

**Michigan PRAMS Phase 6 Questionnaire
(2009-2011)**

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* and the time *before* you got pregnant with your new baby.

1. 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, circle **Y**(Yes) if you did it or circle **N**(No) if you did not.

- a. I was dieting (changing my eating habits) to lose weight. NY
- b. I was exercising 3 or more days of the week. NY
- c. I was regularly taking prescription medicines other than birth control. . . NY
- d. I visited a health care worker to be checked or treated for diabetes. . . NY
- e. I visited a health care worker to be checked or treated for high blood pressure. NY
- f. I visited a health care worker to be checked or treated for depression or anxiety. NY
- g. I talked to a health care worker about my family medical history. . . . NY
- h. I had my teeth cleaned by a dentist or dental hygienist. NY

2. During the month before you got pregnant with your new baby, were you covered by any of these health insurance plans? Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid TRICARE or other military health care
- Other source(s) Please tell us:
- I did not have any health insurance before I got pregnant

3. 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 at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

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

- Pounds **OR** Kilos

5. How tall are you without shoes?

- Feet Inches **OR** Meters

6. What is your date of birth?

____/____/____
Month Day Year

7. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk with you about how to prepare for a healthy pregnancy and baby?

- No [Go to Question 9]
- Yes

8. 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, circle **Y**(Yes) if someone talked with you about it or circle **N**(No) if no one talked with you about it.

- a. Taking vitamins with folic acid before pregnancy. NY
- b. Being a healthy weight before pregnancy. NY
- c. Getting my vaccines updated before pregnancy. NY
- d. Visiting a dentist or dental hygienist before pregnancy. NY
- e. Getting counseling for any genetic diseases that run in my family. NY
- f. Controlling any medical conditions such as diabetes and high blood pressure. NY
- g. Getting counseling or treatment for depression or anxiety. NY
- h. The safety of using prescription or over-the-counter medicines during pregnancy. NY
- i. How smoking during pregnancy can affect a baby. NY
- j. How drinking alcohol during pregnancy can affect a baby. NY
- k. How using illegal drugs during pregnancy can affect a baby. NY

9. Before you got pregnant with your new baby, were you ever told by a doctor, nurse, or other health care worker that you had Type 1 or Type 2 diabetes? This is not the same as gestational diabetes or diabetes that starts during pregnancy.

- _No
- _Yes

10. During the 3 months before you got pregnant with your new baby, did you have any of the following health problems? For each one, circle **Y**(Yes) if you had the problem or circle **N**(No) if you did not.

- a. Asthma. NY
- b. High blood pressure (hypertension). . . NY
- c. Anemia (poor blood, low iron). NY
- d. Heart problems. NY
- e. Epilepsy (seizures). NY
- f. Thyroid problems. NY
- g. Depression. NY
- h. Anxiety. NY

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

- _No [Go to Question 14]
- _Yes

12. Did the baby born just before your new one weigh more than 5 pounds, 8 ounces(2.5 kilos) at birth?

- _No
- _Yes

13. Was the baby just before your new one born more than 3 weeks before his or her due date?

- _No
- _Yes

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 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

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

15. How much later did you want to become pregnant?

- Less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to less than 4 years
- 4 years or more

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

- No [Go to Question 17]
- Yes [Go to Question 20]

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

- No
- Yes [Go to Question 19]

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
- Other Please tell us:

[If you or your husband or partner was **not doing** anything to keep from getting pregnant, go to Question 21]

19. When you got pregnant with your new baby, what were you or your husband or partner using to keep from getting pregnant? Check all that apply

- Tubes tied or closed (female sterilization)
- Vasectomy (male sterilization)
- Pill
- Condoms
- Injection once every 3 months (Depo-Provera®)
- Contraceptive implant (Implanon®)
- Contraceptive patch (OrthoEvra®)
- Diaphragm, cervical cap, or sponge
- Vaginal ring (NuvaRing®)
- IUD (including Mirena®)
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Emergency contraception (The "morning-after" pill)
- Other Please tell us:

[If you were **not trying** to get pregnant when you got pregnant with your new baby, go to Question 21]

20. 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.)

21. 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

22. 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**]

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

_No [**Go to Question 24**]

_Yes [**Go to Question 25**]

24. Did any of these things keep you from getting prenatal care at all or as early as you wanted? For each item, circle **T**(True) if it was a reason that you didn't get prenatal care when you wanted or circle **F**(False) if it was not a reason for you or if something does not apply to you.

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

[If you did not go for prenatal care, go to Question 29]

25. Did any of these health insurance plans help you pay for your *prenatal care*? Check all that apply

_Health insurance from your job or the job of your husband, partner, or parents

_Health insurance that you or someone else paid for (not from a job)

_Medicaid

_TRICARE or other military health care

_Other source(s) Please tell us:

_I did not have health insurance to help pay for my prenatal care

26. 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.

- a. How smoking during pregnancy could affect my baby. NY
- b. Breastfeeding my baby. NY
- c. How drinking alcohol during pregnancy could affect my baby. . . . NY
- d. Using a seat belt during my pregnancy. NY
- e. Medicines that are safe to take during my pregnancy. NY

- f. How using illegal drugs could affect my baby. NY
- g. Doing tests to screen for birth defects or diseases that run in my family. . . . NY
- h. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due). NY
- i. What to do if my labor starts early. . . NY
- j. Getting tested for HIV(the virus that causes AIDS). NY
- k. What to do if I feel depressed during my pregnancy or after my baby is born. NY
- l. Physical abuse to women by their husbands or partners. NY

27. We would like to know how you felt about the prenatal care you got during your most recent pregnancy. If you went to more than one place for prenatal care, answer for the place where you got *most* of your care. For each item, circle **Y(Yes)** if you were satisfied or circle **N(No)** if you were not satisfied. **Were you satisfied with—**

- a. The amount of time you had to wait after you arrived for your visits. . . . NY
- b. The amount of time the doctor, nurse, or midwife spent with you during your visits. NY
- c. The advice you got on how to take care of yourself. NY
- d. The understanding and respect that the staff showed toward you as a person. NY

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

- a. How much weight to gain during pregnancy. NY
- b. Programs or resources to help me stay at the recommended weight during pregnancy. NY
- c. Taking a multivitamin, a prenatal vitamin, or a folic acid vitamin. NY
- d. How eating fish containing high levels of mercury could affect my baby. NY

29. 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

30. Did you get a flu vaccination during your most recent pregnancy?

- _No
- _Yes [Go to Question 32]

31. What were your reasons for not getting a flu vaccination during your most recent pregnancy? For each item, circle **Y(Yes)** if it was a reason for you or circle **N(No)** if it was not a reason or did not apply to you.

- a. My doctor didn't mention anything about a flu vaccination during my pregnancy. NY
- b. I was worried about side effects of the flu vaccination for me. NY
- c. I was worried that the flu vaccination might harm my baby. . . . NY
- d. I wasn't pregnant during the flu season (November-February). NY
- e. I was in my first trimester during the flu season (November-February). . . . NY
- f. I don't normally get a flu vaccination. NY
- g. Other. NY

Please tell us:

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

- _No [Go to Question 34]
- _Yes

33. During your most recent pregnancy, when you went for your WIC visits, did you speak with a breastfeeding peer counselor or another WIC staff person about breastfeeding?

- _No
- _Yes

34. 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 [Go to Question 36]

Yes

35. 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, circle Y(Yes) if it was done or circle N(No) if it was not done.

- a. Refer you to a nutritionist. NY
- b. Talk to you about the importance of exercise. NY
- c. Talk to you about getting to and staying at a healthy weight after delivery. NY
- d. Suggest that you breastfeed your new baby. NY
- e. Talk to you about your risk for Type 2 diabetes. NY
- f. Refer you to a different doctor.

36. Did you have any of the following 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.

- a. Vaginal bleeding. NY
- b. Kidney or bladder (urinary tract)infection. NY
- c. *Severe* nausea, vomiting, or dehydration. NY
- d. Cervix had to be sewn shut(cerclage for incompetent cervix). . . . NY
- e. High blood pressure, hypertension(including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia. . . . NY
- f. Problems with the placenta (such as abruptio placentae or placenta previa). . NY
- g. Labor pains more than 3 weeks before my baby was due (preterm or early labor). NY
- h. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]). . . . NY
- i. I had to have a blood transfusion. . . . NY
- j. I was hurt in a car accident. NY

[If you did *not* have any of the problems listed in Question 36, go to Question 38]

37a. Did you go to the hospital or emergency room because of any of the problem(s)listed above?

No [Go to Question 38]

Yes

37b. How many times did you go to the hospital or emergency room because of the problem(s)?

- 1 time
- 2 times
- 3 times
- 4 or more times

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

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

No [Go to Question 43]

Yes

39. 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

40. 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 during the 3 months before you got pregnant with your new baby, go to Question 42]

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

- 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

42. 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

43. Which of the following statements best describes the rules about smoking *inside* your home now? Check one answer

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

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

44. 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 Question 47]
- Yes [Go to Question 45a]

45a. 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 [Go to Question 46a]

45b. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two 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 1 sitting

46a. 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 [Go to Question 47]

46b. During the last 3 months of your pregnancy, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two 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 1 sitting

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.

47. 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 look at the calendar when you answer these questions.)

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

48. 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

49. 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

50. 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

51. 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. (It may help to look at the calendar when you answer these questions.)

52. When was your baby due?

____/____/____
Month Day Year

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

____/____/____
Month Day Year

_I didn't have my baby in a hospital

54. When was your baby born?

____/____/____
Month Day Year

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

- _No [Go to Question 57]
- _Yes
- _I don't know [Go to Question 57]

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

- _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 health problem and needed to deliver the baby
- _I wanted to schedule my delivery
- _I wanted to give birth with a specific health care provider
- _Other Please tell us:

57. When were you discharged from the hospital after your baby was born?

____/____/____
Month Day Year

_I didn't have my baby in a hospital

58. Did any of these health insurance plans help you pay for the *delivery* of your new baby? Check all that apply

- _Health insurance from your job or the job of your husband, partner, or parents
- _Health insurance that you or someone else paid for (not from a job)
- _Medicaid _TRICARE or other military health care
- _Other source(s) Please tell us:
- _I did not have health insurance to help pay for my delivery

AFTER PREGNANCY

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

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

- No
- Yes
- I don't know

60. 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 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 63]

61. Is your baby alive now?

- No [Go to Question 75]
- Yes

62. Is your baby living with you now?

- No [Go to Question 75]
- Yes

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

- No [Go to Question 67b]
- Yes

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

- No
- Yes [Go to Question 67a]

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

- ____/____/____
Month Day Year
- Less than 1 week

66. What were your reasons for stopping breast feeding? 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
- I had too many other household duties
- I felt it was the right time to stop breastfeeding
- I got sick and was not able to breastfeed
- I went back to work or school

My baby was jaundiced (yellowing of the skin or whites of the eyes)

Other Please tell us:

67a. How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)?

Weeks **OR** Months

My baby was less than 1 week old

My baby has not had any liquids other than breast milk

67b. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

Weeks **OR** Months

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 75]

68. 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

69. Listed below are some things that describe how your new baby *usually* sleeps. For each item, circle **T**(True) if it usually applies to your baby or circle **F**(False) if it doesn't usually apply to your baby.

a. My new baby sleeps in a crib or portable crib. TF

b. My new baby sleeps on a firm or hard mattress. TF

c. My new baby sleeps with pillows. . TF

d. My new baby sleeps with bumper pads. TF

e. My new baby sleeps with plush blankets. TF

f. My new baby sleeps with stuffed toys. TF

g. My new baby sleeps with another person. TF

70. Was your new baby seen by a doctor, nurse, or other health care worker for a *one week check-up* after he or she was born?

No **[Go to Question 72]**

Yes

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

At home

At a doctor's office, clinic, or other healthcare facility

72. Has your new baby had a well-baby *checkup*? (A well-baby checkup is a regular health visit for your baby usually at 1, 2, 4, and 6 months of age.)

No **[Go to Question 74]**

Yes **[Go to Question 73]**

73. What health insurance plan pays for your well-baby *checkup* visits? Check all that apply

Health insurance from your job or the job of your husband, partner, or parents

Health insurance that you or someone else paid for (not from a job)

Medicaid

TRICARE or other military health care

Other source(s) Please tell us:

I do not have health insurance for my new baby

74. Did your new baby have any well-baby shots or vaccinations before he or she was 3 months old? Do not count shots or vaccinations given in the hospital right after birth.

_No

_Yes

_My child has not had any well-baby shots, but he or she is not 3 months old yet

75. 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 [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

_No

_Yes [Go to Question 77]

76. 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

_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 *now*, go to Question 78]

77. 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

_Injection once every 3 months (Depo-Provera®)

_Contraceptive implant (Implanon®)

_Contraceptive patch (OrthoEvra®)

_Diaphragm, cervical cap, or sponge

_Vaginal ring (NuvaRing®)

_IUD (including Mirena®)

_Rhythm method or natural family planning

_Withdrawal (pulling out)

_Not having sex (abstinence)

_Emergency contraception (The "morning-after" pill)

_Other Please tell us:

78. 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 6 weeks after she gives birth.)

_No

_Yes

79. Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced things this way *since your new baby was born*. Use the scale when answering:

- | | | | | | |
|--|-------|--------|-----------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 |
| | Never | Rarely | Sometimes | Often | Always |
- a. I felt down, depressed, or sad. . . ____
- b. I felt hopeless. ____
- c. I felt slowed down. ____

OTHER EXPERIENCES

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

80. 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.)

- _ 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

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

_ People

82. What is today’s date?

____/____/____
 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.*