

Please mark your answers. Follow the directions included with the questions. If no directions are presented, check the box next to your answer or fill in the blanks. Because not all questions will apply to everyone, you may be asked to skip certain questions.

BEFORE PREGNANCY

First, we would like to ask a few questions about *you*.

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

Pounds OR Kilos

2. How tall are *you* without shoes?

Feet Inches
OR Centimeters

3. What is *your* date of birth?

/ /
Month Day Year

The next questions are about any *past* pregnancy experiences you may have had.

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

No
 Yes

→ **Go to Question 7**

↓
Go to Question 5

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

No
 Yes

6. Was the baby *just before* your new one born *earlier* than 3 weeks *before* his or her due date?

No
 Yes

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

7. At any time during the *12 months before* you got pregnant with your new baby, did you do any of the following things? For each item, check **No** if you did not do it or **Yes** if you did it.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. I was dieting (changing my eating habits) to lose weight | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was exercising 3 or more days of the week..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I was regularly taking prescription medicines other than birth control | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I visited a health care worker to be checked for diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I visited a health care worker to be checked for high blood pressure..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I visited a health care worker to be checked for depression or anxiety | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I talked to a health care worker about my family medical history..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I had my teeth cleaned by a dentist or dental hygienist | <input type="checkbox"/> | <input type="checkbox"/> |

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

Check ALL that apply

- Private health insurance from your job or the job of your husband, partner, or parents
- Private health insurance purchased directly from an insurance company by you or someone else
- Medicaid
- TRICARE or other military health care
- Some other kind of health insurance → Please tell us:

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

9. 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 *before* I got pregnant
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

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

No →

Go to Question 12

Yes

11. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, check **No** if no one talked with you about it or **Yes** if someone talked with you about it.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. Taking vitamins with folic acid before pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Being a healthy weight before pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Getting my vaccines updated before pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Visiting a dentist or dental hygienist before pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Getting counseling for any genetic diseases that run in my family | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Controlling any medical conditions such as diabetes and high blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Getting counseling or treatment for depression or anxiety | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The safety of using prescription or over-the-counter medicines during pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. How smoking during pregnancy can affect a baby | <input type="checkbox"/> | <input type="checkbox"/> |
| j. How drinking alcohol during pregnancy can affect a baby..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. How using illegal drugs during pregnancy can affect a baby..... | <input type="checkbox"/> | <input type="checkbox"/> |

12. *Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker tell you that you had any of the following health conditions?* For each one, check **No** if you did not have the condition or **Yes** if you did.

No Yes

- a. Type 1 or Type 2 diabetes (NOT the same as gestational diabetes or diabetes that starts during pregnancy) ...
- b. High blood pressure or hypertension.....
- c. Depression

13. *During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions?* For each one, check **No** if you did not have the condition or **Yes** if you did.

No Yes

- a. Asthma.....
- b. Anemia (poor blood, low iron).....
- c. Heart problems.....
- d. Epilepsy (seizures).....
- e. Thyroid problems.....
- f. Anxiety

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

14. *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 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

If you wanted to be pregnant later, answer Question 15. Otherwise, go to Question 16.

15. *How much longer did you want to wait to become pregnant?*

- Less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to 5 years
- More than 5 years

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

- No
- Yes

Go to Page 4, Question 19

17. *When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?* Some things people do to keep from getting pregnant include using birth control pills, condoms, withdrawal, or natural family planning.

- No
- Yes

Go to Page 4, Question 20

Go to Page 4, Question 18

18. What were your reasons 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
- I forgot to use a birth control method
- Other _____ → Please tell us:

If you were not trying to get pregnant when you got pregnant with your new baby, go to Question 20.

19. Did you take any fertility drugs or receive any medical procedures from a doctor, nurse, or other health care worker to help you get pregnant with your new baby?

This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.

- No
- Yes

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.)

20. 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 → **Go to Question 24**

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

- No
- Yes
- I didn't want prenatal care

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

Check ALL that apply

- Private health insurance from your job or the job of your husband, partner, or parents
- Private health insurance purchased directly from an insurance company by you or someone else
- Medicaid
- TRICARE or other military health care
- Some other kind of health insurance —————> Please tell us:
- I did not have any health insurance to pay for my *prenatal care*

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

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. How much weight I should gain during my pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How smoking during pregnancy could affect my baby..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Breastfeeding my baby | <input type="checkbox"/> | <input type="checkbox"/> |
| d. How drinking alcohol during pregnancy could affect my baby..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Using a seat belt during my pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Medicines that are safe to take during my pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| g. How using illegal drugs could affect my baby | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Doing tests to screen for birth defects or diseases that run in my family..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Getting tested for HIV (the virus that causes AIDS) | <input type="checkbox"/> | <input type="checkbox"/> |
| k. What to do if I feel depressed during my pregnancy or after my baby is born..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Physical abuse to women by their husbands or partners | <input type="checkbox"/> | <input type="checkbox"/> |

24. 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

25. 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

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

Check ONE answer

- No \longrightarrow **Go to Question 28**
 Yes, before my pregnancy
 Yes, during my pregnancy

27. During what month and year did you get the flu shot?

/ 20

Month Year

- I don't remember

28. This question is about the 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 my teeth cleaned by a dentist or dental hygienist.....
- d. I had insurance to cover dental care during my pregnancy.....
- e. I needed to see a dentist for a **problem**.....
- f. I went to a dentist or dental clinic about a **problem**.....

29. During *your most recent pregnancy*, did you take a class or classes to prepare for childbirth and learn what to expect during labor and delivery?

- No
 Yes

30. During *your most recent pregnancy*, did a home visitor come to your home to help you prepare for your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps pregnant women.

- No
 Yes

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

- No
 Yes

32. During *your most recent pregnancy*, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during *this pregnancy*)?

- No \longrightarrow **Go to Question 34**
 Yes

Go to Question 33

33. During your most recent pregnancy, when you were told that you had gestational diabetes, did a doctor, nurse, or other health care worker do any of the things listed below? For each item, check No if it was not done or Yes if it was done.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. Refer you to a nutritionist | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Talk to you about the importance of exercise | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Talk to you about getting to and staying at a healthy weight after delivery | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Suggest that you breastfeed your new baby..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Talk to you about your risk for Type 2 diabetes | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

No —————→ **Go to Page 8, Question 38**

Yes
↓

35. 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

36. 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

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

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- I don't smoke now

The next questions are about drinking alcohol around the time of pregnancy (before and during).

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

→ **Go to Question 41**

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

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

40. 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

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

41. This question is about things that may have happened during the *12 months before your new baby was born*. For each item, check **No** if it did not happen to you or **Yes** if it did. (It may help to look at the calendar when you answer these questions.)

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

42. During the *12 months before* your new baby was born, how often did you feel unsafe in the neighborhood where you lived?

- Always
 Often
 Sometimes
 Rarely
 Never

43. During the *12 months before* your new baby was born, did you feel emotionally upset (for example, angry, sad, or frustrated) as a result of how you were treated *based on your race*?

- No
 Yes

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

- No
 Yes

45. 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

The next questions are about your labor and delivery.

46. When was your new baby born?

____ / ____ / 20
 Month Day Year

47. Did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?

No → **Go to Page 10, Question 49**

Yes

I don't know → **Go to Page 10, Question 49**

48. Why did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?

Check ALL that apply

- My water broke and there was a fear of infection
 I was past my due date
 My health care provider worried about the size of the baby
 My baby was not doing well and needed to be born
 I had a complication in my pregnancy (such as low amniotic fluid or preeclampsia)
 Labor stopped or was not progressing
 I wanted to schedule my delivery
 I wanted to give birth with a specific health care provider
 Other → Please tell us:

49. By the end of *your most recent* pregnancy, how much weight had you gained?

Check ONE answer
and fill in blank if needed

- I gained _____ pounds
- I didn't gain any weight, but I lost _____ pounds
- My weight didn't change during my pregnancy
- I don't know

AFTER PREGNANCY

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

50. After your baby was delivered, was he or she put in an intensive care unit (NICU)?

- No
- Yes
- I don't know

51. 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 54**

52. Is your baby alive now?

- No → **Go to Page 12, Question 62**
We are very sorry for your loss.
- Yes

Go to Question 53

53. Is your baby living with you now?

- No → **Go to Page 12, Question 61**
- Yes

54. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?

- No → **Go to Question 58**
- Yes

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

- No
- Yes → **Go to Question 58**

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

- _____ Weeks OR _____ Months
- Less than 1 week

57. What were your reasons for stopping breastfeeding?

Check ALL that apply

- My baby had difficulty latching or nursing
- Breast milk alone did not satisfy my baby
- I thought my baby was not gaining enough weight
- My nipples were sore, cracked, or bleeding
- It was too hard, painful, or too time consuming
- I thought I was not producing enough milk, or my milk dried up
- I had too many other household duties
- I felt it was the right time to stop breastfeeding
- I got sick or I had to stop for medical reasons
- I went back to work or school
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other _____ → Please tell us:

58. What kind of health insurance is your new baby covered by now?

Check ALL that apply

- Private health insurance from your job or the job of your husband, partner, or parents
- Private health insurance purchased directly from an insurance company by you or someone else
- Medicaid
- MICHild
- TRICARE or other military health care
- Some other kind of health insurance _____ → Please tell us:

- I do not have any health insurance for my new baby

If your baby is still in the hospital, go to Page 12, Question 61.

59. In which *one* position 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

60. Listed below are some things that describe how your new baby usually sleeps. For each item, check No if it doesn't usually apply to your baby or Yes if it usually applies to your baby.

	No	Yes
a. My new baby sleeps in a crib or portable crib.....	<input type="checkbox"/>	<input type="checkbox"/>
b. My new baby sleeps on a firm or hard mattress.....	<input type="checkbox"/>	<input type="checkbox"/>
c. My new baby sleeps with pillows.....	<input type="checkbox"/>	<input type="checkbox"/>
d. My new baby sleeps with bumper pads.....	<input type="checkbox"/>	<input type="checkbox"/>
e. My new baby sleeps with plush or thick blankets.....	<input type="checkbox"/>	<input type="checkbox"/>
f. My new baby sleeps with stuffed toys.....	<input type="checkbox"/>	<input type="checkbox"/>
g. My new baby sleeps with an infant positioner.....	<input type="checkbox"/>	<input type="checkbox"/>
h. My new baby sleeps with me or another person.....	<input type="checkbox"/>	<input type="checkbox"/>

61. Since your new baby was born, has a home visitor come to your home to help you learn how to take care of yourself or your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps mothers of newborns.

- No
 Yes

62. Are you or your husband or partner doing anything now to keep from getting pregnant? Some things people do to keep from getting pregnant include using birth control pills, condoms, withdrawal, or natural family planning.

- No
 Yes

→ **Go to Question 64**

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

Check ALL that apply

- I am not having sex
 I want to get pregnant
 I don't want to use birth control
 I am worried about side effects from birth control
 My husband or partner doesn't want to use anything
 I have problems getting birth control when I need it
 I had my tubes tied or blocked
 My husband or partner had a vasectomy
 I am pregnant now
 Other → Please tell us:

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

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

Check ALL that apply

- Tubes tied or blocked (female sterilization, Essure[®], Adiana[®])
 Vasectomy (male sterilization)
 Birth control pill
 Condoms
 Injection (Depo-Provera[®])
 Contraceptive implant (Implanon[®])
 Contraceptive patch (OrthoEvra[®]) or vaginal ring (NuvaRing[®])
 IUD (including Mirena[®] or ParaGard[®])
 Natural family planning (including rhythm method)
 Withdrawal (pulling out)
 Not having sex (abstinence)
 Other → Please tell us:

65. Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.

- No
 Yes

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

- Always
 Often
 Sometimes
 Rarely
 Never

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

- Always
- Often
- Sometimes
- Rarely
- Never

68. *What kind of health insurance do you have now?*

Check ALL that apply

- Private health insurance from your job or the job of your husband, partner, or parents
- Private health insurance purchased directly from an insurance company by you or someone else
- Medicaid
- TRICARE or other military health care
- Some other kind of health insurance —————> Please tell us:

- I do not have health insurance *now*

OTHER EXPERIENCES

The next questions are on a variety of topics.

69. *Which of the following statements best describes the rules about smoking *inside* your home during *your most recent* pregnancy, even if no one who lived in your home was a smoker?*

Check ONE answer

- No one was allowed to smoke anywhere inside my home
- Smoking was allowed in some rooms or at some times
- Smoking was permitted anywhere inside my home

70. *Does anyone in your family have sickle cell disease or sickle cell trait?*

- No
- Yes
- I don't know

71. *During *your most recent* pregnancy, did you receive counseling or were you informed about sickle cell disease?*

- No
- Yes

72. *At any time during *your most recent* pregnancy, did you work at a job for pay?*

- No —————> **Go to Page 14, Question 76**
- Yes

73. *Have you returned to the job you had during *your most recent* pregnancy?*

Check ONE answer

- No —————> **Go to Page 14, Question 76**
- No, but I will be returning
- Yes, I have returned to work

74. *Which of the following describes the leave or time you took off from work *after* your new baby was born?*

Check ALL that apply

- I took *paid* leave from my job
- I took *unpaid* leave from my job
- I did not take leave —————> **Go to Page 14, Question 76**

75. *How did you feel about the amount of time you were able to take off *after* the birth of your new baby?*

Check ONE answer

- Too little time
- Just the right amount of time
- Too much time

76. The Michigan BioTrust for Health is a program that uses leftover dried blood spots from newborn screening for health research. While pregnant, where did you hear or read anything about the BioTrust?

Check ALL that apply

- Childbirth education class
- Prenatal clinic or doctor's office
- Information packet from the hospital
- Health or baby fair
- Newspaper or magazine
- Other
- I did not hear or read about the BioTrust while pregnant

77. Around the time of your delivery, did the hospital staff or midwife give you a booklet about the Michigan BioTrust for Health, a program that uses leftover dried blood spots from newborn screening for health research?

Check ONE answer

- No, I was not given the booklet
- Yes, I was given the booklet, and it was very easy to understand
- Yes, I was given the booklet, and it was somewhat easy to understand
- Yes, I was given the booklet, but it was not easy to understand

78. Have any of your close family members who are related to you by blood (mother, father, sisters or brothers) had any of the conditions listed below? For each item, check **No** if no one in your family has the condition, check **Yes** if someone in your family has the condition or check **DK** if you don't know.

- | | No | Yes | DK |
|---|--------------------------|--------------------------|--------------------------|
| a. Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Heart attack before 55 years of age ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. High blood pressure (hypertension) ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Breast cancer before 50 years of age | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Ovarian cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

- \$0 to \$15,000
- \$15,001 to \$18,000
- \$18,001 to \$22,000
- \$22,001 to \$26,000
- \$26,001 to \$29,000
- \$29,001 to \$37,000
- \$37,001 to \$44,000
- \$44,001 to \$52,000
- \$52,001 to \$55,000
- \$55,001 to \$66,000
- \$66,001 to \$77,000
- \$77,001 or more

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

People

81. What is today's date?

/ / 20

Month Day Year

Please use this space for any additional comments you would like to make about your experiences around the time of your pregnancy or the health of mothers and babies in Michigan.

Thanks for answering our questions!

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