LAMB Calendar

2007

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2008

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STAFF USE ONLY:

ID: _____

Date Received: ____/____/____

Date Entered: ____/____/____

Missing questions: _____

Need to telephone: ____ Yes _____ No Phone number: _____

Comments: _____

UCLA IRB#G06-02-040-02 Expiration date: June 26, 2008

The Los Angeles Mommy and Baby Project

Your Voice

Your Experiences

Our Healthy Mommies & Babies

Complete the survey and get a $20 Ralphs/Food4Less gift card and a chance to win a $100 gift card!

For more information, or to **complete the survey by telephone**, please call the LAMB Project at 1-866-706-LAMB (1-866-706-5262)

Los Angeles County Department of Public Health

? **Maternal, Child, and Adolescent Health Programs** ?

Revised 01/28/08 MF

Confidentiality

Please Read Before Starting the Survey

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. We will keep all information that you share with us private and confidential. With this Certificate, we cannot be forced to reveal information that may identify you except in the following cases:

- When required for government audits of research records or to the Federal Drug Administration (FDA)

- When you give someone permission to receive the information

Some questions are sensitive in nature and ask about physical and emotional abuse during pregnancy; smoking, alcohol, and drug use during pregnancy; and experiences of racism. We will not reveal your answers, and you may refuse to answer any questions without penalty.

If you have any questions about your rights as research subjects, please contact the UCLA IRB at 310-825-7122.

Important Information About LAMB

Please Read Before Starting the Survey

?? The Los Angeles Mommy and Baby Survey (LAMB) is a research project sponsored by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health Programs.

?? We are asking women who live in Los Angeles County to answer the same questions. All of your names were picked by chance by a computer from recent birth certificates.

?? It is your choice whether or not to do the survey. Whether or not you answer the survey will not affect your health care, immigration status, or any benefits you may be receiving.

?? If you choose to do the survey, your answers will be kept private to the extent allowed by law and will be used only for research.

?? Your name will not be used in any reports from LAMB. The survey has a number on it, so we will know when it is returned.

?? Your answers will be linked to information on your baby's birth certificate to help us understand how your pregnancy experiences influence your baby's health. If you have had more than one baby, your answers may be linked to your other babies' birth certificates as well.

?? Your answers will be grouped with those from other women. What we learn from this survey will be used to help mothers and babies in Los Angeles County.

?? This is an ongoing study. We will keep your name and contact information so that we can contact you in a few years about participating in a follow-up study.

If you have questions about LAMB or if you want to answer the questions by telephone, please call 1-866-706-LAMB (1-866-706-5262).

Frequently Asked Questions about LAMB

What is LAMB?
LAMB (Los Angeles Mommy and Baby Survey) is a project sponsored by the Los Angeles County Department of Public Health. Our survey asks mothers who recently had a baby questions about things that happened around the time of their pregnancy. Your answers will help us learn more about ways to improve the health of future mothers and babies**.**

Why should I participate in this survey?
LAMB is a very important survey that will help improve the health of future mothers and babies. The survey will help us to better understand and meet the health needs of Los Angeles County mothers and babies. Your answers will help us to improve services for women, infants, and families. To get a better overall picture of the health of mothers and babies in Los Angeles County, we need each mother selected to answer the questions.

Some of the questions do not seem related to pregnancy—why are they asked?
Many things in a mother's life may affect her pregnancy. These questions try to get the best picture of things that happened before, during, and after pregnancy. The questions also allow us to group you with other women. Although some of the questions may be personal, please remember that all your answers will be kept private.

How was I chosen to participate in LAMB?
Your name was picked by chance, like in a lottery, from the state birth certificate registry. You are one of a small number of women who were chosen to help us in this study.

Will I receive results of the survey?
If you would like us to send you the results of the survey, please tell us at the end of the survey.

What if I want to ask more questions about LAMB?
We will be happy to answer any other questions that you may have about LAMB. Please call us at 1-866-706-LAMB (1-866-706-5262). If you prefer to complete the survey on the telephone, please call us at the same number.

☐ ✍ Check here if you want someone to call you to do the survey over the telephone.

In the spaces below, please write your name, address, and telephone number and the name, address, and telephone number of a friend or family member who would know how to reach you in case you move. We ask for this in case we need to reach you to clarify answers on your survey and to make sure we have your current address to mail your Ralphs/Food4Less gift card. **You will receive a Ralphs/Food4Less gift card whether you mail in your survey or take it over the telephone.**

☐ If you will be moving to a new address, please write your new address and check here.

Your name: _____

Address: _____

_____

Phone: ( ) _____

When is the best time to call you? _____

Friend/family name: _____

Address: _____

_____

Phone: ( ) _____

****Attention LAMB Staff: Tear out this page before entering data****

84. What was your family income in **2006** before taxes? Please check the number below that includes your total family income, including your income and the income of your husband or partner (if living with you in 2006) and your children,
Please include income from all sources, including jobs, welfare, disability, unemployment, child support, interest, dividends, and support from family members

Less than $20,000 ..... ✍1
$20,000-$39,999 ..... ✍2
$40,000-$59,999 ..... ✍3
$60,000-$99,999 ..... ✍4
More than $100,000 ..... ✍5

85. How many people lived on this income in **2006**?
_____ total number of people

If you would like to write any comments about this survey, your prenatal care experiences, your pregnancy, or anything else, please do so in the space below.

_____
_____
_____
_____
_____

This is the end of the survey.

Please place the survey in the pre-addressed, postage-paid envelope that is provided and mail it to:

Los Angeles Mommy and Baby Survey
Maternal, Child and Adolescent Health Programs
600 S. Commonwealth, Suite 800
Los Angeles, CA 90005

Thank you very much for your help.

Your valuable contribution will help us make Los Angeles County mothers and babies healthier!

**** You will receive your $20 Ralphs/Food4Less Gift Card in about 2 to 3 weeks after we receive your survey. We will also contact you if you win the $100 gift card. ****

Today's Date

_____ / _____ / _____
month day year

Your Date of Birth

_____ / _____ / _____
month day year

Think about the time before you got pregnant with your new baby. Questions 1-23 ask about things that may have happened to you just before your last pregnancy.

1. **Just before your last pregnancy**, did you have health insurance?

✍1 Yes

✍0 No ✍ **GO TO QUESTION #3**

2. What kind of health insurance did you have before your last pregnancy?

Medi-Cal ..... ✍1
Private Insurance ..... ✍2
Other ..... ✍3

Please tell us:
_____

3. During the **six months before** you got pregnant with your new baby, did you talk to a doctor, nurse or other health care worker about how to prepare for a healthy pregnancy and baby?

✍1 Yes

✍0 No ✍ **GO TO QUESTION #5**

4. Tell us why you saw a doctor, nurse, or other health care worker to prepare for this baby. **Check all that apply.**

a. I thought talking with a doctor or nurse would help me have a healthy pregnancy . ✍1
b. I had a chronic medical problem ..... ✍2
c. I had problems during my previous pregnancy .... ✍3
d. I expected to get pregnant .... ✍4
e. I was encouraged to see a doctor or nurse .... ✍5

✍ **GO TO QUESTION #6**

5. Tell us why you did not see a health professional to prepare for this baby. **Check all that apply.**

a. I knew how to prepare myself for pregnancy already ..... . ✍1
b. I didn't expect to get pregnant ... . ✍2
c. I didn't have enough money or insurance to pay for a check-up ..... . ✍3
d. I didn't have a regular doctor or nurse to talk to ..... ✍4
e. I had no way to get to the clinic or the doctor's office ..... . ✍5
f. I couldn't take time off from work . ✍6
g. I had no one to take care of my children ..... . ✍7
h. I had too many other things going on ..... ✍8
i. I couldn't find a doctor or nurse who spoke my language..... . ✍9
j. Other ..... ✍10
Please tell us:_____

✍ **GO TO QUESTION #8**

6. Where did you go to talk to a doctor, nurse or other health care worker about how to prepare for pregnancy? **Check all that apply.**

   Private doctor's office ..... ✍1
   Health Maintenance Organization (HMO) ..... ✍2
   Publicly-funded clinics ..... ✍3
   Hospital clinics ..... ✍4
   Family planning clinics ..... ✍5
   Other sites ..... ✍6

7. Think about the times you saw a doctor or nurse in the **six months before** you got pregnant. Did your provider talk to you about these topics to get you ready for pregnancy?

		Y	N
a.	Multivitamin or folic acid supplements	✍Y	✍N
b.	Healthy weight for pregnancy	✍Y	✍N
c.	Immunizations	✍Y	✍N
d.	Nutrition	✍Y	✍N
e.	Stop smoking	✍Y	✍N
f.	Taking care of your blood sugar	✍Y	✍N
g.	Taking care of your blood pressure	✍Y	✍N
h.	Taking care of your medical conditions (e.g. asthma, anemia)	✍Y	✍N
i.	Taking care of your gums and teeth	✍Y	✍N
j.	Domestic violence	✍Y	✍N
k.	Anxiety or depression	✍Y	✍N
l.	Birth control	✍Y	✍N
m.	Genetic screening	✍Y	✍N
n.	Lead and/or mercury exposure	✍Y	✍N

8. In the **six months <u>before</u>** you got pregnant, did you have any of these problems? **Check all that apply.**

   a. Depression ..... ✍1
   b. Anxiety ..... ✍2
   c. High blood pressure (hypertension) ..... ✍3
   d. High blood sugar (diabetes) ..... ✍4
   e. Anemia (poor blood, low iron) ..... ✍5
   f. Heart problems ..... ✍6
   g. Problems with your gums or teeth ..... ✍7
   h. Asthma ..... ✍8
   i. Eat less than you felt you should because there wasn't enough money to buy food ..... ✍9

9. In the **<u>6 months before</u>** you found out you were pregnant with your new baby, how many cigarettes did you smoke a day, on average?

   None ..... ✍1
   About one cigarette a day or less ..... ✍2
   Just a few cigarettes a day (2-4) ..... ✍3
   About half a pack a day (5-14) ..... ✍4
   About a pack a day (15-24) ..... ✍5
   About 1 ½ packs a day (25-34) ..... ✍6
   About 2 packs a day (35-44) ..... ✍7
   More than 2 packs a day (45 or more) ..... ✍8

UCLA IRB#G06-02-040-02 Expiration date: June 26, 2008

76. In the months after your new baby was born, would you say that you were:

    Not depressed at all ..... ✍1
    A little depressed ..... ✍2
    Moderately Depressed ..... ✍3
    Very Depressed ..... ✍4

77. Are you or your husband or partner doing anything now to keep from getting pregnant?

    Yes ..... ✍1
    No ..... ✍0

The next questions give us a general idea of the types of people who have taken part in this important survey. Again, all information about you will be kept private.

78. How tall are you?
    _____**feet and** _____ **inches**
    OR
    _____ **centimeters**

79. **Just before you got pregnant with your new baby**, how much did you weigh?
    _____ pounds
    OR
    _____ kilos

80. **Just before you gave birth to your new baby,** how much did you weigh?
    _____ pounds
    OR
    _____ kilos

81. Were you born in the United States?

    Yes ..... ✍1
    No ..... ✍0
    If no, please tell us where you were born:
    _____

82. How long have you lived in the United States?

    _____ **years OR** _____ **months**

83. What language do you <u>usually</u> speak at home? **Check all that apply.**

    English ..... ✍1
    Spanish ..... ✍2
    Asian language ..... ✍3
    Please tell us: _____
    Other language ..... ✍4
    Please tell us: _____

Revised 01/28/08 MF

71. Did any of these things keep your baby from having a well-baby checkup? **Check all that apply.**

I couldn't get an appointment ..... ✍1
My baby was too sick to go for routine care..... ✍2
I didn't have enough money or insurance to pay for a check-up..... ✍3
Other..... ✍4
Please tell us: _____

72. After your baby was born, did you go back to a doctor or clinic for a postpartum checkup for yourself? (A postpartum checkup is a regular health visit for the mother, usually at 6 weeks after delivering the baby)

✍1 Yes ✍ **GO TO QUESTION #74**

✍0 No

73. What were the reasons you didn't go see a doctor or nurse for a postpartum checkup? **Check all that apply.**

I felt fine ..... ✍1
I didn't think I needed a check-up..... ✍2
I didn't have enough money or Insurance to pay for a check-up ..... ✍3
I had too many things going on ..... ✍4
I was too busy with my baby..... ✍5
Other reason..... ✍6
Please tell us: _____

GO TO QUESTION #75

74. During the checkup, did your doctor or nurse talk to you about any of the following? **Check all that apply.**

a. Birth control ..... ✍Y ✍N
b. Breastfeeding ..... ✍Y ✍N
c. Baby's sleeping position..... ✍Y ✍N
d. Losing the weight I gained during pregnancy..... ✍Y ✍N
e. Taking care of my blood sugar .... ✍Y ✍N
f. Taking care of my blood pressure ✍Y ✍N
g. Domestic violence/child abuse .... ✍Y ✍N
h. Anxiety..... ✍Y ✍N
i. Depression ..... ✍Y ✍N
j. Stopping smoking..... ✍Y ✍N
k. Stopping drinking alcohol ..... ✍Y ✍N
l. Stopping drug use ..... ✍Y ✍N
m. Childhood lead exposure..... ✍Y ✍N

75. This question is about things that may have happened **after your baby was born.** For each item, check **Yes** if it happened to you or **No** if it did not.

a. Your husband or partner pushed, hit, slapped, kicked, choked, or physically hurt you in any way ..... ✍Y ✍N

b. Your husband or partner tried to control your daily activities, for example telling you who you could talk to or where you could go..... ✍Y ✍N

c. You felt afraid of your husband or partner ..... ✍Y ✍N

d. Your husband or partner repeatedly called you names, told you that you were worthless, ugly, or verbally threatened you..... ✍Y ✍N

e. Your husband or partner forced you to take part in any sexual activity when you did not want to (including touch that made you uncomfortable) ..... ✍Y ✍N

UCLA IRB#G06-02-040-02 Expiration date: June 26, 2008

10. During the **month before you got pregnant** with your new baby, how many times a week did you take a vitamin pill with folic acid or multivitamins?

I did not take one at all ..... ✍1
Once in a while..... ✍2
1 to 3 times a week ..... ✍3
4 to 6 times a week ..... ✍4
Everyday of the week..... ✍5

11. Some health experts say you should take folic acid before and during early pregnancy. **CHECK ONE reason for taking folic acid:**

To make strong bones..... ✍1
To prevent birth defects..... ✍2
To prevent high blood pressure..... ✍3
I don't know ..... ✍4

12. **Think about the time 3 months before you got pregnant.** Were you trying to get pregnant? Check one answer.

Yes ..... ✍1
Yes, but was not trying very hard..... ✍2
No, I was trying hard to keep from getting pregnant ..... ✍3
I wasn't trying to get pregnant or trying to keep from getting pregnant . ..... ✍4

13. Before you got pregnant with your new baby, were you doing anything to keep from getting pregnant?

Yes, all the time..... ✍1 } **GO TO QUESTION #15**
Yes, sometimes..... ✍2 }
No ..... ✍3 ✍ **ANSWER QUESTION #14**

14. What were your or your husband 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..... ✍1
I wanted to have a baby/I was trying to get pregnant ..... ✍2
I thought I would not get pregnant then..... ✍3
I had side effects from the birth control method I was using.. ..... ✍4
I had problems getting birth control when I needed it..... ✍5
I thought my husband or partner or I could not get pregnant..... ✍6
My husband or partner did not want to use anything ..... ✍7
I could not afford birth control..... ✍8
Other..... ✍9
Please tell us:
_____

NOW GO TO QUESTION #16

15. What were you or your husband or partner doing to keep from getting pregnant? **Check all that apply.**

Pill ..... ✍1
Condoms ..... ✍2
Shots (Lunelle® or Depo-Provera®)..... ✍3
Patch (OrthoEvra®)..... ✍4
Rhythm method or natural family planning . ✍5
Withdrawal (pulling out) ..... ✍6
Other..... ✍7
Please tell us: _____

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16. **Before** you got pregnant with your new baby, had you ever used emergency contraception (the "morning-after pill")?

No .....✍1

No, I didn't know what emergency contraception was .....✍2

Yes .....✍3

How many times? _____

17. 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 ..... ✍1

I wanted to be pregnant later
If so, how much later?
Less than a year ....✍2
Between 1-2 years later ..... ✍3
Between 3-4 years later ..... ✍4
5 or more years later..... ✍5

I wanted to be pregnant then..... ✍6

I didn't want to be pregnant then or at any time in the future..... ✍7

18. **Just before** you got pregnant with your new baby, how did your husband or partner feel about you becoming pregnant?

He wanted me to be pregnant sooner .....✍1
He wanted me to be pregnant later .....✍2
He wanted me to be pregnant then .....✍3
He didn't want me to be pregnant then or at any time in the future.....✍4
I don't know .....✍5

19. How did you feel when you found out you were pregnant with your new baby? Were you

Very unhappy..... ..... ✍1
Somewhat unhappy..... ..... ✍2
Neither happy nor unhappy . ..... ✍3
Somewhat happy..... ..... ✍4
Very happy..... ..... ✍5

20. Did a doctor help you become pregnant with your new baby? (Such as fertility-enhancing drugs, insemination, or in-vitro fertilization)

Yes..... ✍1
No ..... ✍0

21. **Before you were pregnant with your new baby**, how many times had you been pregnant? **Please include ALL pregnancies, even those that were miscarried or aborted**.

_____ Times

22. **Before your new baby was born,** how many times had you given birth? Please include babies who died before delivery (stillbirths), but do not count miscarriages and abortions.

_____Times

_____Total number of children

What are their ages?

_____ _____ _____
_____ _____ _____

63. What were your reasons for stopping breastfeeding? **Check all that apply.**

a. I had difficulty nursing my baby..... ✍1
b. Breast milk alone did not satisfy my baby ..... ✍2
c. I thought I was not making enough milk ..... ✍3
d. My nipples were sore, cracked, or bleeding ..... ✍4
e. I went back to work or school ..... ✍5
f. Other..... ✍6
Please tell us: _____

64. Did a doctor or nurse give you any help or encouragement for breastfeeding?

a. During prenatal visits? ..... ✍Y ✍N
b. In the hospital after your baby was born?..... ✍Y ✍N
c. During the well-baby checkup?
..... ✍Y ✍N

65. How do you put your new baby down to sleep most of the time? **Check only one answer.**

On his/her side ..... ✍1
On his/her back ..... ✍2
On his/her stomach ..... ✍3

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

✍1 Always
✍2 Frequently
✍3 Sometimes
→ **ANSWER QUESTION #67**

✍4 Rarely
✍5 Never
→ **GO TO QUESTION #68**

67. What are the reasons your baby sleeps with you or with another person? **Check all that apply.**

✍1 I do not have a crib for my baby
✍2 Part of my culture/tradition
✍3 I want a closer bond with my baby
✍4 It is easier to breastfeed my baby
✍5 Other
Please tell us:
_____

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

_____ **Hours**

69. Did you enroll your new baby into a health coverage program, like Medi-Cal or a private insurance, before leaving the hospital?

Yes.....✍1
No.....✍0

70. 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, and 6 months of age).

✍1 Yes ✍ **GO TO QUESTION #72**
✍0 No

Now think about the time since your new baby was born. The next questions are about you and your baby.

58. Is your baby alive now?
    Yes ..... ✍1
    No ..... ✍0

    If your baby has passed away, we would like to extend our condolences to both you and your family. Please know that we are here to offer support during your time of need. If you need any support, please call us: 1-866-706-LAMB (5262).

59. We would like to know how you felt about the care you received at the hospital during your last delivery. Overall, how would you rate the hospital where you delivered your new baby?

    Excellent ..... ✍1
    Very good ..... ✍2
    Good ..... ✍3
    Fair ..... ✍4
    Poor ..... ✍5

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

    Yes ..... ✍1 **GO TO QUESTION #62**
    No ..... ✍0

61. What were your reasons for not breastfeeding your new baby? **Check all that apply.**

    a. My baby was sick and could not breastfeed .... ✍1
    b. I was sick and could not breastfeed .... ✍2
    c. I had too many household duties .... ✍3
    d. I did not like breastfeeding ..... ✍4
    e. I went back to work or school ..... ✍5
    f. Other .... ✍6
       Please tell us:
       _____

    ✍ **GO TO QUESTION #64**

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

    _____ Weeks OR _____ Months

    Less than 1 week .... ✍1
    I'm still breastfeeding .... ✍2
    ✍ **IF SO, GO TO QUESTION #64**

23. **Before your last pregnancy,** did you **ever** have the following?

a.	A baby that was born too soon (more than 3 weeks before its due date)	✍Y	✍N
b.	A baby that weighed 5 pounds 8 ounces (2.5 kilos) or less at birth	✍Y	✍N
c.	Miscarriage	✍Y	✍N
d.	Abortion	✍Y	✍N
e.	A baby who died before delivery (stillbirth)	✍Y	✍N
f.	A baby under 1 year old who passed away	✍Y	✍N
g.	A baby born with a birth defect	✍Y	✍N

Please tell us what defect(s) your baby (babies) had:

_____
_____

Now think about things that happened to you when you were pregnant with your new baby.

24. Pregnancy can be a difficult time for some women. These next questions are about events that may have happened to you **during your last pregnancy.** Check **Y (Yes)** if it happened to you, **Check N (No)** if it did not. *It may help to look at the calendar on the back of the survey.*

a.	A close family member was very sick and had to go into the hospital	✍Y	✍N
b.	You got separated or divorced from your husband or partner	✍Y	✍N
c.	You moved to a new address ...	✍Y	✍N
d.	You were homeless	✍Y	✍N
e.	Your husband or partner lost his job	✍Y	✍N
f.	You lost your job even though you wanted to go on working	✍Y	✍N
g.	You argued with your husband or partner more than usual	✍Y	✍N
h.	You had a lot of bills you could not pay	✍Y	✍N
i.	You were in a physical fight	✍Y	✍N
j.	You or your husband or partner went to jail	✍Y	✍N
k.	Someone very close to you had a problem with drinking or drugs..	✍Y	✍N
l.	Someone close and important to you died	✍Y	✍N
m.	You were in a car accident	✍Y	✍N
n.	Have any other serious events happened during your pregnancy	✍Y	✍N

UCLA IRB#G06-02-040-02 Expiration date: June 26, 2008
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25. Below is a list of ways you might have felt **during your last pregnancy.** For each question, select one of the following choices: Never, Occasionally, Fairly Often, Always. **How much of the time, during your last pregnancy, had you:**

	Never	Occasionally	Fairly Often	Always
a. Been a very nervous person?	☐1	☐2	☐3	☐4
b. Felt calm and peaceful?	☐1	☐2	☐3	☐4
c. Felt sad?	☐1	☐2	☐3	☐4
d. Been a happy person?	☐1	☐2	☐3	☐4
e. Been upset because of something that happened unexpectedly?	☐1	☐2	☐3	☐4
f. Felt that you were unable to control the important things in your life?	☐1	☐2	☐3	☐4
g. Felt that things were going your way?	☐1	☐2	☐3	☐4
h. Felt difficulties were piling up so high that you could not overcome them?	☐1	☐2	☐3	☐4
i. Felt so down in the dumps that nothing could cheer you up?	☐1	☐2	☐3	☐4

26. Below is a list of statements dealing with your feelings about yourself **during your last pregnancy**. For each item below choose one from the following:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I feel that I'm a person of worth, at least on an equal plane with others.	☐1	☐2	☐3	☐4	☐5
b. I am able to do things as well as most other people.	☐1	☐2	☐3	☐4	☐5
c. On the whole, I am satisfied with myself.	☐1	☐2	☐3	☐4	☐5
d. I have little control over the things that happen to me.	☐1	☐2	☐3	☐4	☐5
e. There is really no way I can solve some of the problems I have.	☐1	☐2	☐3	☐4	☐5
f. Sometimes I feel that I am being pushed around in life.	☐1	☐2	☐3	☐4	☐5
g. I can do just about anything I really set my mind to do.	☐1	☐2	☐3	☐4	☐5

27. How much was your religion involved in understanding or dealing with stressful situations during your last pregnancy?

Not involved at all ..... ✍0

Not very involved ..... ✍1

Somewhat involved..... ✍2

Very involved ..... ✍3

Tell us how strongly you **agree or disagree** with the following statements about this neighborhood. Answer for the neighborhood you lived in for the **most** time during your pregnancy.

55. **Do you agree that people in your neighborhood…**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. Are willing to help their neighbors?	☐1	☐2	☐3	☐4	☐5
b. This is a close-knit (tight) neighborhood?	☐1	☐2	☐3	☐4	☐5
c. Can be trusted?	☐1	☐2	☐3	☐4	☐5
d. Generally don't get along with each other?	☐1	☐2	☐3	☐4	☐5
e. Do not share the same values?	☐1	☐2	☐3	☐4	☐5

56. **And how often do your neighbors…**

	Never	Almost Never	Sometimes	Fairly Often	Very Often
a. Do favors for each other?	☐1	☐2	☐3	☐4	☐5
b. Ask each other advice about personal things such as child rearing or job openings?	☐1	☐2	☐3	☐4	☐5
c. Have parties or other get-togethers where other people in the neighborhood are invited?	☐1	☐2	☐3	☐4	☐5
d. Visit in each other's homes or on the street?	☐1	☐2	☐3	☐4	☐5
e. Watch over each other's property?	☐1	☐2	☐3	☐4	☐5

57. **How would you rate this neighborhood in terms of its…**

	Very Poor	Poor	Neutral	Good	Very Good
a. Police protection	☐1	☐2	☐3	☐4	☐5
b. Protection of property	☐1	☐2	☐3	☐4	☐5
c. Safety from violence	☐1	☐2	☐3	☐4	☐5
d. Friendliness	☐1	☐2	☐3	☐4	☐5
e. Cleanliness	☐1	☐2	☐3	☐4	☐5
f. Quietness	☐1	☐2	☐3	☐4	☐5
g. Quality of schools	☐1	☐2	☐3	☐4	☐5
h. Availability of parks, playgrounds, or sidewalks	☐1	☐2	☐3	☐4	☐5
i. Municipal services (e.g., trash pickup, road repair, libraries, water)	☐1	☐2	☐3	☐4	☐5

53. Have you ever experienced discrimination (for example, been prevented from doing something, or been hassled or made to feel inferior) in any of the following situations because of your race or skin color, immigration status, age, income, because you are a woman, or because you were pregnant?
CHECK ALL THAT APPLY

	Race/ Color	Immigration Status	Age	Income	Being a Woman	Because You Were Pregnant	Language
At school	✍	✍	✍	✍	✍	✍	✍
Getting a job	✍	✍	✍	✍	✍	✍	✍
At work	✍	✍	✍	✍	✍	✍	✍
Getting medical care	✍	✍	✍	✍	✍	✍	✍
Getting housing	✍	✍	✍	✍	✍	✍	✍
From police/courts	✍	✍	✍	✍	✍	✍	✍
In stores/restaurants	✍	✍	✍	✍	✍	✍	✍
None	✍	✍	✍	✍	✍	✍	✍

These next questions are about the neighborhood where you were living during your last pregnancy.
Answer for the neighborhood you lived in for the most time during your pregnancy.

54. For how long have you lived in this neighborhood? Please count the **total** number of months or years **before AND during** your last pregnancy that you have lived in this neighborhood.

_____ years **OR** _____ months

28. **During** your last pregnancy, did you work outside your home?

Yes ..... ✍1

If you stopped working before you had your baby, which week of your pregnancy did you stop?

_____ **week**

No ..... ✍0 ↴ **IF NO, GO TO QUESTION #30**

29. During your last pregnancy did you do any of the following regularly at work? For each item, check **Y (Yes)** if you did or **N (No)** if you did not.

a. Worked more than 40 hours per week?
..... ✍Y ✍N

b. Stood or walked for more than 3 hours a day? ..... ✍Y ✍N

c. Lifted or carried more than 25 pounds?
..... ✍Y ✍N

d. Worked a night shift or overnight shift at least once a week? ..... ✍Y ✍N

30. Many women find **the last 3 months of pregnancy** difficult. Think about how active you were during that time. How often did you exercise for 30 minutes or more? (For example, walking for exercise, swimming, cycling, dancing, or gardening.) Do not count exercise you may have done as part of your regular job.

I didn't exercise ..... ✍1

I didn't exercise; a doctor, nurse, or health care worker said not to exercise .. ✍2

Less than 1 day per week ..... ✍3

1 to 4 days per week ..... ✍4

5 or more days per week ..... ✍5

31. Did you douche at any time during your last pregnancy (for example, did you use water or solutions such as Summer's Eve or Massengill, to clean the vagina)?

Yes ..... ✍1
No ..... ✍0

32. On average, how many cigarettes did you smoke per day **after you found out that you were pregnant?**

None ..... ✍1
About one cigarette a day or less... ✍2
Just a few cigarettes a day (2-4) .... ✍3
About half a pack a day (5-14) ..... ✍4
About a pack a day (15-24) ..... ✍5
About 1 ½ packs a day (25-34) ..... ✍6
About 2 packs a day (35-44) ..... ✍7
More than 2 packs a day
(45 or more) ..... ✍8

33. During your last pregnancy, about how many hours a day, on average, were you in the same room with someone who was smoking?

_____ **hours**

34. Did you use any of these drugs **when you were pregnant**? For each item, Check **Y (Yes)** if you did or **N (No)** if you did not use these drugs.

a. Prescription medication(s) .... ✍Y ✍N
b. Over-the-counter medications ✍Y ✍N
c. Marijuana (pot, weed) or hashish (hash) ..... ✍Y ✍N
d. Amphetamines (uppers, ice, speed, crystal, crank)..... ✍Y ✍N
e. Cocaine (rock, coke, crack) or heroin (smack, horse) ..... ✍Y ✍N
f. Tranquilizers (downers, ludes) or hallucinogens (LSD/acid, PCP/angel dust, ecstasy) ..... ✍Y ✍N
g. Sniffing gasoline, hairspray, or other aerosols to get high..... ✍Y ✍N

35. Did you drink any alcohol during your last pregnancy? For example, beer, wine, wine cooler, liquor, or a mixed drink made with liquor.

Yes ..... ✍1
No ..... ✍0

36. Some women find pregnancy a difficult time financially. While you were pregnant, did you ever eat less than you felt you should because there wasn't enough money to buy food?

Yes ..... ✍1
No ..... ✍0

37. **During your last pregnancy,** how often did you skip a meal?

Never ..... ✍1
About once a week ..... ✍2
About 2 to 3 times per week ..... ✍3
About 4 to 6 times per week ..... ✍4
Always ..... ✍5

The next questions (38 – 41) are about your relationship with the baby's father.

38. At the time your baby was born, what was your relationship status with the baby's father?

Married ..... ✍1
Separated or divorced ..... ✍2
Widowed ..... ✍3
Never married but living together ... ✍4
Never married and living apart ..... ✍5

50. We would like to know how you felt about the care you received during your last pregnancy. **If you went to more than one place for prenatal care, answer for the place where you received <u>most</u> of your care**.

	Dissatisfied	Neutral	Satisfied
a. How long you had to wait to see the doctor at the doctor's office.	☐1	☐2	☐3
b. How much time the doctor or nurse spent with you during your visits.	☐1	☐2	☐3
c. The advice you received on how to take care of yourself.	☐1	☐2	☐3
d. The understanding and respect that the staff showed toward you.	☐1	☐2	☐3

51. **During your last pregnancy**, did you get any of these services?

a. WIC
✍Y ..... ✍N ..... ✍Did not need
b. Childbirth classes
✍Y ..... ✍N ..... ✍Did not need
c. Parenting classes
✍Y ..... ✍N ..... ✍Did not need
d. Classes on how to stop smoking
✍Y ..... ✍N ..... ✍Did not need
e. Visits to your home by a nurse or other health care worker
✍Y ..... ✍N ..... ✍Did not need
f. Food stamps
✍Y ..... ✍N ..... ✍Did not need
g. TANF (welfare)
✍Y ..... ✍N ..... ✍Did not need

52. Did you have any of these problems during your last pregnancy?

a. High blood pressure (such as high blood pressure caused by pregnancy, preeclampsia, or toxemia) ..... ✍Y ✍N
b. High blood sugar (gestational diabetes) that started *during* this pregnancy .. .. ✍Y ✍N
c. Labor that began too soon (labor pains more than 3 weeks before my baby was due ..... ✍Y ✍N
d. Membranes broke too soon (water broke more than 3 weeks before my baby was due)..... ✍Y ✍N
e. Fetal growth restriction (baby not growing properly) ..... ✍Y ✍N
f. Cervix had to be sewn shut (incompetent cervix) ..... ✍Y ✍N
g. Problems with the placenta (such as abruptio placentae or placenta previa) ..... ✍Y ✍N
h. Bacterial vaginosis (vaginal infection caused by bacteria)..... ✍Y ✍N
i. Sexually transmitted disease .... ✍Y ✍N
j. Bladder or kidney infections..... ✍Y ✍N
k. The flu ..... ✍Y ✍N
l. Severe nausea, vomiting, or dehydration ..... ✍Y ✍N
m. Problems with your teeth or gums ..... ✍Y ✍N
n. Felt sad, empty, or depressed most of the day for two weeks or more.. ✍Y ✍N
o. I was put on bed rest..... ✍Y ✍N

48. During your **first** or **second** prenatal care visit, were these part of your visit?

a. Your blood pressure was measured	✍Y	✍N	✍DON'T KNOW
b. You gave a sample of your urine	✍Y	✍N	✍DON'T KNOW
c. Your blood was taken	✍Y	✍N	✍DON'T KNOW
d. Your height and weight were measured	✍Y	✍N	✍DON'T KNOW
e. You had a pelvic exam	✍Y	✍N	✍DON'T KNOW
f. Your doctor asked about your health history	✍Y	✍N	✍DON'T KNOW
g. You had an ultrasound	✍Y	✍N	✍DON'T KNOW
h. Your doctor asked about your prenatal lead exposure	✍Y	✍N	✍DON'T KNOW
i. Other things that the doctor/nurse did	✍Y	✍N	✍DON'T KNOW

49. Here are some concerns that a doctor, nurse, or other health care worker may talk about during a prenatal care visit. Did they talk about these things with you? Please count only discussions, not reading materials or videos.

a. How smoking during pregnancy could affect my baby	✍Y	✍N	✍DON'T KNOW
b. Breastfeeding my baby	✍Y	✍N	✍DON'T KNOW
c. What drinking alcohol during pregnancy could do to my baby	✍Y	✍N	✍DON'T KNOW
d. Using a seat belt during my pregnancy	✍Y	✍N	✍DON'T KNOW
e. Birth control methods to use after my pregnancy	✍Y	✍N	✍DON'T KNOW
f. Medicines that are safe to take during my pregnancy	✍Y	✍N	✍DON'T KNOW
g. How using any kind of drugs could affect my baby	✍Y	✍N	✍DON'T KNOW
h. What to do if my labor starts early	✍Y	✍N	✍DON'T KNOW
i. Getting tested for HIV (the virus that causes AIDS)	✍Y	✍N	✍DON'T KNOW
j. Physical abuse to women by their husbands/partners	✍Y	✍N	✍DON'T KNOW
k. Getting genetic testing for chromosomal problems or neural tube defects (e.g. expanded AFP or triple markers)	✍Y	✍N	✍DON'T KNOW
l. Asked me if I felt anxious or depressed	✍Y	✍N	✍DON'T KNOW
m. Getting a flu vaccine during pregnancy	✍Y	✍N	✍DON'T KNOW
n. Information about lead exposure	✍Y	✍N	✍DON'T KNOW
o. How much weight to gain	✍Y	✍N	✍DON'T KNOW

How many pounds did your health care provider say you should gain?

____ Pounds **OR** _____ Kilos

39. How **often** did you have open disagreements with the father about the following things?

a. Money
✍NEVER.....✍SOMETIMES.....✍OFTEN

b. Spending some time together
✍NEVER.....✍SOMETIMES.....✍OFTEN

c. Sex
✍NEVER.....✍SOMETIMES.....✍OFTEN

d. Drinking or drug use
✍NEVER.....✍SOMETIMES.....✍OFTEN

e. Being faithful
✍NEVER.....✍SOMETIMES.....✍OFTEN

40. **During your last pregnancy**, did the baby's father do any of the following for you?

a. Gave you money or bought things for you?	✍Y	✍N
b. Helped you in other ways, such as taking you to the doctor or helping with chores?	✍Y	✍N
c. Gave you emotional support in labor	✍Y	✍N
d. Visited you and the baby at the hospital after the delivery	✍Y	✍N
e. Wanted to put his name on the baby's birth certificate as the father	✍Y	✍N
f. Said he wanted to help you raise your child in the coming years	✍Y	✍N
g. Hit or slapped you when he was angry	✍Y	✍N
h. Insulted or criticized you or your ideas	✍Y	✍N
i. The baby's father threatened you or made you feel unsafe in some way	✍Y	✍N
j. You were frightened for the safety of you or your family because of his anger or threats	✍Y	✍N
k. He tried to control your daily activities, for example, telling you who you could talk to or where you could go	✍Y	✍N
l. He forced you to take part in any sexual activity when you did not want to (including touch that made you uncomfortable)	✍Y	✍N

41. Overall, how satisfied were you with the support given by your baby's father **during your most recent pregnancy**? **Check one answer.**

Not at all satisfied ✍1

Somewhat dissatisfied ✍2

Neither dissatisfied nor satisfied (neutral) ✍3

Somewhat satisfied ✍4

Very satisfied ✍5

42. **During your last pregnancy**, how often would you get these kinds of support, if you needed them?

	Never	Rarely	Sometimes	Most of the Time	All of the Time
a. Someone to loan me $50	☐1	☐2	☐3	☐4	☐5
b. Someone to help me if I were sick and needed to be in bed	☐1	☐2	☐3	☐4	☐5
c. Someone to take me to the clinic or doctor if I needed a ride	☐1	☐2	☐3	☐4	☐5
d. Someone to give me a place to live	☐1	☐2	☐3	☐4	☐5
e. Someone to help me with babysitting or child care	☐1	☐2	☐3	☐4	☐5
f. Someone to help me with household chores	☐1	☐2	☐3	☐4	☐5
g. Someone to talk to about my problems	☐1	☐2	☐3	☐4	☐5

The next questions are about the checkups and advice about pregnancy you received during your last pregnancy. It may help to look at the calendar on the back of the survey when you answer these questions.

43. 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 supplement Nutrition Program for Women, Infants, and Children).

_____ Weeks **OR** _____ Months

✍ I didn't go for prenatal care
✍ **GO TO QUESTION #51**

44. Where did you go for your prenatal care? **If you went to more than one place for prenatal care, answer for the place where you got most of your care.**

Private doctor's office ..... ✍1

Health Maintenance Organization (HMO) ..... ✍2

Publicly-funded clinics ..... ✍3

Hospital clinic ..... ✍4

Other sites ..... ✍5

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

✍1 Yes ✍ **GO TO QUESTION #47**

✍0 No

46. Did any of these things keep you from getting prenatal care as early as you wanted? For each reason, check **Y (Yes)** if it did or **N (No)** if it did not.

		Y	N
a.	I could not get an appointment as early as I wanted	✍Y	✍N
b.	I didn't have enough money or insurance to pay for my visits	✍Y	✍N
c.	I didn't have my Medi-Cal Card	✍Y	✍N
d.	I had problems finding a place that would accept my insurance or Medi-Cal	✍Y	✍N
e.	I didn't know where to go for prenatal care	✍Y	✍N
f.	I had no way to get to the clinic or doctor's office	✍Y	✍N
g.	There was no one to take care of my children	✍Y	✍N
h.	I had too many other problems to deal with	✍Y	✍N
i.	I couldn't take time off from work	✍Y	✍N
j.	The doctor or my health plan would not start care as early as I wanted	✍Y	✍N
k.	I didn't want anyone to know I was pregnant	✍Y	✍N
l.	I didn't know I was pregnant	✍Y	✍N
m.	I couldn't find a doctor or nurse who spoke my language	✍Y	✍N
n.	Other problems getting prenatal care	✍Y	✍N

Please tell us:

_____

47. How far did you travel (one way) to receive prenatal care?

Less than 5 miles ..... ✍1

5-14 miles ..... ✍2

15-29 miles ..... ✍3

30-50 miles ..... ✍4

More than 50 miles ..... ✍5

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