

2005

MIHA

Maternal and Infant Health Assessment

"For healthier mothers and babies"

Survey Research Center • University of California at Berkeley

We know that this is a busy time for you.
Thank you for your help.

Here's how to fill out the survey:

- Please try to answer each question.
- Most questions are answered by checking a box or writing a number or a few words on a line.
- Never check more than one box, except where it says “**Check all that apply.**”
- Sometimes we ask you to skip a question. An arrow will tell you what question to answer next, like this:

Yes → **Skip to question 1** No

- If none of the boxes is just right for you, please check the one that fits you the best. If you can, write us a note telling us more.
- If you need help with the survey or want to do it by telephone, call **Toni Clark toll-free at 1-800-342-9229.**

The last page of the survey asks for your mailing address so we can send you a check for **\$10** to say “thank you.” Be sure to fill it out. Then please mail this survey back to us in the enclosed envelope. No stamps are needed.

Please read this before starting.

- It's your choice whether or not to do the survey.
- Your answers will be kept **confidential**.
- Whether or not you answer the survey questions will **not** affect your health care or any benefits you may get.
- You can skip questions you don't want to answer.
- If you have any questions, call **Toni Clark toll-free at 1-800-342-9229**.

Thank you!

INTRODUCTION

1. What is today's date?

_____, _____, _____
month date year

2. When was your most recent baby born?

_____, _____, _____
month date year

We call this birth your MOST RECENT BIRTH or PREGNANCY.

3. **Not counting your most recent birth**, did you ever have a baby that weighed less than 5 pounds, 8 ounces (2½ kilos) at birth?

¹O Yes

²O No

4. **Not counting your most recent birth**, did you ever have a baby that was born prematurely (before you reached 37 weeks of pregnancy)?

¹O Yes

²O No

5. **Before you got pregnant for this recent birth**, did a doctor/nurse ever tell you that you had high blood pressure (hypertension)?

¹O Yes

²O No

6. **Just before you got pregnant for your most recent birth**, did you have a particular doctor, nurse, or clinic that you usually went to if you wanted health care?

¹O Yes

²O No

7. **Just before you got pregnant**, were you taking multivitamins or folic acid?

¹O Yes, I took them every day or almost every day

²O Yes, I took them sometimes

³O No, I never took multivitamins or folic acid just before I got pregnant

8. A. **Just before you got pregnant**, how much did you weigh?

_____ pounds **OR** _____ kilos

B. How many pounds or kilos did you gain **during your most recent pregnancy?**

_____ pounds **OR** _____ kilos

9. How tall are you without shoes?

_____ feet and _____ inches

OR _____ meters and _____ centimeters

10. A. How would you rate your health **just before you got pregnant?**

¹O Excellent

²O Good

³O Fair

⁴O Poor

B. How would you rate your health **during your most recent pregnancy?**

¹O Excellent

²O Good

³O Fair

⁴O Poor

11. About how many weeks **or** months pregnant were you when you were sure that you were pregnant? (For example, you used a home pregnancy test, a doctor or nurse said you were pregnant, or you just knew for sure.)

_____ week(s) **OR** _____ month(s)

12. Did you have any of these health problems during your most recent pregnancy?

Yes, I had that <u>problem</u>	No, I didn't have that <u>problem</u>
---	--

- | | | |
|---|------------------------------------|------------------------------------|
| A. Labor pains more than 3 weeks before your baby was due (preterm or early labor) | ¹ <input type="radio"/> | ² <input type="radio"/> |
| B. Water broke more than 3 weeks before your baby was due (premature rupture of membranes).... | <input type="radio"/> | <input type="radio"/> |
| C. High blood pressure | <input type="radio"/> | <input type="radio"/> |
| D. Pre-eclampsia, eclampsia or toxemia | <input type="radio"/> | <input type="radio"/> |
| E. High blood sugar (diabetes) | <input type="radio"/> | <input type="radio"/> |
| F. Problems with the placenta (like abruptio placenta, placenta previa, low-lying placenta) | <input type="radio"/> | <input type="radio"/> |
| G. Cervix had to be sewn shut (cerclage, incompetent cervix) | <input type="radio"/> | <input type="radio"/> |
| H. Kidney or bladder (urinary tract) infection | <input type="radio"/> | <input type="radio"/> |
| I. You were injured in a car accident | <input type="radio"/> | <input type="radio"/> |
| J. Other health problem | <input type="radio"/> | <input type="radio"/> |
- (Please tell us: _____)

13. Here is a list of some problems women may have with their teeth or mouth. For each one, please tell us if you had that problem during your most recent pregnancy.

	Yes, I had that <u>problem</u>	No, I didn't have that <u>problem</u>
A. I had a toothache	¹ O	² O
B. I had a loose tooth.....	O	O
C. My gums bled a lot	O	O
D. I had painful, red or swollen gums	O	O
E. I had cavities that needed to be filled.....	O	O
F. I had to have a tooth pulled.....	O	O
G. Other	O	O
(Please tell us: _____)		
_____)		

14. During your most recent pregnancy, did you visit a dentist or dental clinic?

- ¹O Yes → **Skip to question 16 on next page**
- ²O No



15. What was the MAIN reason you did not go to a dentist or dental clinic? (**Please check only one.**)

- ¹O I didn't need to go
- ²O I didn't think of it
- ³O I didn't have dental insurance, or it cost too much
- ⁴O I don't like going to the dentist
- ⁵O I was too busy
- ⁶O My doctor or nurse told me not to go to the dentist during pregnancy
- ⁷O Someone in my dentist's office told me to wait until after my pregnancy
- ⁸O I read or heard somewhere else that it wasn't safe to go to the dentist during pregnancy
- ⁹O Other (**Please tell us:** _____)

16. A. When you got pregnant, were you using any birth control method to prevent pregnancy – like birth control pills, condoms, shots, rhythm, withdrawal, or some other method?

- ¹O Yes, all the time
→ **Skip to question 18 on next page**
- ²O Yes, sometimes
- ³O No

B. If you weren't using birth control all the time, was that because you wanted to get pregnant or was there some other reason?

- ¹O I wanted to get pregnant
→ **Skip to question 18 on next page**
- ²O Some other reason

17. Here is a list of reasons why a woman might not always use a birth control method to prevent pregnancy. For each one, please tell us if it was a reason for you.

	Yes, it was <u>a reason</u>	No, it wasn't <u>a reason</u>
A. I didn't think I was going to have sex.....	¹ O	² O
B. I didn't think I could get pregnant.....	O	O
C. I ran out of the birth control method I was using	O	O
D. I couldn't get an appointment to get birth control when I needed it..	O	O
E. I didn't want to have the side effects that birth control can cause.....	O	O
F. I was afraid birth control was bad for my health.....	O	O
G. My husband or partner did not want to use birth control	O	O
H. I couldn't afford to pay for birth control or my insurance wouldn't cover it	O	O
I. Birth control is against my religion	O	O
J. No special reason, I just didn't.....	O	O
K. Some other reason.....	O	

(Please tell us: _____

 _____)

Now, we have a few questions about prenatal care. By “prenatal care,” we mean health care for pregnancy.

18. Did you get any prenatal care during your most recent pregnancy? (Please do not count a visit just for a pregnancy test.)

- ¹O Yes
- ²O No

19. A. About how many weeks **or** months pregnant were you when you first tried to make an appointment to get prenatal care? (Please do not count an appointment just for a pregnancy test.)

_____ weeks **OR** _____ months

^xO I never tried to make a prenatal care appointment

B. And how many weeks **or** months pregnant were you when you had your first prenatal care visit? (Please do not count a visit just for a pregnancy test.)

_____ weeks **OR** _____ months

^xO I never had prenatal care

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

- ¹O Yes
- ²O No
- ³O I did not want prenatal care

B. Overall, how important do you think it was to the people closest to you that you got prenatal care during your most recent pregnancy?

- ¹O Very important
- ²O Somewhat important
- ³O Not too important
- ⁴O Not at all important
- ⁵O I'm not sure

21. Here is a list of problems some women can have getting prenatal care. For each one, please tell us if it was a problem for you.

	Yes, it was a <u>problem</u>	No, it wasn't a <u>problem</u>
A. I didn't know I could get Medi-Cal for prenatal care	¹ O	² O
B. I had problems finding a place that would accept my insurance or Medi-Cal	O	O
C. I didn't know where to go for prenatal care	O	O
D. I had problems getting through on the phone to make an appointment	O	O
E. I had problems getting an appointment at a time or date that was good for me	O	O
F. I had no way to get to the clinic or office	O	O
G. There was no one to take care of my children	O	O
H. I had too many other problems to deal with.....	O	O
I. Any other problems getting prenatal care?	O	O

(Please tell us: _____
_____)

22. During any of your prenatal care visits, did a doctor, nurse or other health care worker talk with you about how HIV (the virus that causes AIDS) could affect a baby?

- ¹ Yes
- ² No
- ³ I never had prenatal care

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

- ¹ Yes → **Skip to question 24**
- ² No
- ³ I don't remember

B. Here are a few reasons why some women do not have an HIV test during their pregnancies. For each one, please tell us if it was a reason you did not have an HIV test during your most recent pregnancy.

- | | Yes,
it was
<u>a reason</u> | No,
it wasn't
<u>a reason</u> |
|---|------------------------------------|-------------------------------------|
| a. I was not offered the test | ¹ <input type="radio"/> | ² <input type="radio"/> |
| b. I did not think I had HIV | <input type="radio"/> | <input type="radio"/> |
| c. I had an HIV test before I was pregnant and did not think I needed another one | <input type="radio"/> | <input type="radio"/> |
| d. I wanted to have the test but had problems getting it done..... | <input type="radio"/> | <input type="radio"/> |
| e. I was not sure I wanted to know the result | <input type="radio"/> | <input type="radio"/> |
| f. Other | <input type="radio"/> | <input type="radio"/> |

(Please tell us: _____)

24. A. During your pregnancy, did a doctor, nurse, or midwife offer you a test to see if your baby might have a birth defect? (Birth defect tests include Expanded AFP, amniocentesis, chorionic villi sampling [CVS], or another test.)

¹ Yes

² No → **Skip to question 26 on next page**

³ I don't remember/I'm not sure

B. And, did you choose to have a test for birth defects?

¹ Yes

² No → **Skip to question 25 below**

C. What test did you have?

Check all that apply.

¹ AFP or expanded AFP testing

² Amniocentesis (amnio)

³ Chorionic villus sampling (CVS)

⁴ NT, nuchal translucency

⁵ Other (**Please tell us:** _____
_____)

⁶ I wanted to have the test but had problems getting it done

⁷ I'm not sure

→ **Now, skip to question 26 on next page**

25. Why did you choose not to have a test?

Check all that apply.

^a I was afraid it might hurt my baby

^b I did not want to know the results

^c My partner or family did not want me to have a test

^d I would not do anything differently if I knew my baby had a birth defect

^eO Other (**Please tell us:** _____)

Now, we have a few questions about your feelings and experiences just before or during your pregnancy.

26.A. Thinking back to just before you got pregnant, how did you feel about getting pregnant?

¹O I wanted to get pregnant then
→ **Skip to question 27**

²O I wanted to get pregnant later

³O I didn't want to get pregnant then or in the future → **Skip to question 27**

⁴O I wasn't sure what I wanted
→ **Skip to question 27**

B. About how much longer did you want to wait until you became pregnant?

¹O 1 to 12 months

²O 13 to 24 months (1 to 2 years)

³O 2 to 5 years

⁴O More than 5 years

⁵O I wasn't sure

27. And how did you feel when you found out you really were pregnant?

¹O Very happy

²O Somewhat happy

³O Somewhat unhappy

⁴O Very unhappy

⁵O I wasn't sure how I felt

28. During your pregnancy, did you feel very blue, sad, or depressed for more than two weeks at a time?

¹O Yes

²O No

²O No

29. A. During your pregnancy, did a doctor, nurse or midwife ever ask you if you were feeling blue, sad, or depressed?

¹O Yes

²O No → **Skip to question 30**

³O Don't remember
→ **Skip to question 30**

B. During your pregnancy, did a doctor, nurse or midwife refer you to a counselor who helps people who are feeling blue, sad, or depressed ?

¹O Yes

²O No

30. A. During your pregnancy, did you have someone you could turn to if you needed practical help, like getting a ride somewhere, or help with shopping or cooking a meal?

¹O Yes

²O No

B. During your pregnancy, did you have someone you could turn to if you needed someone to comfort or listen to you?

¹O Yes

31. Here are a few things that might happen to some women during their pregnancies. Please tell us if any of these things happened to you during your most recent pregnancy.

⁴O Very unsafe

	<u>Yes</u>	<u>No</u>
A. A close family member was very sick and had to be hospitalized	¹ O	² O
B. I got separated or divorced from my partner	O	O
C. I moved to a new address.....	O	O
D. I was homeless (for example, had to sleep outside, in a car, or in a homeless shelter).....	O	O
E. My husband or partner lost his job	O	O
F. I lost my job even though I wanted to go on working	O	O
G. I argued with my husband or partner more than usual	O	O
H. My husband or partner said he didn't want me to be pregnant	O	O
I. I had a lot of bills I couldn't pay.....	O	O
J. I was in a physical fight	O	O
K. My partner or I went to jail...	O	O
L. Someone very close to me had a bad problem with drinking or drugs.....	O	O
M. Someone very close to me died	O	O

32. During your most recent pregnancy, how safe did you feel your neighborhood or home was from crime?

- ¹O Very safe
- ²O Somewhat safe
- ³O Somewhat unsafe

The next questions are about relationships with intimate partners. By “partner” we mean *current* or *former* husband, partner, boyfriend or girlfriend. Please remember that all the information in this survey is completely confidential.

33. A. During your most recent pregnancy, were you ever frightened for the safety of yourself, your family, or your friends because of the anger or threats of your partner?

¹ Yes

² No

B. During your most recent pregnancy, did your partner try to control most or all of your daily activities? For example, controlling who you talked to or where you could go.

¹ Yes

² No

34. A. During your most recent pregnancy, did your partner push, hit, slap, kick, choke, or physically hurt you in any way?

¹ Yes

² No

B. In the 12 months before you got pregnant, did your partner push, hit, slap, kick, choke, or physically hurt you in any way?

¹ Yes

² No

35. A. Have you smoked any cigarettes in the past 2 years?

¹ Yes

² No → **Skip to question 36 on this page**

B. During the *first* 3 months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

_____ cigarettes **OR** _____ packs

¹ Less than one cigarette a day

² I didn't smoke at all during the first 3 months of my pregnancy

C. During the *last* 3 months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

_____ cigarettes **OR** _____ packs

¹ Less than one cigarette a day

² I didn't smoke at all during the last 3 months of my pregnancy

36. The next two questions are about drinking alcohol. By "alcohol" we mean any kind of drink with alcohol in it -- including beer, wine, wine cooler, hard liquor, or a mixed drink made with hard liquor.

A. During the *first* 3 months of your pregnancy, about how many drinks with alcohol did you have in an average week? A drink is one glass of wine, one wine cooler, one can or bottle of beer, one shot of liquor, or one mixed drink.

¹ I didn't drink at all during the first 3 months of my pregnancy

² Less than one drink per week

³ 1 to 3 per week

⁴ 4 to 6 per week

⁵ 7 or more drinks per week

B. During the *last* 3 months of your pregnancy, about how many drinks with alcohol did you have in an average week?

¹ I didn't drink at all during the last 3 months of my pregnancy

² Less than one drink per week

³ 1 to 3 per week

⁴ 4 to 6 per week

⁵ 7 or more drinks per week

Now, we have a few questions about your health insurance coverage during pregnancy.

_____ weeks **OR** _____ months

37. During your most recent pregnancy, did you have Medi-Cal (or a health plan that Medi-Cal paid for)?

¹ Yes

² No → **Skip to question 40 below**

38. Did you have Medi-Cal (or a health plan that Medi-Cal paid for) before you got pregnant?

¹ Yes → **Skip to question 42 on next page**

² No

39. A. About how many weeks **or** months pregnant were you when you first *applied* for Medi-Cal?

_____ weeks **OR** _____ months

B. And about how many weeks **or** months pregnant were you when you knew that you had Medi-Cal (or a health plan that Medi-Cal paid for)?

_____ weeks **OR** _____ months

→ **Now skip to question 41**

40. A. Did you ever try to apply for Medi-Cal during this pregnancy?

¹ Yes

² No → **Skip to question 42 on next page**

B. About how many weeks **or** months pregnant were you when you first *tried* to apply for Medi-Cal?

41. Here is a list of some problems that people can have in applying for Medi-Cal. For each one, please tell us if it was a problem for you.

Yes, it was a problem No, it wasn't a problem

A. I didn't know how to apply or where to go ¹ ²

B. It was hard to get through on the phone to Medi-Cal or a Medi-Cal worker

C. The people I spoke with at Medi-Cal were rude or not very helpful

D. I had no way to get to the Medi-Cal office

E. It was hard to fill out the forms or get all the papers they wanted

F. I was afraid I might have to pay back Medi-Cal later

G. I was afraid applying for Medi-Cal could get in the way of becoming a permanent resident or citizen, or bringing family to the U.S.

H. Some other reason

(Please tell us:

_____)

42. A. During your most recent pregnancy, were you covered by private insurance or some other health plan that paid for prenatal care? Please do not include Medi-Cal or a health plan paid for by Medi-Cal.

¹ Yes

² No → **Skip to question 43**

B. What was the name of that private insurance or health plan?

C. Did that coverage start before or after you got pregnant?

¹ Before → **Skip to question 43**

² After

D. About how many weeks **or** months pregnant were you when that coverage began?

_____ weeks **OR** _____ months



43. Right now, are you covered by Medi-Cal, private insurance, or some other health plan for your own health care?

- ¹ Yes
- ² No

44. A. Since your most recent birth, was there any time when you needed to see a doctor or nurse for your own medical care but didn't go because you couldn't afford to pay for it?

- ¹ Yes
- ² No

B. Since your most recent birth, have you had a post-partum check-up (the medical check-up that is done about 6 weeks after a woman gives birth)?

- ¹ Yes
- ² No

THE REST OF THE SURVEY ASKS ABOUT YOUR MOST RECENT BIRTH.

(If you had twins or triplets, please answer these next questions about the baby that was born first.)

45. Is your baby alive now?

- ¹ Yes

Is he/she living with you now?

¹ Yes → **Go to question 46**

² No → **Skip to question 55 on page 13**

- ² No **Please accept our deepest sympathy.**

When did your baby die?

_____, _____
(month) (day) (year)

→ **Please skip to question 55 on page 13**

46. A. Right now, is your baby covered by Medi-Cal, private insurance, or some other health plan for his/her health care?

¹O Yes

²O No, my baby is uninsured
→ **Skip to question 47 below**

³O I don't know
→ **Skip to question 47 below**

B. What kind of coverage does your baby have?

¹O Medi-Cal

²O A health plan paid for by Medi-Cal

³O Private insurance

⁴O Healthy Families

⁵O Other (**Please tell us:** _____
_____)

C. About how many weeks **or** months old was your baby when his or her own Medi-Cal, private insurance, Healthy Families, or other coverage began?

^xO His/her coverage began at birth

_____ weeks **OR** _____ months

47. Since your new baby was born, was there any time when you needed health care for your baby but didn't get it because you couldn't afford to pay for it?

¹O Yes

²O No

48. Since your new baby was born, have you ever breast fed him/her at all (even once)?

¹ Yes

² No → **Skip to question 52**

49. A. When your baby was two days old, how were you feeding him/her?

¹ Breast milk only

² Both breast milk and formula

³ Formula only

B. When your baby was two months old, how were you feeding him/her?

¹ Breast milk only

² Mostly breast milk

³ Formula only → **Skip to question 51 below**

⁴ Mostly formula

⁵ Other (**Please tell us:** _____)

50. A. Are you still breast feeding your baby?

¹ Yes

² No → **Skip to question 51 below**

B. Have you ever given your baby formula, even once?

¹ Yes → **Skip to question 52**

² No → **Skip to question 53**

51. How old was your baby when you stopped breast feeding him/her?

_____ days **OR** _____ weeks **OR** _____ months

52. Babies are given formula for different reasons. Why was your baby given formula for the *first* time? **Check all that apply.**

- ^a I did not make enough milk
- ^b I needed to go back to work or school
- ^c Breast feeding was too painful for me
- ^d I did not like breast feeding in public or breast feeding embarrassed me
- ^e My baby did not breast feed well
- ^f A doctor or nurse recommended using formula
- ^g I wanted my partner or others to be able to feed the baby sometimes
- ^h I thought formula would be easier or more convenient
- ⁱ I wanted my baby to sleep longer at night
- ^j Other (**Please tell me:**
_____)

53. Before your baby was two months old, what food or drinks had he or she ever had, even once (other than breast milk or formula)?

Check all that apply.

- ^a Cereal
- ^b Tea
- ^c Juice
- ^d Water, sugar water, or glucose
- ^e Other foods or drinks (**Please tell us:**
_____)
- ^f Nothing, my baby has only had breast milk or formula

54. How do you put your new baby down to sleep *most* of the time? **Check only one answer.**

- ¹ On his/her side

² On his/her back

³ On his/her stomach

OTHER QUESTIONS

These next few questions give us a general idea of the different backgrounds of people who have taken part in this important survey. Again, please remember that we will not share any information you give us.

55. A. What ethnic or racial group(s) do you consider yourself? **Check all that apply.**

- African-American, Black, or African
- American Indian, Native American, Eskimo or Aleut
- Asian, Asian-American or Pacific Islander (For example, Chinese, Filipino, Japanese, Korean, Vietnamese, or people from India or another Asian country)
- Latino, Hispanic, Chicano, Mexican or Mexican-American, Central American, or other Latin American
- White, Caucasian, or European (including people from Spain or the Middle East)
- Some other group (**Please tell us:** _____)

B. If you chose more than one group, please write in the name of the group you identify with the **most**:

I identify most with: _____

- I identify equally with all the groups I checked

56. A. In what country were you born?

- United States → **Skip to question 57**
- Other country (**Which country:** _____)

B. In what year did you start living in the U.S.?

57. What language do you usually speak at home? If you speak more than one, please choose the one you use **most** often.

- English
- Spanish
- English and Spanish equally
- Asian language (**Please tell us:** _____)
- Some other language (**Please tell us:** _____)

58. What is the highest grade or year of school you've completed?

- I never went to school
- 8th grade or less
- Some high school, but I did not graduate
- High school (or I got a GED)
- Some college or junior college, but I did not graduate from a four-year college
- College graduate (from a four-year college or university) or more

59. Thinking back to who you lived with when you were about 13 years old, what was the highest grade or year of school completed by your mother, father or main guardian? **If you lived with more than one parent or guardian, please tell us about the one who had the most education.**

- Never went to school
- 8th grade or less
- Some high school, but did not graduate
- High school (or got a GED)
- Some college or junior college, but did not graduate from a four-year college

⁶O College graduate (from a four-year college or university) or more

⁷O I don't know

60. At the time your baby was born, what was your marital status?

- ¹O Married
- ²O Living with someone like we were married, but not legally married
- ³O Separated, divorced, or widowed
- ⁴O Single (never married)

61. Here are some statements that people use to describe themselves. How strongly do you agree or disagree with how well the following statements describe you?

	Strongly <u>Agree</u>	<u>Agree</u>	<u>Disagree</u>	Strongly <u>Disagree</u>
A. There is really no way I can solve some of the problems I have	¹ O	² O	³ O	⁴ O
B. Sometimes I feel that I'm being pushed around in life	O	O	O	O
C. I have little control over the things that happen to me	O	O	O	O
D. I can do just about anything I really set my mind to do.....	O	O	O	O
E. I often feel helpless in dealing with the problems of life.....	O	O	O	O
F. What happens to me in the future mostly depends on me	O	O	O	O
G. There is little I can do to change many of the important things in my life.....	O	O	O	O

62. Below is a list of the ways you might have felt in the past week. Please tell us how often you have felt this way during the past week.

<u>During the past week:</u>	<u>Hardly ever</u>	<u>Some of the time</u>	<u>Most of the time</u>
A. I did not feel like eating; my appetite was poor.....	¹ O	² O	³ O
B. I felt depressed	O	O	O
C. I felt that everything I did was an effort	O	O	O
D. My sleep was restless.....	O	O	O
E. I was happy	O	O	O
F. I felt lonely	O	O	O
G. People were unfriendly	O	O	O
H. I enjoyed life	O	O	O

I. I felt sad.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. I felt that people disliked me.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. I could not "get going"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now, we have just a few more questions. These are about food and money.

63. A. Were you on WIC at any time during your most recent pregnancy? (WIC is the Women, Infants and Children supplementary food program)

- Yes
- No

B. Have either you or your new baby been on WIC since he/she was born?

- Yes
- No

- ¹ Often true
- ² Sometimes true
- ³ Never true
- ⁴ Don't know

Please read each statement below and tell us whether the statement was OFTEN, SOMETIMES, or NEVER true for you during your most recent pregnancy.

64. A. "The food that I bought just didn't last, and I didn't have money to get more." During your most recent pregnancy, was that often, sometimes, or never true for you?

- Often true
- Sometimes true
- Never true
- Don't know

B. "I couldn't afford to eat balanced meals." During your most recent pregnancy, was that often, sometimes, or never true for you?

65. A. During your pregnancy, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

- ¹ Yes
- ² No → **Skip to question 66**
- ³ Don't know → **Skip to question 66**

B. How often did this happen?

- ¹ Almost every month
- ² Some months but not almost every month
- ³ 1 or 2 months
- ⁴ Don't know

66. A. During your pregnancy, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- ¹ Yes
- ² No
- ³ Don't know

B. During your pregnancy, were you ever hungry but didn't eat because you couldn't afford enough food?

- ¹ Yes
- ² No
- ³ Don't know

67. A. What was your total family income in 2004 **before taxes**? Please mark one box below that includes your total family income, including your income and the income of your husband or partner (if living with you in 2004) and your children.

Please include income from all sources, including jobs, welfare, Disability, Unemployment, child support, interest, dividends, and support from family members.

FOR THE YEAR 2004

- ¹ \$0 to \$12,000
- ² \$12,001 to \$16,000
- ³ \$16,001 to \$19,000
- ⁴ \$19,001 to \$22,000
- ⁵ \$22,001 to \$25,000
- ⁶ \$25,001 to \$28,000
- ⁷ \$28,001 to \$31,000
- ⁸ \$31,001 to \$38,000
- ⁹ \$38,001 to \$44,000
- ¹⁰ \$44,001 to \$47,000
- ¹¹ \$47,001 to \$50,000
- ¹² \$50,001 to \$57,000
- ¹³ \$57,001 to \$63,000
- ¹⁴ \$63,001 to \$66,000
- ¹⁵ \$66,001 to \$76,000
- ¹⁶ \$76,001 to \$85,000
- ¹⁷ \$85,001 to \$88,000
- ¹⁸ \$88,001 to \$101,000
- ¹⁹ \$101,001 to \$114,000

²⁰ \$114,001 or more

B. If you can't choose one of the previous categories, please tell us your average monthly income in 2004 before taxes.

\$ _____ per month

68. Thinking back to 2004 --before your new baby was born--how many people lived on this income?

_____ total number of people

69. In general, during your most recent pregnancy, how hard was it for you and your family to live on the income you had?

¹ Very hard

² Somewhat hard

³ Not too hard

⁴ Not hard at all

70. Overall, how would you describe the time during your pregnancy? **Check the best answer.**

¹ One of the happiest times of my life

² A happy time with few problems

³ A moderately hard time

⁴ A very hard time

⁵ One of the worst times of my life

Thank you for answering these questions. Your answers will help us to improve the health of mothers and babies.

Please go to the next page.

This page will be removed when we receive the survey.

|

71. We want to send you a check for \$10 to thank you for your help with this important study. To make sure our records are correct and that the check will reach you, please fill in your name and address.

Name: _____

Address: _____ Apt # _____

_____ City State Zip code

Only check this box if you do not want to participate in the raffle for \$250.

Please do not enter me in the raffle for \$250.

72. We hope to do another survey when your baby is a year old. The next survey will be shorter and you'll receive a gift if you decide to take part. As with this survey, whether you take part in the next survey is completely up to you.

A. If we do another survey a few months from now, may we contact you? (Even if you say yes now, you can change your mind and decide not to take part later on.)

¹ Yes

² No → **Skip to question 73 on next page**

The information below is only to contact you for the next survey.

B. What is your current home phone number?

(____) _____

C. What is your current work phone number?

(____) _____

⁰ I am not employed

D. In case you move or we are not able to reach you, please give us the name, address, and phone number of two people who don't live with you and who will always know how to reach you.

Person #1:

Name: _____

Address: _____ Apt # _____

_____ City State Zip code

Phone number: (_____) _____

How is this person related to you?

Person #2:

Name: _____

Address: _____ Apt # _____

_____ City State Zip code

Phone number: (_____) _____

How is this person related to you?

73. If there is anything else you want to tell us about the health of mothers and babies in California, or about this survey, please write it here.

Thank you very much for your help

Now please mail this survey back to us in the enclosed envelope.
You don't need stamps.

This page will be removed when we receive the survey.