

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

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

- No  
 Yes

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

- No  
 Yes

3. *During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin?* These are pills that contain many different vitamins and minerals.

- I didn't take a multivitamin or a prenatal vitamin 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?

19  
 Month Day Year

5. *Just before you got pregnant with your new baby, how much did you weigh?*

Pounds OR  Kilos

6. How tall are you without shoes?

Feet  Inches

OR  Centimeters

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

- No → Go to Question 10  
 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

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

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

Check one answer

- I wanted to be pregnant 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 get pregnant?**

No

Yes → **Go to Question 15**

**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] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, 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?**

**Check all that apply**

- I didn't mind if I got pregnant
- I thought I could not get pregnant at that time
- I had side effects from the birth control method I was using
- I had problems getting birth control when I needed it
- I thought my husband or partner or I was sterile (could not get pregnant at all)
- My husband or partner didn't want to use anything
- Other → Please tell us:

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**If you or your husband or partner was not doing anything to keep from getting pregnant, go to Question 15.**

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

**Check all that apply**

- Tubes tied or closed (female sterilization)
- Vasectomy (male sterilization)
- Pill
- Condoms
- Shot once a month (Lunelle®)
- Shot once every 3 months (Depo-Provera®)
- Contraceptive patch (OrthoEvra®)
- Diaphragm, cervical cap, or sponge
- Cervical ring (NuvaRing® or others)
- IUD (including Mirena®)
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other → Please tell us:

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**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.)

**15. 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

**16. How many weeks or months pregnant were you when you had your first visit for prenatal care?** Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

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

I didn't go for prenatal care

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

No

Yes

I didn't want prenatal

care → **Go to Question 19**

**18. Here is a list of problems some women can have getting prenatal care.** For each item, circle **Y** (Yes) if it was a problem for you during your most recent pregnancy or circle **N** (No) if it was not a problem or did not apply to you.

**No Yes**

- |    |  |   |   |
|----|--|---|---|
| a. | I couldn't get an appointment when I wanted one . . . . .                    | N | Y |
| b. | I didn't have enough money or insurance to pay for my visits . . . . .       | N | Y |
| c. | I had no way to get to the clinic or doctor's office . . . . .               | N | Y |
| d. | I couldn't take time off from work . . .                                     | N | Y |
| e. | The doctor or my health plan would not start care as early as I wanted . . . | N | Y |
| f. | I didn't have my Medicaid card . . . . .                                     | N | Y |
| g. | I had no one to take care of my children . . . . .                           | N | Y |
| h. | I had too many other things going on . . . . .                               | N | Y |
| i. | I didn't want anyone to know I was pregnant . . . . .                        | N | Y |
| j. | Other . . . . .  | N | Y |
- Please tell us:

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**If you did not go for prenatal care, go to Page 4, Question 21.**

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

**Check all that apply**

- Medicaid or Medicaid Health Plan
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- MOMS (Medical Outpatient Maternity Services)
- Other → Please tell us:

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

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

- No  
 Yes  
 I don't know

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

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

- No  
 Yes

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

	No	Yes
a. High blood sugar (diabetes) that started <i>before</i> this pregnancy . . . . .	N	Y
b. High blood sugar (diabetes) that started <i>during</i> this pregnancy . . . . .	N	Y
c. Vaginal bleeding . . . . .	N	Y
d. Kidney or bladder (urinary tract) infection . . . . .	N	Y
e. Severe nausea, vomiting, or dehydration . . . . .	N	Y
f. Cervix had to be sewn shut (incompetent cervix) . . . . .	N	Y
g. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia . . . . .	N	Y
h. Problems with the placenta (such as abruptio placentae or placenta previa) . . . . .	N	Y
i. Labor pains more than 3 weeks before my baby was due (preterm or early labor) . . . . .	N	Y
j. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]) . . . . .	N	Y
k. I had to have a blood transfusion . . . . .	N	Y
l. I was hurt in a car accident . . . . .	N	Y

If you did not have any of these problems, go to Question 25.

**24. Did you do any of the following things because of these problems?** For each item, circle **Y** (Yes) if you did that thing or circle **N** (No) if you did not.

- |  | No | Yes |
|--|----|-----|
| a. I went to the hospital or emergency room and stayed less than 1 day . . . . .               | N  | Y   |
| b. I went to the hospital and stayed 1 to 7 days . . . . .                                     | N  | Y   |
| c. I went to the hospital and stayed more than 7 days . . . . .                                | N  | Y   |
| d. I stayed in bed at home more than 2 days because of my doctor's or nurse's advice . . . . . | N  | Y   |

**The next questions are about smoking cigarettes and drinking alcohol.**

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

- No —————→ Go to Question 29
- Yes

**26. 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
- None (0 cigarettes)

**27. 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
- None (0 cigarettes)

**28. 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
- None (0 cigarettes)

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

- No —————→ Go to Page 6, Question 32
- Yes

**30a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?**

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

**30b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?**

- 6 or more times  
 4 to 5 times  
 2 to 3 times  
 1 time  
 I didn't have 5 drinks or more in 1 sitting  
 I didn't drink then

**31a. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?**

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

**31b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?**

- 6 or more times  
 4 to 5 times  
 2 to 3 times  
 1 time  
 I didn't have 5 drinks or more in 1 sitting  
 I didn't drink then

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

**32. 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. I got separated or divorced from my husband or partner . . . . .	N	Y
c. I moved to a new address . . . . .	N	Y
d. I was homeless . . . . .	N	Y
e. My husband or partner lost his job . . .	N	Y
f. I lost my job even though I wanted to go on working . . . . .	N	Y
g. I argued with my husband or partner more than usual . . . . .	N	Y
h. My husband or partner said he didn't want me to be pregnant . . . . .	N	Y
i. I had a lot of bills I couldn't pay . . . . .	N	Y
j. I was in a physical fight . . . . .	N	Y
k. My husband or partner or I went to jail . . . . .	N	Y
l. Someone very close to me had a bad problem with drinking or drugs . . . . .	N	Y
m. Someone very close to me died . . . . .	N	Y

**The next questions are about the time during the 12 months before you got pregnant with your new baby.**

**33a. During the 12 months before you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?**

- No  
 Yes

**33b. During the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner?**

- No  
 Yes

**The next questions are about the time during your most recent pregnancy.**

**34a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?**

- No  
 Yes

**34b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?**

- No  
 Yes

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

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

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

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

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

- I didn't have my baby in a hospital

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

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

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

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

- I didn't have my baby in a hospital

**39. How was your delivery paid for?**

**Check all that apply**

- Medicaid or Medicaid Health Plan  
 Personal income (cash, check, or credit card)  
 Health insurance or HMO (including insurance from your work or your husband's work)  
 MOMS (Medical Outpatient Maternity Services)  
 Other \_\_\_\_\_ → Please tell us:

\_\_\_\_\_

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

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

- No  
 Yes  
 I don't know

**41. After your baby was born, 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 days
- 4 days
- 5 days
- 6 days or more
- My baby was not born in a hospital
- My baby is still in the hospital

hospital → **Go to Question 44**

**42. Is your baby alive now?**

- No → **Go to Page 10, Question 58**
- Yes

**43. Is your baby living with you now?**

- No → **Go to Page 10, Question 58**
- Yes

**44. During your most recent pregnancy, what did you think about breastfeeding your new baby?**

**Check one answer**

- I knew I would breastfeed
- I thought I might breastfeed
- I knew I would *not* breastfeed
- I didn't know what to do about breastfeeding

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

- No → **Go to Question 50**
- Yes

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

- No
- Yes → **Go to Question 49**

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

Weeks **OR**  Months

- Less than 1 week

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

**Check all that apply**

- My baby had difficulty nursing
- Breast milk alone did not satisfy my baby
- I thought my baby was not gaining enough weight
- My baby got sick and could not breastfeed
- My nipples were sore, cracked, or bleeding
- I thought I was not producing enough milk
- I had too many other household duties
- I felt it was the right time to stop breastfeeding
- I got sick and could not breastfeed
- I went back to work or school
- I wanted or needed someone else to feed the baby
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other → Please tell us:

**49. 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.**

Weeks **OR**  Months

- My baby was less than 1 week old
- I have not fed my baby anything besides breast milk

If your baby is still in the hospital, go to Question 55.

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

Hours

- Less than 1 hour a day  
 My baby is never in the same room with someone who is smoking

**51. How do you *most often* lay your baby down to sleep now?**

Check one answer

- On his or her side  
 On his or her back  
 On his or her stomach

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

- Always  
 Often  
 Sometimes  
 Rarely  
 Never

**53. Was your new baby seen by a doctor, nurse, or other health care worker during the first week after he or she left the hospital?**

- No  
 Yes

**54. Has your new baby had a well-baby checkup?**  
 (A well-baby checkup is a regular health visit for your baby usually at 2, 4, or 6 months of age.)

- No  
 Yes

**55. Do you have health insurance or Medicaid for your new baby?**

- No —————> **Go to Question 57**  
 Yes

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

Check all that apply

- Medicaid or Medicaid Health Plan  
 Private insurance or HMO (including insurance from your work or your husband's, baby's father's, or partner's work)  
 MIChild  
 Other —————> Please tell us:

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If you have health insurance, Medicaid, or MIChild for your new baby, go to Page 10, Question 58.

**57. Why didn't you enroll your new baby in MIChild?**

Check all that apply

- I didn't know about the program  
 I already had insurance  
 I didn't think he or she was eligible  
 Other —————> Please tell us:

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**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 not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

No

Yes → **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*?**

**Check all that apply**

- 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:

**If you or your husband or partner is not doing anything to keep from getting pregnant, go to Question 61.**

**60. 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 closed (female sterilization)
- Vasectomy (male sterilization)
- Pill
- Condoms
- Shot once a month (Lunelle®)
- Shot once every 3 months (Depo-Provera®)
- Contraceptive patch (OrthoEvra®)
- Diaphragm, cervical cap, or sponge
- Cervical ring (NuvaRing® or others)
- IUD (including Mirena®)
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other → Please tell us:

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

**61. During the 12 months before your new baby was born, what were the sources of your household's income?**

Check all that apply

- Paycheck or money from a job
- Money from family or friends
- Money from a business, fees, dividends, or rental income
- Aid such as Temporary Assistance for Needy Families (TANF), welfare, WIC, public assistance, general assistance, food stamps, or Supplemental Security Income
- Unemployment benefits
- Child support or alimony
- Social security, workers' compensation, disability, veteran benefits, or pensions
- Other —————> Please tell us:

\_\_\_\_\_

**62. During the 12 months before your new baby was born, what was your total household income before taxes?** Include your income, your husband's or partner's income, and any other income you may have used. (All information will be kept private and will not affect any services you are now getting.)

Check one answer

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more

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

People

**64. Before you got pregnant with your new baby, did either of the following things happen?** For each item, circle N (No) if it did not happen, Y (Yes) if it did happen, or DK (Don't Know) if you don't know if it happened.

- |  | No | Yes | Don't Know |
|--|----|-----|------------|
| a. You heard or read that taking the vitamin folic acid or foods that contain it (orange juice, citrus fruits, broccoli, green leafy vegetables, and fortified cereal) could help prevent some birth defects . . . . . | N  | Y   | DK         |
| b. Your doctor or nurse instructed you on how to get enough folic acid . . . . .   | N  | Y   | DK         |

The next questions are about how you were treated before and during your most recent pregnancy.

**65. Were you on Medicaid during the 12 months before your new baby was born?**

- No —> Go to Page 12, Question 67
- Yes

**66. When you went to get health care during the 12 months before your new baby was born, which of the following best describes how you were treated compared to women who were not on Medicaid?**

Check one answer

- I was treated better than women who were not on Medicaid
- I was treated worse than women who were not on Medicaid
- I was treated the same as women who were not on Medicaid
- I did not receive any health care in the 12 months before my new baby was born
- I don't know

**67. 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 this happened to you or circle **N** (No) if it did not.

- |   | No | Yes |
|---|----|-----|
| a. You felt that when you went to get health care you were treated worse than people of other races . . . . .   | N  | Y   |
| b. You felt that your race or ethnic background contributed to the stress in your life. . . . .   | N  | Y   |
| c. You felt emotionally upset (for example, angry, sad, or frustrated) as a result of how you were treated based on your race or ethnic background . . . . .  | N  | Y   |
| d. You experienced physical symptoms (for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart) that you felt were related to how you were treated based on your race or ethnic background . . . | N  | Y   |
| e. You felt afraid of your partner or of someone living in your home . . . . .  | N  | Y   |
| f. You felt controlled or isolated by your partner or someone living in your home . . . . .   | N  | Y   |
| g. You were repeatedly called names, told you were worthless or ugly, or verbally threatened by a partner or someone important to you. . . . .  | N  | Y   |
| h. You sought medical care for an injury caused by someone pushing, hitting, slapping, kicking, choking, or otherwise hurting you . . . . .   | N  | Y   |
| i. You were forced to do sexual things that you did not want to do . . . . .  | N  | Y   |
| j. You were forced to have sex with someone who refused to practice safe sex with you. . . . .  | N  | Y   |

The next questions are about things that may have happened since you delivered your baby.

If your baby is no longer alive or is not living with you, go to Page 14, Question 78.

If your baby is still in the hospital, go to Question 74.

68. Before your baby was discharged from the hospital, did your baby have a hearing screening test?

No —————> **Go to Question 70**

Yes

I don't know —————> **Go to Question 70**

69. Were you given the results of your baby's screening for hearing loss?

No

Yes

I don't know

70. Before your baby was discharged from the hospital, did your baby have a screening test for conditions such as PKU, thyroid disorders, and sickle cell disease?

No —————> **Go to Question 72**

Yes

I don't know —————> **Go to Question 72**

71. Were you given the results of your baby's screenings for conditions such as PKU, thyroid disorders, and sickle cell disease?

No

Yes

I don't know

These next questions are about how your baby sleeps.

72. Do you have a crib or portable crib?

No —————> **Go to Question 74**

Yes

73. How often does your new baby sleep alone in a crib or portable crib?

Always

Often

Sometimes

Rarely

Never

74. During your most recent pregnancy or after your new baby was born, did you receive any information or advice on the following?

**Check all that apply**

Placing your baby in a crib or portable crib to sleep

Placing your baby on his or her back to sleep

Placing your baby on a firm mattress

Placing your baby to sleep without pillows, bumper pads, plush blankets, or stuffed toys

I did not receive any information on where, how, or on what my new baby should

sleep —————> **Go to Page 14, Question 76**

**75. From whom or where did you get the information or advice that you received?**

**Check up to three**

- Your mother
- Your grandmother
- Other family member or friend
- TV or radio
- A home health visitor
- Your hospital nurse
- Your obstetrician or midwife
- Your baby's doctor
- Other —————> Please tell us:

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**76. Since your new baby was born, have you used WIC services for your new baby?**

- No
- Yes

**77. Why wasn't your new baby enrolled in WIC?**

**Check all that apply**

- My baby was not eligible
- I didn't know about WIC
- I didn't want to enroll my baby
- Other —————> Please tell us:

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**78. 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.

- |  | <b>No</b> | <b>Yes</b> |
|--|-----------|------------|
| 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          |

**79. Have you ever had your teeth cleaned by a dentist or dental hygienist?**

- No —————> **Go to Question 81**
- Yes

**80. When did you have your teeth cleaned by a dentist or dental hygienist?** For each of the three time periods, circle **Y** (Yes) if you had your teeth cleaned then or circle **N** (No) if you did not have your teeth cleaned then.

- |  | <b>No</b> | <b>Yes</b> |
|--|-----------|------------|
| a. Before my most recent pregnancy . . . . . | N         | Y          |
| b. During my most recent pregnancy . . . . . | N         | Y          |
| c. After my most recent pregnancy . . . . .  | N         | Y          |

**81. What is today's date?**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

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

*Thanks for answering our questions!*

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