

**1**First, we would like to ask a few questions about you and the time before you became pregnant with your new baby. Please check the box next to your answer.

**Go to Question 10**

**1. Just before you got pregnant, did you have health insurance?** (Do not count Medicaid or QUEST.)

- No  
 Yes

**2. Just before you got pregnant, were you on Medicaid or QUEST?**

- No  
 Yes

**3. In the month *before* you got pregnant with your new baby, how many times a week did you take a multivitamin (a pill that contains many different vitamins and minerals)?**

- I didn't take a multivitamin at all  
 1 to 3 times a week  
 4 to 6 times a week  
 Every day of the week

**4. What is your date of birth?**

Month      Day      Year

**Go to Page 2, Question 14**

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

Pounds **OR**  
Kilos

**6. How tall are you without shoes?**

Feet

Inches

**OR**

Centimeters

**7. Before your new baby, did you ever have any other babies who were born alive?**

No ≡

Yes

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

No

Yes

**9. Was the baby just before your new one born *more* than 3 weeks before its due date?**

No

Yes

**10. Thinking back to *just before* you got pregnant, how did you feel about becoming pregnant?**

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

**11. When you got pregnant with your new baby, were you trying to become pregnant?**

- No  
 Yes ≡

**12. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?** (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm], and using birth control methods such as the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, having their tubes tied, or their partner having a vasectomy.)

- No  
 Yes ≡

Go to Question 14

13. What were your 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
- Other ≡ Please tell us:

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 a calendar when you answer these questions.)

14. How many weeks or months pregnant were you when you were sure you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

Weeks OR  
Months

- I don't remember

15. How many weeks or months pregnant were you when you had your first visit for prenatal care? (Don't count a visit that was only for a pregnancy test or only for WIC [the Special Supplemental Nutrition Program for Women, Infants, and Children].)

Weeks OR

Months

- I didn't go for prenatal care

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

No

Yes

I did not want prenatal care

17. Did any of these things keep you from getting prenatal care as early as you wanted?

- I couldn't get an appointment earlier in my pregnancy
- I didn't have enough money or insurance to pay for my visits
- I didn't know that I was pregnant
- I had no way to get to the clinic or doctor's office
- The doctor or my health plan would not start care earlier
- I did not have my Medicaid card
- I had no one to take care of my children
- I had too many other things going on
- Other ≡ Please tell us:

18. Where did you go most of the time for your prenatal visits? (Do not include visits for WIC.)

- Hospital clinic
- Private doctor's office or HMO clinic
- Community Health Center
- Military Hospital or Clinic
- Other ≡ Please tell us:

If you did not have any of these problems, go to Question 24.

Check all that apply

3  
**19. How was your prenatal care paid for?**

- Medicaid or QUEST
- Personal income (cash, check, or credit card)
- Health insurance or HMO
- Other ≡ Please tell us:

**20. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below?** (Please count only discussions, not reading materials or videos.) For each item, circle **Y** (Yes) if someone talked with you about it or circle **N** (No) if no one talked with you about it.

**No Yes**

- a. How smoking during pregnancy could affect your baby N Y
- b. Breastfeeding your baby N Y
- c. How drinking alcohol during pregnancy could affect your baby N Y
- d. Using a seat belt during your pregnancy N Y
- e. Birth control methods to use after your pregnancy N Y
- f. Medicines that are safe to take during your pregnancy N Y
- g. How using illegal drugs could affect your baby N Y
- h. Doing tests to screen for birth defects or diseases that run in your family N Y
- i. What to do if your labor starts early N Y
- j. Getting your blood tested for HIV (the virus that causes AIDS) N Y
- k. Physical abuse to women by their husbands or partners N Y

The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.

Go to Question 28

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

No

Yes

**22. Did you have any of these problems during your pregnancy?** For each item, circle **Y** (Yes) if you had the problem or circle **N** (No) if you did not.

**No Yes**

- a. Labor pains more than 3 weeks before your baby was due (preterm or early labor) N Y
- b. High blood pressure (including preeclampsia or toxemia) or retained water (edema) N Y
- c. Vaginal bleeding N Y
- d. Problems with the placenta (such as abruptio placentae, placenta previa) N Y
- e. Severe nausea, vomiting, or dehydration N Y
- f. High blood sugar (diabetes) N Y
- g. Kidney or bladder (urinary tract) infection N Y
- h. Water broke more than 3 weeks before your baby was due (premature rupture of membranes, PROM) N Y
- i. Cervix had to be sewn shut (incompetent cervix, cerclage) N Y
- j. You were hurt in a car accident N Y

**23. Did you do any of the following things because of these problem(s)?**

- I went to the hospital or emergency room and stayed less than 1 day
- I went to the hospital and stayed 1 to 7 days
- I went to the hospital and stayed more than 7 days
- I stayed in bed at home more than 2 days because of my doctor's or nurse's advice

The next questions are about smoking cigarettes and drinking alcohol.

**24. Have you smoked at least 100 cigarettes in the past 2 years?** (A pack has 20 cigarettes.)

No ≡

Yes

**25. In the 3 months before you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day?** (A pack has 20 cigarettes.)

Cigarettes OR

4 Packs  
 Less than 1 cigarette a day  
 I didn't smoke  
 I don't know

**26. In the last 3 months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?**

Cigarettes OR

Packs

- Less than 1 cigarette a day
- I didn't smoke
- I don't know

**27. How many cigarettes or packs of cigarettes do you smoke on an average day now?**

Cigarettes OR

Packs

- Less than 1 cigarette a day
- I don't smoke
- I don't know

**28. 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 Page 6, Question 31

**29. a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?**

- I didn't drink then
- Less than 1 drink a week
- 1 to 3 drinks a week
- 4 to 6 drinks a week
- 7 to 13 drinks a week
- 14 drinks or more a week
- I don't know

**b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?**

Times

- I didn't drink then
- I don't know

**30. a. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?**

- I didn't drink then
- Less than 1 drink a week
- 1 to 3 drinks a week
- 4 to 6 drinks a week
- 7 to 13 drinks a week
- 14 drinks or more a week
- I don't know

**b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?**

5 \_\_\_\_\_ Times

- I didn't drink then
- I don't know

**Pregnancy can be a difficult time for some women. These next questions are about things that may have happened before and during your most recent pregnancy.**

**31. This question is about things that may have happened during the 12 months before your new baby was born.** For each item, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not. (It may help to use the calendar.)

**No Yes**

- a. A close family member was very sick and had to go into the hospital N Y
- b. You got separated or divorced from your husband or partner N Y
- c. You moved to a new address N Y
- d. You were homeless N Y
- e. Your husband or partner lost his job N Y
- f. You lost your job even though you wanted to go on working N Y
- g. You argued with your husband or partner more than usual N Y
- h. Your husband or partner said he didn't want you to be pregnant N Y
- i. You had a lot of bills you couldn't pay N Y
- j. You were in a physical fight N Y
- k. You or your husband or partner went to jail N Y
- l. Someone very close to you had a bad problem with drinking or drugs N Y
- m. Someone very close to you died N Y

**32. a. During the 12 months before you got pregnant, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?**

- No
- Yes

**b. During the 12 months before you got pregnant, did anyone else physically hurt you in any way?**

- No
- Yes

**33. a. During your most recent pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?**

- No
- Yes

**b. During your most recent pregnancy, did anyone else physically hurt you in any way?**

- No
- Yes

**The next questions are about your labor and delivery.** (It may help to look at the calendar when you answer these questions.)

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

\_\_\_\_\_ Month Day Year

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

\_\_\_\_\_ Month Day Year

I didn't have my baby in a hospital

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

\_\_\_\_\_ Month Day Year

**37. When were you discharged from the hospital after your baby was born?** (It may help to use the calendar.)

6

Month Day Year

I didn't have my baby in a hospital

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

No

Yes

I don't know

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

Less than 24 hours (Less than 1 day)

24-48 hours (1-2 days)

3 days

4 days

5 days

**Go to Question 44**  6 days or more

My baby was not born in a hospital

My baby is still in the hospital

**Go to Page 9, Question 58**

**Go to Page 8, Question 49**

40. How was your delivery paid for?

Medicaid or QUEST

Personal income (cash, check, or credit card)

Health insurance or HMO

Other = Please tell us:

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

41. What is today's date?

Month

Day

Year

42. Is your baby alive now?

No

Yes =

43. When did your baby die?

Month

Day

Year

44. Is your baby living with you now?

No =

Yes

45. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

No =

Yes

46. Are you still breastfeeding or feeding pumped milk to your new baby?

No

Yes =

Go to Question 48

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

Input field for weeks or months

Go to Question 53

Weeks OR  
Months

Less than 1 week

48. How old was your baby the first time you fed him or her anything besides breast milk? (Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.)

Input field for age

Go to Question 56

Weeks OR  
Months

- My baby was less than one week old
- I have not fed my baby anything besides breast milk

If your baby is still in the hospital, go to Question 56.

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

Hours

- Less than one hour a day
- My baby is never in the same room with someone who is smoking

50. How 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

51. Was your baby seen by a doctor, nurse, or other health care provider in the first week after he or she left the hospital?

- No ≡
- Yes

52. Was your new baby seen at home or at a health care facility?

- At home
- At a doctor's office, clinic, or other health care facility

53. Has your baby had a well-baby checkup?

- No ≡
- Yes

54. How many times has your baby been to a doctor or nurse for a well-baby checkup? (It may help to use the calendar.)

Input field for number of times

**55. Where do you usually take your baby for well-baby checkups?**

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Community Health Center
- Military Hospital or Clinic
- Other ≡ Please tell us:

**56. Do you have health insurance, Medicaid, or QUEST for your new baby?**

- No ≡
- Yes

**57. What type of insurance is your new baby covered by?**

- Medicaid or QUEST
- Private insurance or HMO
- Other ≡ Please tell us:

**58. 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 or their partner having a vasectomy, using birth control methods like the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, and not having sex at certain times [rhythm].)

- No
- Yes ≡

[Go to Question 58](#)

[Go to Question 60](#)

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

- I am not having sex
- I want to get pregnant
- I don't want to use birth control
- My husband or partner doesn't want to use anything
- I don't think I can get pregnant (sterile)
- I can't pay for birth control
- I am pregnant now
- Other ≡ Please tell us:

**The next questions are about your family and the place where you live.**

**60. Which rooms are in the house, apartment, or trailer where you live?**

**62. What were the sources of your household's income during the past 12 months?**

- Paycheck or money from a job
- Aid such as Temporary Assistance for Needy

Families (TANF), welfare, public assistance, general assistance, food stamps, or Supplemental Security Income

- Unemployment benefits
- Child support or alimony
- Social security, workers' compensation, veteran benefits, or pensions
- Money from a business, fees, dividends, or rental income
- Money from family or friends
- Other ≡ Please tell us:

- Living room
- Separate dining room
- Kitchen
- Bathroom(s)
- Recreation room, den, or family room
- Finished basement
- Bedrooms ≡ How many?

**61. Counting yourself, how many people live in your house, apartment, or trailer?**

Adults (people aged 18 years or older)

Babies, children, or teenager (people aged 17 years or younger)

**63. Did you use any of these drugs when you were pregnant?** For each item, circle **Y** (Yes) if it is true or circle **N** (No) if it is not true.

**No Yes**

- |  |   |   |  |  |
|--|---|---|--|--|
| a. Prescription drugs  | N | Y |  |  |
| What kinds?  |   |   |  |  |
| b. Marijuana (pot, bud) or hashish (hash)  | N | Y |  |  |
| c. Amphetamines (uppers, ice, speed, crystal, crank)                                   | N | Y |  |  |
| d. Cocaine (rock, coke, crack) or heroin (smack, horse)                                | N | Y |  |  |
| e. Tranquilizers (downers, ludes) or hallucinogens (LSD/acid, PCP/angel dust, ecstasy) | N | Y |  |  |
| f. Sniffing gasoline, glue, hairspray, or other aerosols                               | N | Y |  |  |

**64. Did you use any of these drugs in the month before you got pregnant?** For each item, circle **Y** (Yes) if it is true or circle **N** (No) if it is not true.

**No Yes**

- |                       |   |   |
|-----------------------|---|---|
| a. Prescription drugs | N | Y |
| What kinds?           |   |   |

**If your baby has died or is not living with you, go to Question 67.**

- b. Marijuana (pot, bud) or hashish (hash) N Y
- c. Amphetamines (uppers, ice, speed, crystal, crank) N Y
- d. Cocaine (rock, coke, crack) or heroin (smack, horse) N Y
- e. Tranquilizers (downers, ludes) or hallucinogens (LSD/acid, PCP/angel dust, ecstasy) N Y
- f. Sniffing gasoline, glue, hairspray, or other aerosols N Y

**65. During your most recent pregnancy, who would have helped you if a problem had come up? For example, who would have helped you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks?**

**66. Listed below are some things that describe the care of your new baby.** For each item, circle **A** if it always applies to you, circle **S** if it sometimes applies to you, or circle **N** if it never applies to you.

Ne So Al  
ver me wa  
ti ys  
me  
s

- a. My new baby rides in an infant car seat N S A
- b. My new baby rides in an infant car seat that faces the rear window of the car, truck, or van .....N S A
- c. My new baby rides in an infant car seat in the back seat of the car, truck, or van N..... S A
- d. My new baby sleeps on something soft, like a fluffy blanket or comforter, soft pillow, featherbed, or sheepskin N S A
- e. My new baby sleeps in the same bed with me N S A

**68. Please check your total family income for last year. Include all money your family received.**

- My husband or partner
- My mother, father, or in-laws
- Other family member or relative
- A friend
- Someone else ≡ Please tell us:
- No one would have helped me

**67. This question is about the care of your teeth during your most recent pregnancy.** For each item, circle **Y** (Yes) if it is true or circle **N** (No) if it is not true.

**No Yes**

- a. I needed to see a dentist for a problem N Y
- b. I went to a dentist or dental clinic N Y
- c. A dental or other health care worker talked with me about how to care for my teeth and gums N Y

- Less than \$10,000
- \$10,000–\$15,000
- \$15,001–\$20,000
- \$20,001–\$25,000
- \$25,001–\$30,000
- \$30,001–\$35,000
- \$35,001–\$40,000
- \$40,001–\$45,000
- \$45,001–\$50,000
- More than \$50,000

Please use this space for any additional comments you would like to make about the health of mothers and babies in Hawaii.

*Thanks for answering our questions!*

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