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

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

4. 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.

   a. Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy)............................... No Yes
   b. High blood pressure or hypertension ................................................................. No Yes
   c. Depression ........................................................................................................... No Yes
   d. Asthma ............................................................................................................... No Yes
   e. Thyroid problems .............................................................................................. No Yes
   f. PCOS (polycystic ovarian syndrome) ................................................................. No Yes

5. 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

6. 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 Page 2, Question 9

Go to Page 2, Question 7
7. 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 __________________ Pleas tell us:

8. 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.

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

9. During the month before you got pregnant with your new baby, what kind of health insurance did you have?

- 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 Hawaii Health Connector website (www.hawaiihealthconnector.com) or HealthCare.gov
- Medicaid or Quest
- TRICARE or other military health care
- Other health insurance Please tell us:

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

- I did not go for prenatal care
- 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 Hawaii Health Connector website (www.hawaiihealthconnector.com) or HealthCare.gov
- Medicaid or Quest
- TRICARE or other military health care
- Other health insurance Please tell us:

The next questions are about your health insurance coverage before, during, and after your pregnancy with your new baby.
11. 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 Hawaii Health Connector website (www.hawaiihealthconnector.com) or HealthCare.gov
- Medicaid or Quest
- TRICARE or other military health care
- Other health insurance Please tell us:

- I do not have health insurance now

12. 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

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

- No
- Yes Go to Page 4, Question 17

14. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?

- No
- Yes Go to Question 16

15. 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:

16. What method of birth control were you using when you got pregnant?

- Birth control pills
- Condoms
- Shots or injections (Depo-Provera®)
- Contraceptive implant in the arm (Nexplanon® or Implanon®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Other Please tell us:
DURING PREGNANCY

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

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

- [ ] Weeks
- [ ] Months

☐ I didn’t go for prenatal care

Go to Question 19

18. 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.

No Yes

a. If I knew how much weight I should gain during pregnancy
b. If I was taking any prescription medication
c. If I was smoking cigarettes
d. If I was drinking alcohol
e. If someone was hurting me emotionally or physically
f. If I was feeling down or depressed
g. If I was using drugs such as marijuana, cocaine, crack, or meth
h. If I wanted to be tested for HIV (the virus that causes AIDS)
i. If I planned to breastfeed my new baby
j. If I planned to use birth control after my baby was born

19. 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

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

☐ No
☐ Yes, before my pregnancy
☐ Yes, during my pregnancy

21. During your most recent pregnancy, did you get a Tdap shot or vaccination? A Tdap vaccination is a tetanus booster shot that also protects against pertussis (whooping cough).

☐ No
☐ Yes
☐ I don’t know

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

☐ No
☐ Yes

23. This question is about other 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 insurance to cover dental care during my pregnancy
d. I needed to see a dentist for a problem
e. I went to a dentist or dental clinic about a problem
24. Did any of the following things make it hard for you to go to a dentist or dental clinic during your most recent pregnancy? For each item, check No if it was not something that made it hard for you or Yes if it was.

No Yes
a. I could not find a dentist or dental clinic that would take pregnant patients
b. I could not find a dentist or dental clinic that would take Medicaid patients
c. I did not think it was safe to go to the dentist during pregnancy
d. I could not afford to go to the dentist or dental clinic

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

No Yes

26. 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.

No Yes
a. Gestational diabetes (diabetes that started during this pregnancy)
b. High blood pressure (that started during this pregnancy), pre-eclampsia or eclampsia
c. Depression
d. Asthma

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

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

No Yes

Go to Page 6, Question 33

28. 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

29. 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 in the 3 months before you got pregnant, go to Page 6, Question 32.

30. Did you quit smoking around the time of your most recent pregnancy?

Check ONE answer

- No
- No, but I cut back
- Yes, I quit before I found out I was pregnant
- Yes, I quit when I found out I was pregnant
- Yes, I quit later in my pregnancy
31. Listed below are some things that can make it hard for some people to quit smoking. For each item, check No if it is not something that might make it hard for you or Yes if it is.

No Yes

a. Cost of medicines or products to help with quitting
b. Cost of classes to help with quitting
c. Fear of gaining weight
d. Loss of a way to handle stress
e. Other people smoking around me
f. Cravings for a cigarette
g. Lack of support from others to quit
h. Worsening depression
i. Worsening anxiety
j. Some other reason

Please tell us:

32. 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

33. How many cigarette smokers, not including yourself, lived in your home during your most recent pregnancy?

Number of smokers

34. How many cigarette smokers, not including yourself, live in your home now?

Number of smokers

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.

35. 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.

No Yes

a. E-cigarettes or other electronic nicotine products
b. Hookah
c. Betel nut or betel quid

If you used e-cigarettes or other electronic nicotine products in the past 2 years, go to Question 36. Otherwise, go to Question 38.

36. 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
37. 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.

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

- No
- Yes

39. 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

40. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in a 2 hour time span?

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn’t have 4 drinks or more in a 2 hour time span

41. 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
- 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

42. During the last 3 months of your pregnancy, how many times did you drink 4 alcoholic drinks or more in a 2 hour time span?

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn’t have 4 drinks or more in a 2 hour time span

Pregnancy can be a difficult time. The next questions are about things that may have happened before and during your most recent pregnancy.

43. In the 12 months before you got pregnant with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.

- a. My husband or partner
- b. My ex-husband or ex-partner
- c. Another family member
- d. Someone else
44. During your most recent pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.

<table>
<thead>
<tr>
<th>a. My husband or partner</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. My ex-husband or ex-partner</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>c. Another family member</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>d. Someone else</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

AFTER PREGNANCY

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

45. When was your new baby born?

```
Month / Day / Year
```

46. 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 49

47. Is your baby alive now?

- No
- Yes

We are very sorry for your loss.

Go to Question 60

48. Is your baby living with you now?

- No
- Yes

Go to Question 49

49. 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:

50. 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 54

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

- No
- Yes

Go to Question 53

52. How many weeks or months did you breastfeed or feed pumped milk to your baby?

- Less than 1 week

```
Weeks OR Months
```

Go to Question 49
53. 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

54. 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

If your baby is still in the hospital, go to Question 60.

55. 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

56. 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 58

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

- No
- Yes

59. 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.

- Place my baby on his or her back to sleep
- Place my baby to sleep in a crib, bassinet, or pack and play
- Place my baby’s crib or bed in my room
- What things should and should not go in bed with my baby

60. 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 10, Question 62
61. 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 want to get pregnant
- I am pregnant now
- I had my tubes tied or blocked
- I don’t want to use birth control
- I am worried about side effects from birth control
- I am not having sex
- My husband or partner doesn’t want to use anything
- I have problems paying for birth control
- Other  Please tell us: 

If you or your husband or partner is not doing anything to keep from getting pregnant now, go to Question 63.

62. 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 or Essure®)
- Vasectomy (male sterilization)
- Birth control pills
- Condoms
- Shots or injections (Depo-Provera®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- Contraceptive implant in the arm (Nexplanon® or Implanon®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other  Please tell us: 

63. 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.

Check ALL that apply

- No
- Yes  Go to Question 65

64. 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.

Check ALL that apply

- a. Tell me to take a vitamin with folic acid ...
- b. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy ............................................
- c. Talk to me about how long to wait before getting pregnant again ..............................
- d. Talk to me about birth control methods I can use after giving birth..........
- e. Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®, NuvaRing®, or condoms) ........................................................
- f. Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®) ..........
- g. Ask me if I was smoking cigarettes ............
- h. Ask me if someone was hurting me emotionally or physically ...............................
- i. Ask me if I was feeling down or depressed ............................................................
- j. Test me for diabetes ........................................

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

Check ALL that apply

- Always
- Often
- Sometimes
- Rarely
- Never
66. **Since your new baby was born,** how often have you had little interest or little pleasure in doing things you usually enjoyed?

- Always
- Often
- Sometimes
- Rarely
- Never

---

### OTHER EXPERIENCES

The next questions are on a variety of topics.

67. **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 they hide your birth control, throw it away or do anything else to keep you from using it?

- No
- Yes

68. **During your most recent pregnancy,** would you have had the kinds of help listed below if you needed them? For each one, check **No** if you would have not had it or **Yes** if you would have had it.

- Someone to loan me $50
- Someone to help me if I were sick and needed to be in bed
- Someone to take me to the clinic or doctor’s office if I needed a ride
- Someone to talk with about my problems

---

69. During any of the following time periods, did you use marijuana or hash in any form? For each time period, check **No** if you did not use then or **Yes** if you did.

- During the 12 months before I got pregnant
- During my most recent pregnancy
- Since my new baby was born

---

If you have not used e-cigarettes or other electronic nicotine products in the past 2 years, go to Question 71.

70. How often do you use e-cigarettes or other electronic nicotine products in an average week now?

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

71. **Since your new baby was born,** have you had your teeth cleaned by a dentist or dental hygienist?

- No
- Yes
72. Below is a list of things that some people do to prepare for a disaster. For each item, check No if it is not something you have done to prepare for a disaster or Yes if it is.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I have an emergency meeting place for family members (other than my home) ...</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. My family and I have practiced what to do in case of a disaster</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. I have a plan for how my family and I would keep in touch if we were separated</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. I have an evacuation plan if I need to leave my home and community</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. I have an evacuation plan for my child or children in case of a disaster (permission for day care or school to release my child to another adult)</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. I have copies of important documents like birth certificates and insurance policies in a safe place outside my home</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>g. I have emergency supplies in my home for my family such as enough extra water, food, and medicine to last for at least seven days</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>h. I have emergency supplies that I keep in my car, at work, or at home to take with me if I have to leave quickly</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

73. 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 $18,000
- $18,001 to $23,000
- $23,001 to $28,000
- $28,001 to $33,000
- $33,001 to $37,000
- $37,001 to $46,000
- $46,001 to $55,000
- $55,001 to $65,000
- $65,001 to $69,000
- $69,001 to $84,000
- $84,001 to $98,000
- $98,001 or more

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

______ People

75. What is today’s date?

___ / ___ / ___

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 Hawaii.

Thanks for answering our questions!

Your answers will help us work to keep mothers and babies in Hawaii healthy.