

Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

**BEFORE PREGNANCY**

The first questions are about *you*.

1. How tall are *you* without shoes?

Feet  Inches

OR  Centimeters

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

Pounds OR  Kilos

3. What is *your* date of birth?

/  /   
Month Day Year

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

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 and was checked for diabetes .....              | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I visited a health care worker and was checked for high blood pressure .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I visited a health care worker and was 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 my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid, BadgerCare Plus (ForwardHealth)
- TRICARE or other military health care
- Indian Health Service
- 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 in the *month 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
- Yes

11. Before you got pregnant, would you say that, in general, your health was—

- Excellent
- Very good
- Good
- Fair
- Poor

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 .....

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

13. 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

**Go to Question 15**

**Go to Question 14**

14. 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

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

- No  
 Yes

Go to Question 18

16. 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 Question 18

17. 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:

## 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.)

18. 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 Page 4, Question 20

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

- No  
 Yes

Go to Page 4, Question 21

Go to Page 4, Question 20

**20. Did any of these things keep you from getting prenatal care when you wanted it?**

For each item, check **No** if it did not keep you from getting prenatal care or **Yes** if it did.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. I couldn't get an appointment when I wanted one.....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I didn't have enough money or insurance to pay for my visits.....              | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I didn't have any transportation to get to the clinic or doctor's office ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The doctor or my health plan would not start care as early as I wanted .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I had too many other things going on.....                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I couldn't take time off from work or school.....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I didn't have my Medicaid, BadgerCare Plus (ForwardHealth) card.....           | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I didn't have anyone to take care of my children .....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I didn't know that I was pregnant .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. I didn't want anyone else to know I was pregnant .....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I didn't want prenatal care .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**If you did not get prenatal care, go to Question 24.**

**21. 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 my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid, BadgerCare Plus (ForwardHealth)
- TRICARE or other military health care
- Indian Health Service
- Some other kind of health insurance —————> Please tell us:
- I did not have any health insurance to pay for my *prenatal care*

**22. 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"/> |

**23. How did you feel 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, check **No** if you were not satisfied or **Yes** if you were satisfied.

**Were you satisfied with—**

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. The amount of time you had to wait after you arrived for your visits .....              | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The amount of time the doctor, nurse, or midwife spent with you during your visits..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The advice you got on how to take care of yourself .....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The understanding and respect that the staff showed toward you as a person.....         | <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 → Go to Question 28
- Yes, before my pregnancy
- Yes, during my pregnancy

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

/

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.....                   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A dental or other health care worker talked with me about how to care for my teeth and gums..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had my teeth cleaned by a dentist or dental hygienist.....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I had insurance to cover dental care during my pregnancy.....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I <u>needed</u> to see a dentist for a <b>problem</b> .....                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I <u>went</u> to a dentist or dental clinic about a <b>problem</b> .....                         | <input type="checkbox"/> | <input type="checkbox"/> |

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
- Yes

**33. Did you have any of the following problems during *your most recent* pregnancy?** For each item, check **No** if you did not have the problem or **Yes** if you did.

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

38. Which of the following statements best describes the rules about smoking *inside* your home *now*, even if no one who lives in your home is a smoker?

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 and during).

39. 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 42
- Yes

40. 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

41. 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.**

**42. 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 ....
- b. I got separated or divorced from my husband or partner .....
- c. I moved to a new address.....
- d. I was homeless or had to sleep outside, in a car, or in a shelter .....
- e. My husband or partner lost his job .....
- f. I lost my job even though I wanted to go on working.....
- g. My husband, partner, or I had a cut in work hours or pay .....
- h. I was apart from my husband or partner due to military deployment or extended work-related travel .....
- i. I argued with my husband or partner more than usual.....
- j. My husband or partner said he didn't want me to be pregnant .....
- k. I had problems paying the rent, mortgage, or other bills.....
- l. My husband, partner, or I went to jail .....
- m. Someone very close to me had a problem with drinking or drugs .....
- n. Someone very close to me died .....

**43. 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

**44. 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

**45. 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

**46. 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.

47. When was your new baby born?

/  / 20  
 Month Day Year

48. 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.

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

- No  
 Yes  
 I don't know

50. 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 53**

51. Is your baby alive now?

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

52. Is your baby living with you now?

- No → **Go to Question 60**  
 Yes

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

- No  
 Yes → **Go to Question 55**

54. What were your reasons for not breastfeeding your new baby?

Check ALL that apply

- I was sick or on medicine  
 I had other children to take care of  
 I had too many household duties  
 I didn't like breastfeeding  
 I tried but it was too hard  
 I didn't want to  
 I went back to work or school  
 Other → Please tell us:

**If you did not breastfeed your new baby, go to Question 57.**

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

- No
- Yes → **Go to Question 57**

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

Weeks **OR**  Months

Less than 1 week

**57. Did a doctor, nurse, or other health care worker talk with you about how to lay your new baby down to sleep?**

- No
- Yes

**If your baby is still in the hospital, go to Question 60.**

**58. 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

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

- Always
- Often
- Sometimes
- Rarely
- Never

**60. 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 → **Go to Page 12, Question 62**
- Yes

**61. Since your new baby was born, did the home visitor who came to your home talk with you about any of the things listed below?** For each one, check **No** if they did not talk with you about it or **Yes** if they did.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. Breastfeeding my baby .....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How long to wait before getting pregnant again.....            | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Family planning services or using contraception.....           | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Postpartum depression.....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Resources in my community to support new parents.....          | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Getting to and staying at a healthy weight after delivery..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. How to quit or keep from smoking.....                          | <input type="checkbox"/> | <input type="checkbox"/> |
| h. How to get the health care that my baby or I need .....        | <input type="checkbox"/> | <input type="checkbox"/> |

**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:

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**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 my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid, BadgerCare Plus (ForwardHealth)
- TRICARE or other military health care
- Indian Health Service
- 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. *During the 12 months before you got pregnant with your new baby, did you have a miscarriage, fetal death (baby died before being born), or stillbirth?*

- No
- Yes

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

**Check ALL that apply**

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

71. *Since you delivered your new baby, who would help you if a problem came up?* For example, who would help you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks?

**Check ALL that apply**

- My husband or partner  
 My mother, father, or in-laws  
 Other family member or relative  
 A friend  
 Religious community  
 Someone else \_\_\_\_\_ → Please tell us:

\_\_\_\_\_

No one would help me

72. *Since your new baby was born, how often would you say you were worried or stressed about having enough money to pay your bills?*

- Always  
 Usually  
 Sometimes  
 Rarely  
 Never

73. *Did you receive a Tdap vaccination before, during or after your most recent pregnancy?* A Tdap vaccination is a shot that protects against tetanus, diphtheria, and pertussis (or whooping cough). Tdap was new in 2005.

**Check ONE answer**

- No  
 Yes, I received Tdap *before* my pregnancy  
 Yes, I received Tdap *during* my pregnancy  
 Yes, I received Tdap *after* my pregnancy  
 I don't know

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

74. *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 \$19,000  
 \$19,001 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 \$56,000  
 \$56,001 to \$67,000  
 \$67,001 to \$79,000  
 \$79,001 or more

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

\_\_\_\_\_ People

76. *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 Wisconsin.**

*Thanks for answering our questions!*

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