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Michigan PRANS

Telling the story of Michigan's mothers and babies

your

story

baby's

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www.Michigan.gov/PRAMS

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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.

			res il you alu
1.	How tall are <i>you</i> without shoes?	a.	Type 1 or Type
	Feet Inches		gestational dia starts during p
	OR Centimeters	b. c.	
		d.	Asthma
2.	<i>Just before</i> you got pregnant with your <i>new</i> baby, how much did you weigh?	e. f.	Heart problem
		g.	
	Pounds OR Kilos	n.	Thyroid proble PCOS (polycys
		j.	Anxiety
3.	What is <u>your</u> date of birth?		
	Month Day Year	5.	During the <i>n</i> with your ne did you take vitamin, or a
			 I didn't tak or folic acie pregnant 1 to 3 time 4 to 6 time Every day of
		6.	In the <i>12 mor</i> with your ne care visits wi health care v mental healt
		V	□ No ─── - □ Yes
		Go	o to Page 2, Qu

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

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

			105
a.	Type 1 or Type 2 diabetes (<u>not</u> gestational diabetes or diabetes that		
	starts during pregnancy)	🗖	
b.	High blood pressure or hypertension	🗖	
c.	Depression	🗖	
d.	Asthma	🗖	
e.	Anemia (poor blood, low iron)	🗖	
f.	Heart problems	🗖	
g.	Epilepsy (seizures)	🗖	
	Thyroid problems		
	PCOS (polycystic ovarian syndrome)	_	
j.	Anxiety	🗖	

- onth before you got pregnant w baby, how many times a week a multivitamin, a prenatal folic acid vitamin?
 - e a multivitamin, prenatal vitamin, d vitamin in the *month before* I got
 - s a week
 - s a week
 - of the week
- oths before you got pregnant w baby, did you have any health th a doctor, nurse, or other orker, including a dental or h worker?



No Voc

7. What type of health care visit did you have in the *12 months before* you got pregnant with your new baby?

Check ALL that apply

- □ Regular checkup at my family doctor's office
- **G** Regular checkup at my OB/GYN's office
- □ Visit for an illness or chronic condition
- □ Visit for an injury
- □ Visit for family planning or birth control
- □ Visit for depression or anxiety
- Visit to have my teeth cleaned by a dentist or dental hygienist
- □ Other Please tell us:
- 8. During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker <u>do</u> any of the following things? For each item, check No if they did not or Yes if they did.

	check No if they did not or Yes if they did.	,
		Yes
a.	Tell me to take a vitamin with folic acid $lacksquare$	
b.	Talk to me about maintaining a healthy weight	
c.	Talk to me about controlling any medical conditions such as diabetes or high blood pressure	
d.	Talk to me about my desire to have or not have children	
e.	Talk to me about using birth control to prevent pregnancy	
f.	Talk to me about how I could improve my health before a pregnancy	
g.	Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis	
h.	Ask me if I was smoking cigarettes	
i.	Ask me if someone was hurting me emotionally or physically	
j.	Ask me if I was feeling down or depressed	
k.	Ask me about the kind of work I do \Box	
I.	Test me for HIV (the virus that causes AIDS)	

The next questions are about your *health insurance coverage* before, during, and after your pregnancy with your *new* baby.

During the <u>month before</u> 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 or partner
- □ Private health insurance from my parents
- Private health insurance from the Michigan Health Insurance Marketplace or HealthCare.gov
- Medicaid
- Healthy Michigan Plan
- Plan First!
- □ TRICARE or other military health care
- Indian Health Service (IHS) or other tribal program
- □ Other health insurance > Please tell us:
- □ I did not have any health insurance during the *month before* I got pregnant

10. During your <u>most recent pregnancy</u>, what kind of health insurance did you have for your prenatal care?

Check ALL that apply

- □ I did not go for prenatal care → Go to Question 11
- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the Michigan Health Insurance Marketplace or HealthCare.gov
- Medicaid
- □ Maternal Outpatient Medical Services (MOMS)
- □ TRICARE or other military health care
- Indian Health Service (IHS) or other tribal program
- □ Other health insurance Please tell us:
- □ I did not have any health insurance for my *prenatal care*

11. What kind of health insurance do you have <u>now</u>?

Check ALL that apply

- Private health insurance from my job or the job of my husband or partner
- □ Private health insurance from my parents
- Private health insurance from the Michigan Health Insurance Marketplace or HealthCare.gov
- Medicaid
- Healthy Michigan Plan
- Plan First!
- TRICARE or other military health care
- Indian Health Service (IHS) or other tribal program
- \Box Other health insurance \longrightarrow Please tell us:

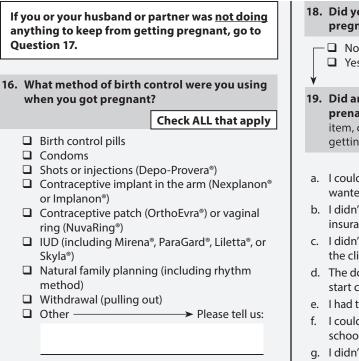
□ I do not have health insurance *now*

- 12. 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 13. When you got pregnant with your new baby, were you trying to get pregnant? No Yes -Go to Page 4, Question 17 14. 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 having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

15. 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

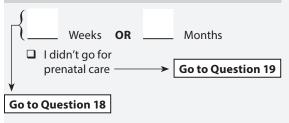
- I didn't mind if I got pregnant
- □ I thought I could not get pregnant at that time
- I had side effects from the birth control method I was using
- I had problems getting birth control when I needed it
- I thought my husband or partner or I was sterile (could not get pregnant at all)
- My husband 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.)

17. How many weeks *or* months pregnant were you when you had your first visit for prenatal care?



18.	Did you get prenatal care as early in pregnancy as you wanted?	your
	□ No □ Yes	uestion 20
¥		
19.	Did any of these things keep you fro prenatal care when you wanted it? F item, check No if it did not keep you fr getting prenatal care or Yes if it did.	or each
		No Yes
a.	I couldn't get an appointment when I wanted one	
b.	I didn't have enough money or insurance to pay for my visits	
c.	I didn't have any transportation to get the clinic or doctor's office	to
d.	The doctor or my health plan would no start care as early as I wanted	
e.	I had too many other things going on	
f.	I couldn't take time off from work or school	
g.	I didn't have my Medicaid or MOMS card	
h.	I didn't have anyone to take care of my children	
i.	I didn't know that I was pregnant	
j.	I didn't want anyone else to know I was pregnant	
k.	I didn't want prenatal care	
lf	vou did not get prenatal care, go to (Question

21.

20. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, check No if they did not ask you about it or Yes if they did.	 24. During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist? No Yes
No Yes a. If I knew how much weight I should gain during pregnancy	 25. During your most recent pregnancy, did you have any of the following health conditions? For each one, check No if you did not have the
 medication	No Yes a. Gestational diabetes (diabetes that started during this pregnancy) a. Gestational diabetes (diabetes that started during this pregnancy) b. High blood pressure (that started during this pregnancy), pre-eclampsia or eclampsia. c. Depression <lic.< td=""></lic.<>
21. During the 12 months <i>before the <u>delivery</u> of</i>	The next questions are about smoking cigarettes around the time of pregnancy
	cigarettes around the time of pregnancy (before, during, and after).
21. During the 12 months <i>before the <u>delivery</u> of your new baby, did a doctor, nurse, or other health care worker <i>offer</i> you a flu shot or <i>tell</i></i>	cigarettes around the time of pregnancy
 21. During the 12 months before the <u>delivery</u> 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 	 cigarettes around the time of pregnancy (before, during, and after). 26. Have you smoked any cigarettes in the <i>past</i> 2 years? No> Go to Page 6, Question 30 Yes 27. In the 3 months before you got pregnant, how
 21. During the 12 months before the <u>delivery</u> 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 22. During the 12 months before the <u>delivery</u> of your new baby, did you get a flu shot? 	 cigarettes around the time of pregnancy (before, during, and after). 26. Have you smoked any cigarettes in the past 2 years? No Go to Page 6, Question 30 Yes 27. 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
 21. During the 12 months before the <u>delivery</u> 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 22. During the 12 months before the <u>delivery</u> of your new baby, did you get a flu shot? Check ONE answer No Yes, before my pregnancy 	 cigarettes around the time of pregnancy (before, during, and after). 26. Have you smoked any cigarettes in the past 2 years? No Go to Page 6, Question 30 Yes 27. 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

- 28. In the <u>last 3</u> 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
- 29. How many cigarettes do you smoke on an average day now? A pack has 20 cigarettes.
 - □ 41 cigarettes or more
 - 21 to 40 cigarettes
 - 11 to 20 cigarettes
 - □ 6 to 10 cigarettes
 - 1 to 5 cigarettes
 - Less than 1 cigarette
 - I don't smoke now

The next questions are about using other tobacco products around the time of pregnancy.

E-cigarettes (electronic cigarettes) and other electronic nicotine products (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.

A **hookah** is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

30. Have you used any of the following products in the *past 2 years*? For each item, check **No** if you did not use it or **Yes** if you did.

No Yes

a.	E-cigarettes or other electronic nicotine	
	products	
b.	Hookah	

If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 31. Otherwise, go to Question 33.

- 31. During the 3 months <u>before</u> you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?
 - More than once a day
 - Once a day
 - 2-6 days a week
 - 1 day a week or less
 - I did not use e-cigarettes or other electronic nicotine products then

32. During the <u>last 3</u> months of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- I did not use e-cigarettes or other electronic nicotine products then



□ I didn't drink then

Pregnancy can be a difficult time. The next questions are about things that may have happened <u>before</u> and <u>during</u> your most recent pregnancy.

35. 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	Ц	
d. I was homeless or had to sleep outside, in a car, or in a shelter		
e. My husband or partner lost their job	🗖	
f. I lost my job even though I wanted to g on working	D	
g. My husband, partner, or I had a cut in work hours or pay	🗖	
h. I was apart from my husband or partne due to military deployment or extende work-related travel	d _	
i. I argued with my husband or partner more than usual	🗖	
j. My husband or partner said they didn't want me to be pregnant		
k. I had problems paying the rent, mortgage, or other bills	🗖	
I. 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	🗖	
o. I had to live with a friend or family member	🗖	

- 37. During your most recent pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.

	NO	Yes
a.	My husband or partner	
b.	My ex-husband or ex-partner	
c.	Another family member \Box	
	Someone else	

AFTER PREGNANCY

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

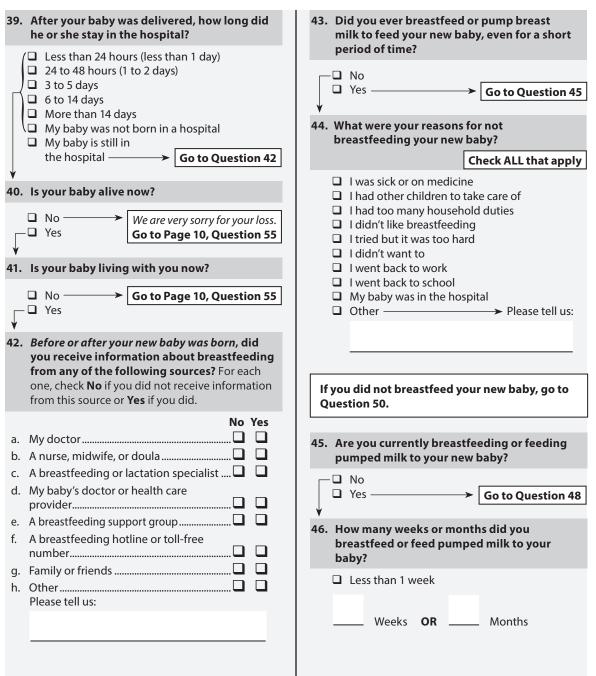
38. When was your new baby born?

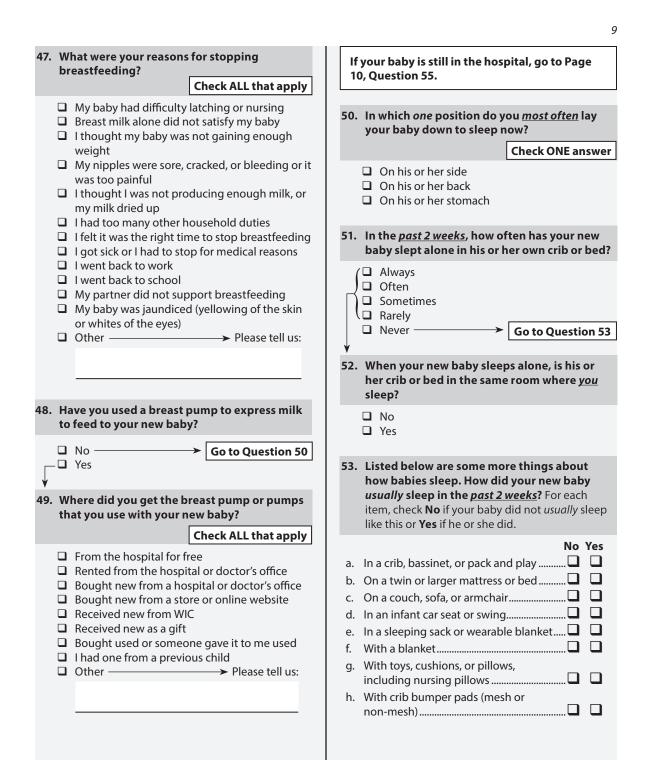
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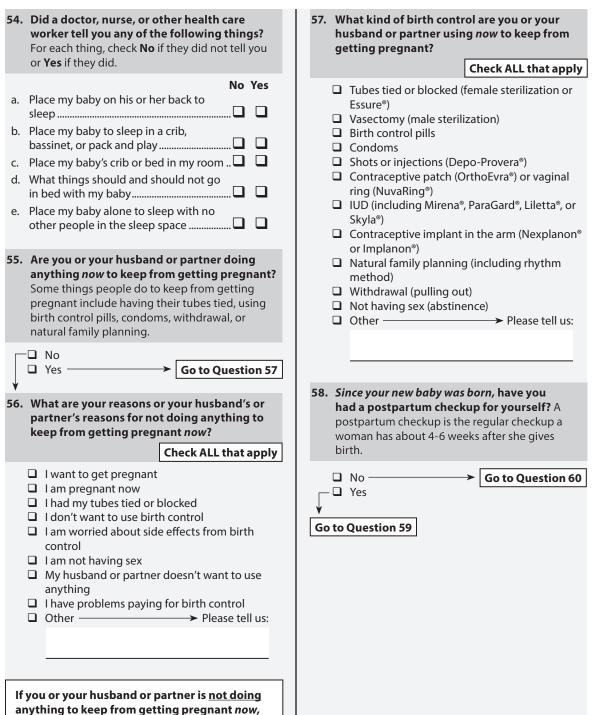
20

Month

Year







go to Question 58.

59. During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things? For each item, check No if they did not do ito 'Yes if they did. No Yes a. Tell me to take a vitamin with folic acid		
No Yes a. Tell me to take a vitamin with folic acid b. Talk to me about healthy eating, c. Talk to me about bow long to wait before getting pregnant again c. Talk to me about birth control methods uch as the pill, patch, shot (Depo-Provera®), NuvaRing®, or condoms. g. Ask me if l was smoking cigarettes i. Ask me if someone was hurting me method slopersed j. Test me for diabetes i. Ask me if l was sheling down or depressed j. Test me for diabetes i. Ask me if l was taking prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet*), or codeine	doctor, nurse, or other health care worker <u>do</u> any of the following things? For each item,	you had little interest or little pleasure in doing things you usually enjoyed?
 a. Tell me to take a vitamin with folic acid b. Talk to me about brith control methods I can use after giving birth	No Yos	
 a. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy		
b. Taik to life about heating, exercise, and losing weight gained during pregnancy. c. Taik to me about how long to wait before getting pregnant again d. Taik to me about birth control method's I can use after giving birth. e. Give or prescribe me a contraceptive method's uch as the pill, patch, shot (Depo-Provera?), NuvaRing*, or condoms. f. Insert an IUD (Mirena*, ParaGard*, Liletta*, or Skyla*) or a contraceptive implant (Nexplanon* or Implanon*) implant (Nexplanon* or Implanon*) g. Ask me if I was taking prescription pain relevers i. Ask me if I was taking prescription pain relevers i. Ask me if I was taking prescription pain relevers i. Ask me if I was taking any other prescription medications i. Ask me if I was taking any other prescription medications i. Ask me if I was taking any other prescription medications i. Ask me if I was taking any other prescription medications i. Ask me if I was taking any other prescription medications i. Ask me if I was taking any other prescription medications i. Ask me if I was taking any other prescription medications i. Ask me if I was taking any other prescription medications i. Ask me if I was taking any other i. Ask me if I was taking any other i. Ask me if I was taking any other i. Ask me if		
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methods I can use after giving birth		The next questions are on a variety of
 e. Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera[®]), NuvaRing[®], or condoms. f. Insert an IUD (Mirena[®], ParaGard[®], Liletta[®], or Skyla[®]) or a contraceptive implant (Nexplanon[®] or Implanon[®]) g. Ask me if I was smoking cigarettes h. Ask me if someone was hurting me emotionally or physically i. Ask me if I was feeling down or depressed j. Test me for diabetes k. Ask me if I was taking prescription pain relievers such as hydrocodone (Vicodin[®]), oxycodone (Percocet[®]), or codeine i. Ask me if I was taking any other prescription medications m. Ask me if I was drinking alcohol c. I had affordable, reliable transportation d. Since your new baby was born, how often have you felt down, depressed, or hopeless? Always Often Sometimes Rarely Never 		
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g. Ask me if I was smoking cigarettes g. Ask me if I was smoking cigarettes h. Ask me if someone was hurting me emotionally or physically i. Ask me if I was feeling down or depressed j. Test me for diabetes k. Ask me if I was taking prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine n. Ask me if I was taking any other prescription medications m. Ask me if I was drinking alcohol a. I had affordable, reliable transportation b. I skipped meals or ate less because there wasn't enough money for food c. I had safe housing d. I had consistent and stable housing e. My house or apartment was too crowded f. I could keep basic utility services on (heat, water, lights) g. I had afcrests to a telephone when needed h. I had other basic needs that were not		
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 h. Ask me if J was feeling down or depressed		
 i. Ask me if I was feeling down or depressed		
 i. Ask me if I was feeling down or depressed	emotionally or physically	
 j. Test me for diabetes	i. Ask me if I was feeling down or	
 b. Last me if I was taking prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine	depressed 🖵 📮	
 k. Ask me if I was taking prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine	j. Test me for diabetes	
relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine	k. Ask me if I was taking prescription pain	
(Vicodin®), oxycodone (Percocet®), or codeine		
codeine		was not true or Yes if it was.
 prescription medications m. Ask me if I was drinking alcohol m. Ask me if I was drinking alcohol b. I skipped meals or ate less because there wasn't enough money for food c. I had safe housing d. I had consistent and stable housing d. I had consistent and stable housing d. I had consistent and stable housing e. My house or apartment was too crowded f. I could keep basic utility services on (heat, water, lights) g. I had access to a telephone when needed h. I had other basic needs that were not met 		No Yes
 prescription medications m. Ask me if I was drinking alcohol m. Ask me if I was drinking alcohol b. I skipped meals or ate less because there wasn't enough money for food c. I had safe housing d. I had consistent and stable housing d. I had consistent and stable housing d. I had consistent and stable housing e. My house or apartment was too crowded f. I could keep basic utility services on (heat, water, lights) g. I had access to a telephone when needed h. I had other basic needs that were not met 	I. Ask me if I was taking any other	a. I had affordable, reliable transportation 🖵 🔲
 m. Ask me if I was drinking alcohol		
 60. Since your new baby was born, how often have you felt down, depressed, or hopeless? Always Often Sometimes Rarely Never c. I had safe housing d. I had consistent and stable housing f. I could keep basic utility services on (heat, water, lights) g. I had access to a telephone when needed h. I had other basic needs that were not met 		
 60. Since your new baby was born, how often have you felt down, depressed, or hopeless? Always Often Sometimes Rarely Never d. I had consistent and stable housing		
 you felt down, depressed, or hopeless? Always Often Sometimes Rarely Never e. My house or apartment was too crowded		
 Always Often Sometimes Rarely Never I could keep basic utility services on (heat, water, lights)		
 Always Often Sometimes Rarely Never f. I could keep basic utility services on (heat, water, lights) g. I had access to a telephone when needed h. I had other basic needs that were not met 	you felt down, depressed, or hopeless?	
 Often Sometimes Rarely Never I could keep basic utility services on (heat, water, lights) I had access to a telephone when needed I had other basic needs that were not met 	Always	
 Sometimes Rarely Never I had access to a telephone when needed I had other basic needs that were not met. 		
Never Never Never h. I had other basic needs that were not met		
 Never needed h. I had other basic needs that were not met 	Rarely	g. I had access to a telephone when
met		needed
		h. I had other basic needs that were not
Please tell us:		met
		Please tell us:

If your baby is not alive, is not living with you, or is still in the hospital, go to Question 69.	67. Please mark each statement as true or false for your baby.
64. Which of the following people spend time taking care of your new baby when you are at school, work, or appointments? Check ALL that apply	True False a. My baby received breast milk from a source other than me b. My baby has a doctor, nurse, or medical practice where he or she is seen on a regular basis
 My husband or partner Baby's grandparent Other close family member or relative 	regular basis
 Friend or neighbor Babysitter, nanny, or other child care provider Staff at day care center 	68. In the <i>last week</i> , how much time, on average, did you spend sleeping each night?
 Other	 0-3 hours 4-6 hours 7-8 hours 9+ hours
65. How many hours and minutes in the last week was your new baby in an enclosed space, such as a room or a vehicle, with someone who was smoking?	 69. In the <u>last week</u>, how many times, on average, did you wake up each night? Times I don't know
Hours Minutes 66. What are your plans for vaccinating your new baby?	 70. During any of the following time periods, did you use marijuana or hash in any form? For each time period, check No if you did not use then or Yes if you did.
 Check ONE answer My baby will be vaccinated the way my doctor recommends My baby will get every vaccine, but at different times than my doctor recommends My baby will get only some of the recommended vaccines My baby will not get vaccines 	 No Yes a. During the 12 months before I got pregnant b. During my most recent pregnancy c. Since my new baby was born

71.	During any of the following time periods, did you use prescription pain relievers, such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine? For each time period, check No if you did not use then or Yes if you did.
a. b. c. 72.	No Yes During the 12 months before I got pregnant During my most recent pregnancy Since my new baby was born The following statements are about the way
/ 2.	you handle life events. Please check all that are true for you most of the time.
	 I tend to bounce back quickly after hard times I have a hard time making it through stressful events It does not take me long to recover from a stressful event It is hard for me to snap back when something bad happens I usually come through a difficult time with little trouble I tend to take a long time to get over set-backs in my life
73.	This question is about your husband or partner, who may or may not be the father of your new baby. Please choose the statement that best describes the current living arrangement.
	 My husband or partner lives with me all of the time My husband or partner lives with me some of the time My husband or partner does not live with me I do not have a husband or partner → Go to Question 75
Go	to Question 74

74. The following statements are about your husband or partner, who may or may not be the father of your baby, and the support they provide you at this time. For each one, check No if it is not true most of the time or Yes if it is true.

		NО	res
a.	My partner is someone I can count on for financial support if I need it	🗖	
b.	My partner is someone I can talk with about things that are important to me .	🗖	
c.	My partner is someone who is affectionate toward me	🗖	
d.	My partner is someone who helps me care for my child(ren)	🗖	
e.	My partner is someone who understands how I am feeling	🗖	
f.	My partner is someone who talks with me and spends time with me	🗖	
g.	My partner is someone whom I can count on	🗖	
h.	My partner is someone who does thing with me	s 🗖	

- 75. Some of these things might happen to people during childhood. Childhood experiences may be important. Please tell us if any of these things ever happened to you from the time you were born through age 13. No Yes a. Most of the time, I had an adult who believed in me and who I could count on to help me..... b. A parent or guardian I lived with got divorced or separated c. We had to move because of problems paying the rent or mortgage...... \Box d. Someone in my family or I went hungry because we could not afford enough food..... e. A parent or guardian got in trouble with the law or went to jail..... f. A parent or guardian I lived with had a serious drinking or drug problem g. I was in foster care (removed from my home by the court or child welfare agency).....
- 76. Thinking back to your childhood through age 13, how often was it hard for your family to pay for basic needs like food or housing?
 - Verv often
 - Somewhat often
 - Not very often
 - Never

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

- 77. 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 \$16,000
 - □ \$16,001 to \$20,000
 - □ \$20,001 to \$24,000
 - □ \$24,001 to \$28,000
 - □ \$28,001 to \$32,000 □ \$32,001 to \$40,000
 - □ \$40.001 to \$48.000
 - □ \$48,001 to \$57,000
 - □ \$57,001 to \$60,000
 - □ \$60,001 to \$73,000
 - □ \$73,001 to \$85,000
 - □ \$85.001 or more
- 78. During the 12 months before your new baby was born, how many people, including yourself, depended on this income?
 - People
- 79. What is today's date?

20 Day

Month

Year

A family medical history is a record of health information about a person and his or her close relatives. The following questions are about your family history of ovarian and breast cancer.

C1. Have any of your family members listed below who are related to you by blood had ovarian cancer? For each family member, check No if she has not had ovarian cancer, Yes if she has, or DK if you don't know.

	Family member	Had Ova	rian C	ance	r
		No	Yes	DK	
a.	My mother				
b.	My mother's mother				
c.	My father's mother				
C2.	Have any of your <u>other</u> fan	•		vho	

are related to you by blood had ovarian cancer? For each family member, check No if she has not had ovarian cancer, Yes if she has, DK if you don't know, or NA if the option does not apply to you.

	Family member	Had O			
a.	Sister(s)			DK D	
	IF YES, how many have had c	ovarian	can	cer?	
b.	Aunt(s)				
	IF YES, how many have had c	ovarian	can	cer?	
c.	Female cousin(s)				
	IF YES, how many have had c	ovarian	can	cer?	
			carr		

C3. Have any of your family members listed below who are related to you by blood had breast cancer? For each family member, check No if they have not had breast cancer, Yes if they have, or DK if you don't know.

 a. My mother b. My mother's mother c. My father's mother d. My father e. My mother's father f. My father's father 	ast C res 	Cancer DK D D D D D D D D D
24. Have any of your <u>other</u> family member who are related to you by blood had b cancer? For each family member, check they have not had breast cancer, Yes if th DK if you don't know, or NA if the option not apply to you.	brea No hey	if have,
Family member Had Brea	st C	ancer
a. Sister(s)		
a. Sister(s)	_	
IF YES, how many have had breast cance		
	er? _	
IF YES, how many have had breast cance b. Brother(s)	er?	
IF YES, how many have had breast cance	er?	
IF YES, how many have had breast cance b. Brother(s) I IF YES, how many have had breast cance c. Aunt(s) I	er? _ er? _	
IF YES, how many have had breast cance b. Brother(s) □ □ IF YES, how many have had breast cance c. Aunt(s) □ □ IF YES, how many have had breast cance	er? _ er? _ er? _	
IF YES, how many have had breast cance b. Brother(s) I IF YES, how many have had breast cance c. Aunt(s) I	er? _ er? _	
IF YES, how many have had breast cance b. Brother(s) □ □ IF YES, how many have had breast cance c. Aunt(s) □ □ IF YES, how many have had breast cance	er? _ 	
IF YES, how many have had breast cance b. Brother(s) I IF YES, how many have had breast cance c. Aunt(s) I IF YES, how many have had breast cance d. Uncle(s) I	er? _ 	

C5. Has any <u>woman</u> in your family who is related to you by blood had breast cancer <i>at age 50</i> <i>or younger</i> ?	C10. What was the MAIN reason you talked to a genetic counselor about your <u>risk for cancer</u> ? Check ONE answer
 No Yes I don't know 	 My doctor recommended it I requested it A family member suggested it I heard or read about it in the news
C6. Has any <u>woman</u> in your family who is related to you by blood had both breast AND ovarian cancer?	Other
 No Yes I don't know 	C11. Thinking about your MOST RECENT visit to a genetic counselor for cancer risk, what kind of cancer was it for?
C7. Have <u>any</u> of your family members related to you by blood had bilateral breast cancer (breast cancer on both sides)?	Check ALL that apply Breast cancer Ovarian cancer
 No Yes I don't know 	□ Other Please tell us:
C8. Do you have Ashkenazi Jewish heritage?	C12.Have you ever had <u>genetic testing</u> for a gene
 No Yes I don't know 	mutation connected to breast or ovarian cancer? A mutation is a change in a gene that increases the risk for hereditary cancer. Genetic testing is done by taking a sample of your saliva or blood.
The next questions are about talking to a genetic counselor about your <u>cancer</u> <u>risk</u> . A genetic counselor is a trained professional who talks with you about the	 No Yes I don't know
chances of having a health condition based on your family medical history.	The next questions are about your ability to do different activities.
C9. Have you ever talked to a genetic counselor	
about your <u>risk for cancer</u> based on your family history?	D1. Do you have difficulty seeing, even when wearing glasses or contact lenses?
□ No Go to Question C12 ↓ Yes Go to Question C10	 No difficulty Some difficulty A lot of difficulty I cannot do this at all

D2. Do you have difficulty hearing, even if using a hearing aid(s)?

- No difficulty
- □ Some difficulty
- A lot of difficulty
- I cannot do this at all

D3. Do you have difficulty walking or climbing steps?

- No difficulty
- Some difficulty
- A lot of difficulty
- I cannot do this at all

D4. Do you have difficulty remembering or concentrating?

- No difficulty
- Some difficulty
- A lot of difficulty
- I cannot do this at all

D5. Do you have difficulty with self care, such as washing all over or dressing?

- □ No difficulty
- Some difficulty
- □ A lot of difficulty
- □ I cannot do this at all

D6. Using your usual language, do you have difficulty communicating, for example, understanding or being understood?

- No difficulty
- □ Some difficulty
- □ A lot of difficulty
- I cannot do this at all

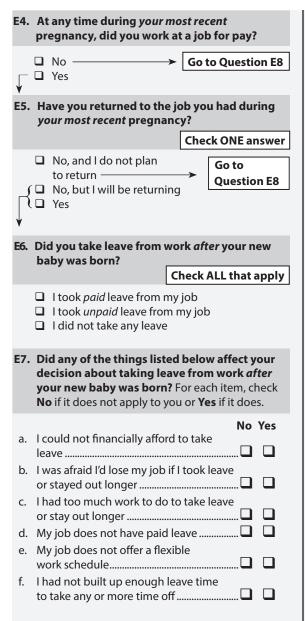
These final questions are about a variety of topics from around the time of pregnancy.

E1. This guestion is about other care of your teeth during vour most recent pregnancy. For each item, check **No** if it is not true or does not apply to you or **Yes** if it is true. No Yes a. I knew it was important to care for my teeth and gums during my pregnancy..... 🔲 🔲 b. A dental or other health care worker talked with me about how to care for my teeth and gums..... c. I had insurance to cover dental care during my pregnancy..... d. I needed to see a dentist for a **problem** ... e. I went to a dentist or dental clinic about a problem E2. Did any of the following things make it hard for you to go to a dentist or dental clinic during your most recent pregnancy? For each item, check **No** if it was not something that made it hard for you or **Yes** if it was.

- b. I could not find a dentist or dental clinic that would take Medicaid patients
- c. I did not think it was safe to go to the dentist during pregnancy.....
- d. I could not afford to go to the dentist or dental clinic.....
- E3. Which of the following do you think is the most common cause of lead poisoning in children?

Check ONE answer

- Drinking water
- Paint
- 🛛 Soil
- Dust
- Food
- Toys
- I don't know or I am unsure



E8. During the 12 months before the delivery of your new baby, did you get your household tap water from a private well?

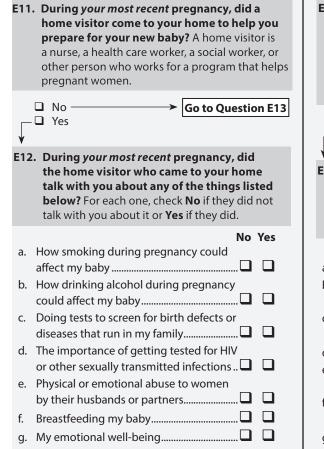


E9. During the 12 months before the delivery of your new baby, did your doctor, nurse, or other health care worker talk to you about getting your household well water tested for any of the following things? For each one, check No if they did not talk to you about it or Yes if they did.

	No Yes
a.	Arsenic
b.	Lead
c.	Per- and polyfluoroalkyl substances
	(known as PFAS, pronounced pee-fas) 🏼 🗳
d.	Nitrates and / or nitrites
e.	Bacteria and E. Coli
f.	Fluoride
g.	Copper
-	

E10. During the 12 months before the delivery of your new baby, did you have your household well water tested for any of the following things? For each one, check No if your water was not tested for it or Yes if it was.

		No	Yes
a.	Arsenic	🗖	
b.	Lead	🗖	
c.	Per- and polyfluoroalkyl substances (known as PFAS, pronounced pee-fas)	🗖	
d.	Nitrates and / or nitrites	🗖	
e.	Bacteria and E. Coli	🗖	
f.	Fluoride	🗖	
g.	Copper	🗖	



E13. 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.



E14. 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	🗖	
b.	How long to wait before getting		
	pregnant again	🗖	
c.	Family planning services or using		
	contraception	🗖	
d.	Postpartum depression	🗖	
e.	Resources in my community to support		
	new parents	🗖	
f.	Getting to and staying at a healthy		
	weight after delivery	🗖	
g.	How to quit or keep from smoking	🗖	
h.	How to get the health care that my bab	y	
	or I need	🗖	

E15. Did you receive a Tdap vaccination before, during, or after your most recent pregnancy? A Tdap vaccination is a shot that protects against tetanus, diptheria, and pertussis (or whooping cough). Tdap was new in 2005. Check ONE answer	 E17. Were you offered two HIV tests during your most recent pregnancy or delivery? No, I wasn't offered any HIV tests No, I was just offered 1 test Yes, I was offered 2 tests
 No Yes, I received Tdap <i>before</i> my pregnancy Yes, I received Tdap <i>during</i> my pregnancy 	E18. At any point during <i>your most recent</i> pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?
 Yes, Freceived Tdap <i>during</i> my pregnancy Yes, I received Tdap <i>after</i> my pregnancy I don't know 	$ \begin{array}{c c} & \square & \text{No} \\ & \square & \text{Yes} \\ & \square & \square & \text{Idon't know} \end{array} \end{array} $ Go to Question E20
If you had a flu shot during the 12 months before the birth of your new baby, go to question E17.	E19. Why didn't you have an HIV test during your most recent pregnancy or delivery?
 E16. What were your reasons for not getting a flu shot during the 12 months before the birth of your new baby? For each item, check No if it was not a reason for you or Yes if it was. No Yes a. My doctor didn't mention anything about a flu shot	Check ALL that apply I was not offered the test I did not want to have the test I already knew my HIV status I did not think I was at risk for HIV I did not want people to think I was at risk for HIV I did not want people to think I was at risk for HIV I was afraid of getting the result I was tested before this pregnancy, and did not think I needed to be tested again Other reason Please tell us: E20. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about how eating fish containing high levels of mercury could affect your baby? No No Yes

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

Thanks for answering our questions!

Your answers will help us work to keep mothers and babies in Michigan healthy.

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