line ................................................................. ☐ ☐
h. Recommend using nicotine gum ................................................................. ☐ ☐
i. Recommend using a nicotine patch ................................................................. ☐ ☐
j. Prescribe a nicotine nasal spray or nicotine inhaler ..................................................... ☐ ☐
k. Prescribe a pill like Zyban® (also known as Wellbutrin® or bupropion) to help me quit ........................................................................ ☐ ☐
l. Prescribe a pill like Chantix® (also known as varenicline) to help me quit .................... ☐ ☐

36. How many cigarettes do you smoke on an average day now? A pack has 20 cigarettes.

☐ 41 cigarettes or more ☐ 21 to 40 cigarettes
☐ 11 to 20 cigarettes ☐ 6 to 10 cigarettes
☐ 1 to 5 cigarettes ☐ Less than 1 cigarette
☐ I don’t smoke now
The next questions are about using other tobacco products around the time of pregnancy.

E-cigarettes (electronic cigarettes) and other electronic nicotine products (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.

A hookah is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

37. Have you used any of the following products in the past 2 years? For each item, check No if you did not use it or Yes if you did.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. E-cigarettes or other electronic nicotine products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Hookah</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Chewing tobacco, snuff, snus, or dip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Cigars, cigarillos, or little filtered cigars</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you used e-cigarettes or other electronic nicotine products in the past 2 years, go to Question 38. Otherwise, go to Question 40.

38. During the 3 months before you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- I did not use e-cigarettes or other electronic nicotine products then

39. During the last 3 months of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- I did not use e-cigarettes or other electronic nicotine products then

The next questions are about drinking alcohol around the time of pregnancy.

40. 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
- Yes

Go to Question 42

41. 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
- 8 to 13 drinks a week
- 4 to 7 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. The next questions are about things that may have happened before and during your most recent pregnancy.

42. 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.)

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A close family member was very sick and had to go into the hospital</td>
<td></td>
</tr>
<tr>
<td>b. I got separated or divorced from my husband or partner</td>
<td></td>
</tr>
<tr>
<td>c. I moved to a new address</td>
<td></td>
</tr>
<tr>
<td>d. I was homeless or had to sleep outside, in a car, or in a shelter</td>
<td></td>
</tr>
<tr>
<td>e. My husband or partner lost their job</td>
<td></td>
</tr>
<tr>
<td>f. I lost my job even though I wanted to go on working</td>
<td></td>
</tr>
<tr>
<td>g. My husband, partner, or I had a cut in work hours or pay</td>
<td></td>
</tr>
<tr>
<td>h. I was apart from my husband or partner due to military deployment or extended work-related travel</td>
<td></td>
</tr>
<tr>
<td>i. I argued with my husband or partner more than usual</td>
<td></td>
</tr>
<tr>
<td>j. My husband or partner said they didn’t want me to be pregnant</td>
<td></td>
</tr>
<tr>
<td>k. I had problems paying the rent, mortgage, or other bills</td>
<td></td>
</tr>
<tr>
<td>l. My husband, partner, or I went to jail</td>
<td></td>
</tr>
<tr>
<td>m. Someone very close to me had a problem with drinking or drugs</td>
<td></td>
</tr>
<tr>
<td>n. Someone very close to me died</td>
<td></td>
</tr>
</tbody>
</table>

43. 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

AFTER PREGNANCY

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

46. When was your new baby born?

___ / ___ / 20___

Month  Day  Year
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

48. Is your baby alive now?
- No
- Yes

We are very sorry for your loss. Go to Question 62

49. Is your baby living with you now?
- No
- Yes

Go to Question 62

50. Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources? For each one, check No if you did not receive information from this source or Yes if you did.

a. My doctor .................................................................
   - No
   - Yes

b. A nurse, midwife, or doula ...........................................
   - No
   - Yes

c. A breastfeeding or lactation specialist ....
   - No
   - Yes

d. My baby's doctor or health care provider...........................
   - No
   - Yes

e. A breastfeeding support group ..............................
   - No
   - Yes

f. A breastfeeding hotline or toll-free number...........................
   - No
   - Yes

g. Family or friends ......................................................
   - No
   - Yes

h. Other ........................................................................
   - No
   - Yes

Please tell us:

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

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
- I went back to school
- Other .................................................................

Please tell us:

53. Are you currently breastfeeding or feeding pumped milk to your new baby?
- No
- Yes

Go to Question 55

54. How many weeks or months did you breastfeed or feed pumped milk to your baby?
- Less than 1 week
- _____ Weeks OR _____ Months
55. How old was your new baby the first time he or she had liquids other than breast milk (such as formula, water, juice, or cow’s milk)?

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

☐ _____ Weeks  OR  ☐ _____ Months

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

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

☐ _____ Weeks  OR  ☐ _____ Months

If your baby is still in the hospital, go to Question 62.

57. In which one position do you most often lay your baby down to sleep now?

☐ On his or her side
☐ On his or her back
☐ On his or her stomach

Check ONE answer

58. In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed?

☐ Always
☐ Often
☐ Sometimes
☐ Rarely
☐ Never

Go to Question 60

59. When your new baby sleeps alone, is his or her crib or bed in the same room where you sleep?

☐ No
☐ Yes

60. Listed below are some more things about how babies sleep. How did your new baby usually sleep in the past 2 weeks? For each item, check No if your baby did not usually sleep like this or Yes if he or she did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
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</tbody>
</table>

61. Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check No if they did not tell you or Yes if they did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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 having their tubes tied, 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?**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I want to get pregnant</td>
<td></td>
</tr>
<tr>
<td>I am pregnant now</td>
<td></td>
</tr>
<tr>
<td>I had my tubes tied or blocked</td>
<td></td>
</tr>
<tr>
<td>I don’t want to use birth control</td>
<td></td>
</tr>
<tr>
<td>I am worried about side effects from birth control</td>
<td></td>
</tr>
<tr>
<td>I am not having sex</td>
<td></td>
</tr>
<tr>
<td>My husband or partner doesn’t want to use anything</td>
<td></td>
</tr>
<tr>
<td>I have problems paying for birth control</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Please tell us:</td>
</tr>
</tbody>
</table>

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

64. **What kind of birth control are you or your husband or partner using now to keep from getting pregnant?**

<table>
<thead>
<tr>
<th>Type of Birth Control</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tubes tied or blocked (female sterilization or Essure®)</td>
<td></td>
</tr>
<tr>
<td>Vasectomy (male sterilization)</td>
<td></td>
</tr>
<tr>
<td>Birth control pills</td>
<td></td>
</tr>
<tr>
<td>Condoms</td>
<td></td>
</tr>
<tr>
<td>Shots or injections (Depo-Provera®)</td>
<td></td>
</tr>
<tr>
<td>Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)</td>
<td></td>
</tr>
<tr>
<td>IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)</td>
<td></td>
</tr>
<tr>
<td>Contraceptive implant in the arm (Nexplanon® or Implanon®)</td>
<td></td>
</tr>
<tr>
<td>Natural family planning (including rhythm method)</td>
<td></td>
</tr>
<tr>
<td>Withdrawal (pulling out)</td>
<td></td>
</tr>
<tr>
<td>Not having sex (abstinence)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Please tell us:</td>
</tr>
</tbody>
</table>

If you did **not have a postpartum checkup**, go to Question 69.

65. **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.

<table>
<thead>
<tr>
<th>Answer</th>
<th>Next Step</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Go to Question 67</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

66. **Did any of these things keep you from having a postpartum checkup?**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I didn’t have health insurance to cover the cost of the visit</td>
<td></td>
</tr>
<tr>
<td>I felt fine and did not think I needed to have a visit</td>
<td></td>
</tr>
<tr>
<td>I couldn’t get an appointment when I wanted one</td>
<td></td>
</tr>
<tr>
<td>I didn’t have any transportation to get to the clinic or doctor’s office</td>
<td></td>
</tr>
<tr>
<td>I had too many things going on</td>
<td></td>
</tr>
<tr>
<td>I couldn’t take time off from work</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Please tell us:</td>
</tr>
</tbody>
</table>

67. **Where did you go for your postpartum checkup?**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>My family doctor’s office</td>
<td></td>
</tr>
<tr>
<td>My OB/GYN’s office</td>
<td></td>
</tr>
<tr>
<td>Hospital clinic</td>
<td></td>
</tr>
<tr>
<td>Health department clinic</td>
<td></td>
</tr>
<tr>
<td>Community health clinic</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Please tell us:</td>
</tr>
</tbody>
</table>
68. **During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things?** For each item, check **No** if they did not do it or **Yes** if they did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tell me to take a vitamin with folic acid ...</td>
<td></td>
</tr>
<tr>
<td>b. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy</td>
<td></td>
</tr>
<tr>
<td>c. Talk to me about how long to wait before getting pregnant again</td>
<td></td>
</tr>
<tr>
<td>d. Talk to me about birth control methods I can use after giving birth</td>
<td></td>
</tr>
<tr>
<td>e. Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®), NuvaRing®, or condoms</td>
<td></td>
</tr>
<tr>
<td>f. Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skylt®) or a contraceptive implant (Nexplanon® or Implanon®)</td>
<td></td>
</tr>
<tr>
<td>g. Ask me if I was smoking cigarettes</td>
<td></td>
</tr>
<tr>
<td>h. Ask me if someone was hurting me emotionally or physically</td>
<td></td>
</tr>
<tr>
<td>i. Ask me if I was feeling down or depressed</td>
<td></td>
</tr>
<tr>
<td>j. Test me for diabetes</td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td></td>
</tr>
<tr>
<td>Often</td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td></td>
</tr>
<tr>
<td>Rarely</td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td></td>
</tr>
<tr>
<td>Often</td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td></td>
</tr>
<tr>
<td>Rarely</td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td></td>
</tr>
</tbody>
</table>

71. **Since your new baby was born, has a doctor, nurse, or other health care worker told you that you had depression?**

| No | Yes |

72. **Since your new baby was born, have you taken prescription medicine for your depression?**

| No | Yes |

73. **Since your new baby was born, have you gotten counseling for your depression?**

| No | Yes |

**OTHER EXPERIENCES**

The next questions are on a variety of topics.

If your baby is not alive, is not living with you, or is still in the hospital, go to Page 14, Question 75.

74. **Since you delivered your new baby, would you have the kinds of help listed below if you needed them?** For each one, check **No** if you would not have it or **Yes** if you would.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Someone to loan me $50</td>
<td></td>
</tr>
<tr>
<td>b. Someone to help me if I were sick and needed to be in bed</td>
<td></td>
</tr>
<tr>
<td>c. Someone to talk with about my problems</td>
<td></td>
</tr>
<tr>
<td>d. Someone to take care of my baby</td>
<td></td>
</tr>
<tr>
<td>e. Someone to help me if I were tired and feeling frustrated with my new baby</td>
<td></td>
</tr>
</tbody>
</table>
76. 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.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My race, ethnicity, or culture</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. My age</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. The language I speak</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. My citizenship</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. My insurance or Medicaid status</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. I felt unfairly treated for other reasons</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

Please tell us: ________________________________

77. When your new baby’s father is with your baby, how often does he hug, kiss, hold, or play with the baby?

☐ Always
☐ Often
☐ Sometimes
☐ Rarely
☐ Never
☐ My new baby’s father doesn’t regularly spend time with my baby

78. Since your new baby was born, how often does your husband or partner provide you with encouragement and emotional support?

☐ Always
☐ Often
☐ Sometimes
☐ Rarely
☐ Never

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 $16,000
☐ $16,001 to $20,000
☐ $20,001 to $24,000
☐ $24,001 to $28,000
☐ $28,001 to $32,000
☐ $32,001 to $40,000
☐ $40,001 to $48,000
☐ $48,001 to $57,000
☐ $57,001 to $60,000
☐ $60,001 to $73,000
☐ $73,001 to $85,000
☐ $85,001 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 Illinois.

Thanks for answering our questions!

Your answers will help us work to keep mothers and babies in Illinois healthy.
These next questions are about Zika virus. Zika virus infection is an illness that is most often spread by the bite of a mosquito, but may also be spread by having sex with a man who has the Zika virus.

1. During your most recent pregnancy, how worried were you about getting infected with Zika virus? Check ONE answer

   - Very worried
   - Somewhat worried
   - Not too worried
   - Not at all worried
   - I had never heard of Zika virus during my most recent pregnancy ➔ Go to Question 10

2. While you were pregnant, which ONE of these sources did you trust the most for receiving information about Zika virus? Check ONE answer

   Healthcare worker (for example, family doctor, OB/GYN, midwife, other medical professionals)
   Other pregnant women
   Family or friends
   The Centers for Disease Control and Prevention’s (CDC) telephone line or website
   My state or local health department
   Television or radio news
   Social network sites like Facebook
   Pregnancy or other websites ➔ Please tell us: ________________
   Some other source ➔ Please tell us: ________________

3. At any time during your most recent pregnancy, did you talk with a doctor, nurse, or other healthcare worker about Zika virus?

   - No
   - Yes, a healthcare worker talked with me without my asking about it
   - Yes, a healthcare worker talked with me, but only AFTER I asked about it

4. During your most recent pregnancy, did a doctor, nurse, or other healthcare worker offer you a test for Zika virus?

   - No
5. **During your most recent pregnancy, did you get tested for Zika virus?**

   Yes
   No
   Yes

6. **During your most recent pregnancy, did a doctor, nurse, or other healthcare worker tell you that you had Zika virus infection?** Check ONE answer

   No
   Yes, because I had a positive test result for Zika infection
   Yes, because I had symptoms of Zika infection
   Yes, because I had both a positive test result AND symptoms of Zika infection

The next questions are about travel during your most recent pregnancy.

7. **During your most recent pregnancy, were you aware of recommendations that pregnant women should avoid travel to areas with Zika virus?**

   No ➔ Go to Question 10
   Yes

8. **During your most recent pregnancy, did you postpone, change, or cancel any of your travel plans due to recommendations that pregnant women avoid travel to areas with Zika virus?**

   No, I did not change my travel plans
   Yes, I postponed a trip ➔ Go to Question 10
   Yes, I changed my destination ➔ Go to Question 10
   Yes, I cancelled a trip ➔ Go to Question 10
   I did not have plans to travel to an area with Zika virus ➔ Go to Question 10
9. What were your reasons for not changing your travel plans to avoid travel to areas with Zika virus during your most recent pregnancy? Check ALL that apply

I could not get a refund for the trip
I was traveling for work
I was traveling for a special occasion (wedding, funeral, etc.)
I lived in the area, or my family lived there
Other reason ➔ Please tell us: ________________________________

10. At any time during your most recent pregnancy, did you live or travel outside the 50 United States?

No ➔ Go to Question 14
Yes

11. When did you live or travel outside the 50 United States during your most recent pregnancy, and for how long? It may help to use a calendar. If you took more than 2 trips, please fill in the information below for the FIRST two trips during your most recent pregnancy.

   Trip Number 1
   Location (country or territory): ____________________________
   First day of trip: __/__/__
   Length of stay (number of days): __________

   Trip Number 2
   Location (country or territory): ____________________________
   First day of trip: __/__/__
   Length of stay (number of days): __________

☐ I don’t remember

12. Did you the place you lived in or travelled to have a tropical climate and mosquitoes?
13. While you were living in or traveling to the countries you listed above, how often did you do the following things? For each one, please check ED if you did it every day, SD if you did it some days, and NR if you never did it.

<table>
<thead>
<tr>
<th>Every day</th>
<th>Some days</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wear long-sleeved shirts and long pants</td>
<td>Use mosquito repellent with one of the following ingredients: DEET, picaridin, IR3535, oil of lemon eucalyptus, or para-menthane-diol</td>
<td></td>
</tr>
<tr>
<td>Wear clothing treated with the mosquito repellent permethrin</td>
<td>Stay in places with air conditioning</td>
<td></td>
</tr>
<tr>
<td>Stay in places with screens on the windows and doors</td>
<td>Not have sex</td>
<td></td>
</tr>
<tr>
<td>Use condoms every time I had sex</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The next questions are about your husband or any male partner.

14. At any time in the 6 months before your most recent pregnancy or during your pregnancy, did your husband or any male partner travel outside the 50 United States?

No ➔ Go to Question 14
Yes

15. When did your husband or any male partner travel outside the 50 United States, and for how long? It may help to use a calendar. If there was more than 2 trips, please fill in the information below about the FIRST 2 trips taken by any male partner during your most recent pregnancy.

**Trip Number 1**
Location (country or territory): _____________________
First day of trip: __/__/__
Length of stay (number of days):____________________
Trip Number 2
Location (country or territory): _____________________
First day of trip: ___/___/___
Length of stay (number of days): _________________

☐ I don’t know

16. Did the place your husband or any male partner lived in or traveled to have a tropical climate and mosquitoes?

  No ➔ Go to the end – thank you for answering our questions!
  Yes
  I don’t know

17. During your most recent pregnancy, did you have sex with your husband or any male partner after he traveled outside the 50 United States?

  No ➔ Go to Question 20
  Yes

18. When you had sex with your husband or any male partner after he traveled outside the 50 United States during your most recent pregnancy, how often did you use a condom?

  Every time I had sex ➔ Go to Question 20
  Sometimes when I had sex
  Never

19. What were your reasons for not using condoms when having sex with your husband or any male partner after he traveled outside the 50 United States during your most recent pregnancy? Check ALL that apply

  I didn’t think I needed to use condoms during pregnancy
I didn’t know you can get Zika virus from having sex
I didn’t think my husband or male partner had Zika virus
I was not worried about getting the Zika virus
I didn’t want to use condoms
My husband or male partner didn’t want to use condoms
I could not get condoms when I needed them
I could not afford condoms
I forgot to use condoms
Other ➔ Please tell us:

20. During your most recent pregnancy, did your husband or any male partner get tested for Zika virus?

   No
   Yes
   I don’t know

21. During your most recent pregnancy, did a doctor, nurse, or other healthcare worker tell your husband or any male partner that he had Zika virus?

   No
   Yes
   I don’t know

Thank you for answering these questions! Your answers will help us learn more about how to keep pregnant women and their babies healthy.