LA HOPE Calendar

2018

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2019

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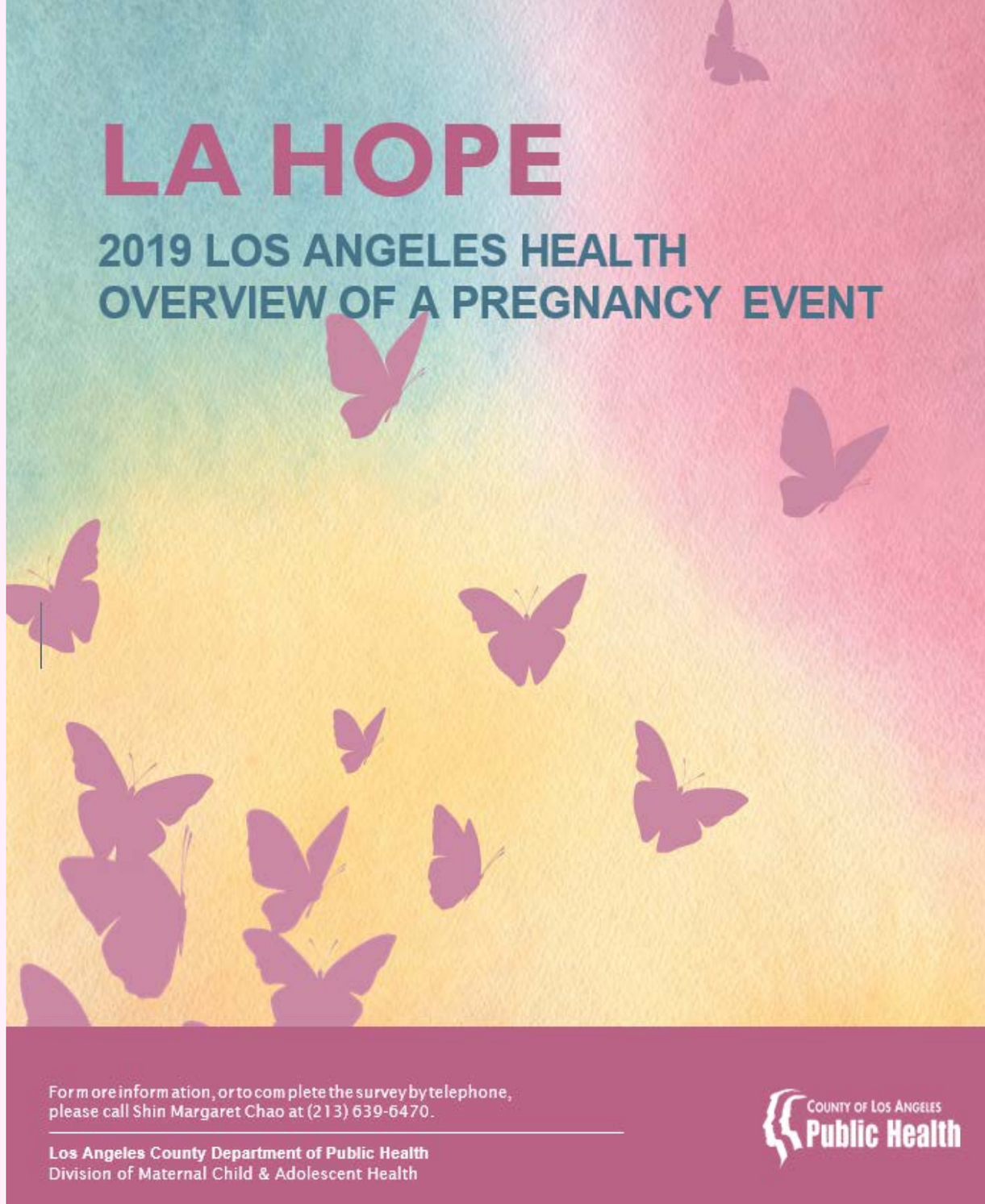
STAFF USE ONLY:

ID: _____

Date Received: ____/____/____
Date Entered: ____/____/____
Missing questions: _____
Need to telephone: ____ Yes _____ No
Comments: _____



Important Information About L. A. HOPE

Please Read Before Starting the Survey

- The L. A. HOPE Project is a research project sponsored by the Los Angeles County Department of Public Health, Maternal, Child & Adolescent Health Programs.

- We are asking women who have suffered a fetal or infant loss to answer the same questions. All of your names were picked by chance by a computer.

- 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, you can skip any questions that you do not want to answer.

- 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 L. A. HOPE. The survey has a number on it, so we will know when it is returned.

- 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.

- If you do not wish to participate, and be contacted in the future, please call Shin Margaret Chao at (213) 639-6470.

If you have questions about L. A. HOPE or if you want to answer the questions by telephone, please call Shin Margaret Chao at (213) 639-6470.

Frequently Asked Questions about L. A. HOPE

What is L. A. HOPE?
L. A. HOPE is a project sponsored by the Los Angeles County Department of Public Health. Our survey asks mothers 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**.**

How was I chosen to participate in L. A. HOPE?
We are inviting women who experienced an infant or fetal loss to participate in our study.

Why should I participate in this survey?
L. A. HOPE will help us to improve services for women, infants, and families. To help us better understand and meet the health needs of Los Angeles County mothers and babies, we need each mother selected to answer the questions.

Are these questions trying to determine why my baby died?
No— The questions that we ask address normal behaviors, and there are no right or wrong answers. We are trying to understand more about the many things in a mother's life that may affect her pregnancy or baby's health. These questions try to get the best picture of things that happened before, during, and after your baby's death. Some questions may not seem to be related to your and your baby's health. Other questions may be personal. Your experiences are unique and important.

Will my answers be kept private?
Yes—All answers are kept completely private to the extent permitted by law. All answers given on the surveys will be grouped together to give us information on Los Angeles County women. In reports from this survey, no woman will be identified by name. Each survey has a number on it, so we will know when it is returned.

Who can I contact to get grief or bereavement resources?
If we can be of help to you, please call us at (213) 639-6470.

Will I receive results of the survey?
If you would like the results of the survey, please go to our website, http://publichealth.lacounty.gov/mch/LAHOPE/LAHOPE.html

What if I want to ask more questions about L. A. HOPE?
We will be happy to answer any other questions that you may have about L. A. HOPE. Please call us at (213) 639-6470. If you prefer to complete the survey on the telephone, please call us at the same number.

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, or if you would like grief and bereavement support.

Your name: _____

Address: _____

_____

Phone: ( ) _____

When is the best time to call you? _____

Email Address: _____

Do you need to be contacted for follow-up or grief and bereavement support? _____

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

Friend/family name: _____

Address: _____

_____

Phone: ( ) _____

Email Address: _____

✂ ****Attention Survey Staff: Tear out this page before entering data****

We would like to ask you a few questions about you and the time before your pregnancy. For these questions, "your pregnancy" means your pregnancy with your baby who recently died. We know that some questions may be difficult to answer because of the loss of your baby. Please share with us whatever information you can. We are asking these questions so that we can try to help other women with their pregnancies. Please answer these questions about things that may have happened **before** you became pregnant.

1. Today's Date

   _____ / _____ / _____
   month day year

2. Your Date of Birth

   _____ / _____ / _____
   month day year

3. Just **before** your last pregnancy, did you have health insurance?
   Yes ❒1 → **GO TO QUESTION #4**
   No ❒0 → **GO TO QUESTION #5**

4. What kind of health insurance did you have **before** your last pregnancy?
   Medi-Cal ..... ❒1
   Private Insurance..... ❒2
   Other…… .. ❒3
   Please tell us:_____

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

   Yes ❒1 → **GO TO QUESTION #6**
   No ❒0 → **GO TO QUESTION #7**

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) For example, Kaiser ..... ❒2
   Community clinics/free clinics ..... ❒3
   Family planning clinics ..... ❒4
   Other sites ..... ❒5
   Please tell us:_____

   → **GO TO QUESTION #8**

7. Tell us why you did not see a health professional to prepare for pregnancy. **Check all that apply.**

   I didn't think that talking to a doctor or nurse would help me have a healthy pregnancy..... ❒1
   I had a chronic medical problem ..... ❒2
   I had problems in my previous pregnancy..... ❒3
   I didn't expect to get pregnant..... ❒4
   I knew how to prepare myself for pregnancy already..... ❒5
   I didn't have enough money or insurance to pay for a check-up ……..❒6
   I didn't have a regular doctor or nurse to talk to..... ❒7
   I had no way to get to the clinic or the doctor's office ..... ❒8
   I couldn't take time off from work ..... ❒9
   I had no one to take care of my children.....❒10
   I had too many other things going on .....❒11
   I couldn't find a doctor or nurse who spoke my language .....❒12
   Other .....❒13
   Please tell us:_____
   _____

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

Asthma ..... ❒1
High blood pressure (hypertension) ..... ❒2
High blood sugar (diabetes) ..... ❒3
Anemia (poor blood, low iron) ..... ❒4
Heart problems ..... ❒5
Problems with my teeth or gums ..... ❒6
Depression ..... ❒7
Anxiety ..... ❒8
Eat less than you felt you should because there wasn't enough money to buy food ..... ❒9
Other ..... ❒10
Please tell us: _____

9. How would you describe your health **six months <u>before</u>** you got pregnant?

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

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

I did not take folic acid or multivitamins at all ..... ❒1
Once in a while ..... ❒2
1 to 3 times a week ..... ❒3
4 to 6 times a week ..... ❒4
Every day of the week ..... ❒5

11. Some health experts say you should take folic acid before and during early pregnancy. Below is a list of possible reasons for taking folic acid. **Check all that apply.**

To make strong bones ..... ❒1
To prevent birth defects ..... ❒2
To prevent high blood pressure ..... ❒3
To prevent anemia ..... ❒4
I don't know ..... ❒5

12. In the **six months <u>before</u>** you found out you were pregnant with your last baby, how many cigarettes did you smoke a day, on average? (A pack has 20 cigarettes.)

I didn't smoke then ..... ❒1
Less than 1 cigarette ..... ❒2
1 to 5 cigarettes ..... ❒3
6 to 10 cigarettes ..... ❒4
11 to 20 cigarettes ..... ❒5
21 to 40 cigarettes ..... ❒6
41 cigarettes or more ..... ❒7

13. **<u>Before</u>** you were pregnant, did you limit your contact with chemicals that may harm the health of your baby in:

a. Foods that you eat ..... ❒Y ❒N
b. Health and beauty products .. ❒Y ❒N
c. Household furnishings, cleaning and storage products ..... ❒Y ❒N

14. Thinking back to just **<u>before</u>** you got pregnant with your last baby, how did you feel about becoming pregnant? **Check one answer.**

I wanted to be pregnant sooner ..... ❒1
I wanted to be pregnant later ..... ❒2
I wanted to be pregnant then ..... ❒3
I didn't want to be pregnant then or at any time in the future ..... ❒4

If you would like to write any comments about this survey, your prenatal care experiences, the emotional support you received during this time, or anything else, please do so in the space below. Please tell us about anything you think needs to be improved or what you felt was especially helpful to you.

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:

L. A. HOPE Project
Maternal, Child & Adolescent Health Programs
600 S Commonwealth Ave Suite 800
Los Angeles, CA 90005

Thank you very much for your help.

If you would like to review the findings from this survey, please see our website:
http://publichealth.lacounty.gov/mch/LAHOPE/LAHOPE.html

15. Just **before** you got pregnant with your last 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 any time in the future .....❒4
I didn't have a husband or partner.....❒5
I don't know.....❒6

16. How did you feel when you found out you were pregnant with your last baby? Were you:

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

17. **Before** you got pregnant, were you doing anything to keep from getting pregnant?

Yes, all the time .....❒1 } **GO TO**
Yes, sometimes .....❒2 } **OUESTION #19**

No .....❒3
→**GO TO QUESTION #18**

18. 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:

_____

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

Yes .....❒1
No .....❒0

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

_____ Times

21. **Before** your last pregnancy, 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?

_____ _____ _____

_____ _____ _____

22. **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. A baby delivered by cesarean section (when a doctor cut through my belly to bring out my baby) ... ❒Y ❒N
d. Miscarriage (a baby who died before 20 weeks of pregnancy) ..... ❒Y ❒N
e. Abortion ..... ❒Y ❒N
f. Stillbirth (a baby who died before delivery) ..... ❒Y ❒N
g. A baby under 1 year old who passed away ..... ❒Y ❒N
h. 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 last baby.

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

Yes ❒1
Which week of your pregnancy did you stop?

_____Week

No ❒0 → **IF NO, GO TO QUESTION #25**

24. **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

25. Many women find the **last three 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

26. 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

27. **During** your last pregnancy, how often did you skip a meal for any reason?

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

28. How would you describe the time **during** your pregnancy?

One of the happiest times of my life .. ❒1
A happy time with a few problems ..... ❒2
A moderately hard time ..... ❒3
A very hard time ..... ❒4
One of the worst times of my life ..... ❒5

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.

93. How tall are you?

_____ Feet and _____ Inches

OR

_____ Centimeters

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

_____ Pounds **OR** _____ Kilos

95. At the **end** of your last pregnancy, how much did you weigh?

_____ Pounds **OR** _____ Kilos

96. Were you born in the United States?

Yes ..... ❒1
No ..... ❒0

If no, please tell us where you were born: _____

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

_____ Years **OR** _____ Months

98. What was your family income in **2018** 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 2018) 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 $10,000 ..... ❒1
$10,000-$19,999 ..... ❒2
$20,000-$39,999 ..... ❒3
$40,000-$59,999 ..... ❒4
$60,000-$99,999 ..... ❒5
$100,000 and more ..... ❒6
I don't know ..... ❒89

99. How many people lived on this income in **2018**?

_____ Total number of people

90. How safe from crime do you consider this neighborhood to be?

Very safe ..... ❒1

Somewhat safe..... ❒2

Somewhat unsafe..... ❒3

Not at all safe ..... ❒4

Don't know..... ❒5

91. Which of the following describes your current home or apartment? Please check all that apply.

It has mold or growth that concerns you .....❒1

It has pests such as cockroaches or mice .....❒2

It was built before 1978 and has peeling or chipping paint.....❒3

It has heat when you need it ....❒4

It has hot water when you need it ....❒5

The question below asks you about your feelings and thoughts during the last month. In each case, please mark how often you have felt or thought a certain way.

92. In the **last month,** how **<u>often</u>** have you felt:

	Never	Almost Never	Sometimes	Fairly Often	Very Often
a. You were unable to control the important things in your life?	❒1	❒2	❒3	❒4	❒5
b. Confident about your ability to handle your personal problems?	❒1	❒2	❒3	❒4	❒5
c. Difficulties were piling up so high that you could not overcome them?	❒1	❒2	❒3	❒4	❒5
d. That things were going your way?	❒1	❒2	❒3	❒4	❒5

29. Sometimes during pregnancy women need to take special precautions to prevent preterm or early labor. **<u>During</u>** your last pregnancy, did you do anything to prevent preterm or early labor? For each item, check **Y (Yes)** if you did or **N (No)** if you did not.

a. Took medicine to prevent labor or miscarriage..... ❒Y ❒N

b. Got hormone shots (such as Makena®)..... ❒Y ❒N

c. Got vaginal hormone gel..... ❒Y ❒N

d. Stopped or limited sex during pregnancy ..... ❒Y ❒N

e. Used condoms to prevent infection ..... ❒Y ❒N

f. Had bed rest for one or more weeks at home ..... ❒Y ❒N

g. Was hospitalized for one or more nights..... ❒Y ❒N

h. Reduced work hours or stopped working earlier than expected .. ❒Y ❒N

i. Reduced housework or other physical activities ..... ❒Y ❒N

j. Doctor sewed my cervix closed (cerclage of incompetent cervix)❒Y ❒N

k. Other ..... ❒Y ❒N

Please tell us: _____

_____

_____

_____

30. Pregnancy can be a difficult time for some women. These next questions are about events that may have happened to you **<u>during</u>** your last pregnancy. Choose **Y (Yes)** if it did or **N (No)** if it did not. *It may help to look at the calendar on the back of the survey when you answer these questions*.

a. A close family member was very sick and had to go into the hospital .....❒Y ❒N

b. I got separated or divorced from my husband or partner.....❒Y ❒N

c. I moved to a new address .....❒Y ❒N

d. I was homeless.....❒Y ❒N

e. My husband or partner lost his job .....❒Y ❒N

f. I lost my job even though I wanted to go on working .....❒Y ❒N

g. I had a long commute to work ..❒Y ❒N

h. I argued with my husband or partner more than usual .....❒Y ❒N

i. I had a lot of bills I could not pay .....❒Y ❒N

j. I was in a physical fight.....❒Y ❒N

k. My husband or partner or I went to jail.....❒Y ❒N

l. Someone very close to me had a problem with drinking or drugs .❒Y ❒N

m. Someone close and important to me died .....❒Y ❒N

n. I delayed paying, or was not able to pay, my mortgage or rent .....❒Y ❒N

o. Did any other serious events happen during your pregnancy.❒Y ❒N

_____

_____

31. 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

32. Below is a list of statements dealing with your feelings about yourself **during** your last pregnancy. For each item below, choose one of 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

88. Tell us how **often** you and people in your neighborhood do the following for each other. If you lived in more than one neighborhood, answer for the neighborhood you lived in for the **most** time during your last pregnancy. Please check one answer for each question. 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

89. 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
j. Availability of places to buy fresh fruits and vegetables when you want them?	❒1	❒2	❒3	❒4	❒5
k. Quality of air?	❒1	❒2	❒3	❒4	❒5
l. Free from industrial chemicals?	❒1	❒2	❒3	❒4	❒5

85. 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 birth through age 13. Select **Y (Yes)** or **N (No)** for each statement.

a. Most of the time, I had an adult who believed in me and who I could count on to help me ..... ❒Y ❒N
b. A parent or guardian I lived with got divorced or separated ..... ❒Y ❒N
c. We had to move because of problems paying the rent or mortgage ..... ❒Y ❒N
d. Someone in my family or I went hungry because we couldn't afford enough food . ❒Y ❒N
e. A parent or guardian got in trouble with the law and went to jail ..... ❒Y ❒N
f. A parent or guardian I lived with had a serious drinking or drug problem ..... ❒Y ❒N
g. I was in foster care (removed from my home by the court or child welfare agency ❒Y ❒N

How many years were you in the foster care system?

Less than one year ..... ❒1
1 to 4 years ..... ❒2
5 to 9 years ..... ❒3
10 or more years ..... ❒4

The 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.

86. 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 lived in this neighborhood.

_____Years **OR** _____Months

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. People in your neighborhood 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. People in your neighborhood can be trusted	❒1	❒2	❒3	❒4	❒5
d. People in your neighborhood generally don't get along with each other	❒1	❒2	❒3	❒4	❒5
e. People in your neighborhood do not share the same values	❒1	❒2	❒3	❒4	❒5

33. Did you have any of these problems **during** your last pregnancy? If yes, did you talk to a doctor, nurse, or other healthcare worker about the problem? Did the doctor provide treatment? What type? For each item, check **Y (Yes)** if you had the problem and **N (No)** if you did not. If you had the problem, check **Y (Yes)** if you talked to a doctor about it and **N (No)** if you did not. Check **Y (Yes)** if you received treatment and **N (No)** if you did not. If you received treatment, please write in what type.

	Problem		Talk to Dr.		Treatment		Type of Treatment
a. Experienced cramps or back pain during the 4th to 7th month of your pregnancy ..	❒Y	❒N	❒Y	❒N	❒Y	❒N	_____
b. Labor that began too soon (labor pains more than 3 weeks before my baby was due)	❒Y	❒N	❒Y	❒N	❒Y	❒N	_____
c. High blood pressure (such as high blood pressure caused by pregnancy, preeclampsia, or toxemia)	❒Y	❒N	❒Y	❒N	❒Y	❒N	_____
d. Vaginal bleeding	❒Y	❒N	❒Y	❒N	❒Y	❒N	_____
e. Problems with the placenta (such as abruptio placentae or placenta previa)..	❒Y	❒N	❒Y	❒N	❒Y	❒N	_____
f. Severe nausea, vomiting or dehydration	❒Y	❒N	❒Y	❒N	❒Y	❒N	_____
g. High blood sugar (gestational diabetes) that started during this pregnancy	❒Y	❒N	❒Y	❒N	❒Y	❒N	_____
h. Kidney or bladder (urinary tract) infection	❒Y	❒N	❒Y	❒N	❒Y	❒N	_____
i. Membranes broke too soon (water broke more than 3 weeks before your baby was due)	❒Y	❒N	❒Y	❒N	❒Y	❒N	_____
j. Fetal growth restriction (baby not growing properly)	❒Y	❒N	❒Y	❒N	❒Y	❒N	_____
k. Sexually transmitted disease	❒Y	❒N	❒Y	❒N	❒Y	❒N	_____
l. Bacterial Vaginosis (vaginal infection caused by bacteria)	❒Y	❒N	❒Y	❒N	❒Y	❒N	_____
m. Group B Streptococcus	❒Y	❒N	❒Y	❒N	❒Y	❒N	_____
n. Problems with my teeth or gums	❒Y	❒N	❒Y	❒N	❒Y	❒N	_____
o. I was hurt in a car accident	❒Y	❒N	❒Y	❒N	❒Y	❒N	_____
p. I had a different type of injury	❒Y	❒N	❒Y	❒N	❒Y	❒N	_____
q. I had the flu	❒Y	❒N	❒Y	❒N	❒Y	❒N	_____
r. Toxoplasmosis	❒Y	❒N	❒Y	❒N	❒Y	❒N	_____
s. Other	❒Y	❒N	❒Y	❒N	❒Y	❒N	

Please tell us:

_____

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

a. Gave me money or bought things for me ..... ❒Y ❒N
b. Helped me in other ways, such as taking me to the doctor or helping with chores ..... ❒Y ❒N
c. Gave me emotional support in labor ..... ❒Y ❒N
d. Visited the baby and me 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 me raise my child in the coming years ..... ❒Y ❒N
g. Hit or slapped me when he was angry ..... ❒Y ❒N
h. Insulted or criticized me or my ideas ..... ❒Y ❒N
i. The baby's father threatened me or made me feel unsafe in some way ..... ❒Y ❒N
j. I was frightened for my safety or the safety of my family because of his anger or threats ..... ❒Y ❒N
k. He tried to control my daily activities, for example, telling me who I could talk to or where I could go ..... ❒Y ❒N
l. He forced me to take part in any sexual activity when I did not want to (including touch that made me uncomfortable)..... ❒Y ❒N

35. **During** your last pregnancy, would you be able to get these kinds of support, **if you needed them?**

a. Someone to loan me $50..... ❒Y ❒N
b. Someone to help me if I were sick and needed to be in bed ❒Y ❒N
c. Someone to talk to about my problems ..... ❒Y ❒N
d. Someone to take me to the clinic or doctor if I needed a ride..... ❒Y ❒N
e. Someone to give me a place to live ..... ❒Y ❒N
f. Someone to help me with babysitting or child care ..... ❒Y ❒N
g. Someone to help me with household chores..... ❒Y ❒N
h. Someone to give me advice or information ..... ❒Y ❒N

36. **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. Classes on how to stop drinking alcohol ..... ❒Y ❒N ❒DID NOT NEED
f. Visits to your home by a nurse or other health care worker❒Y ❒N ❒DID NOT NEED
g. Food stamps..... ❒Y ❒N ❒DID NOT NEED
h. CalWORKS (welfare) ..... ❒Y ❒N ❒DID NOT NEED
i. Help with breastfeeding ..... ❒Y ❒N ❒DID NOT NEED

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

Not at all satisfied ..... ❒1
Somewhat dissatisfied ..... ❒2
Neither dissatisfied nor satisfied (neutral)..... ❒3
Somewhat satisfied..... ❒4
Very satisfied ..... ❒5
Not applicable ..... ❒6

83. 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, because you were pregnant, or language? 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	❒	❒	❒	❒	❒	❒	❒

84. Think about the way you typically react and respond during difficult times. For each item below, please choose Strongly Disagree, Disagree, Neutral, Agree, or Strongly Agree.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I tend to bounce back quickly after hard times	❒1	❒2	❒3	❒4	❒5
b. I have a hard time making it through stressful events	❒1	❒2	❒3	❒4	❒5
c. It does not take me long to recover from a stressful event	❒1	❒2	❒3	❒4	❒5
d. It is hard for me to snap back when something bad happens	❒1	❒2	❒3	❒4	❒5
e. I usually come through difficult times with little trouble	❒1	❒2	❒3	❒4	❒5
f. I tend to take a long time to get over set backs in my life	❒1	❒2	❒3	❒4	❒5

Thank you for answering the last section. Please answer these questions about the support you have received since the loss of your baby.

78. This question is about the bereavement material offered to you after the loss of your baby. For each item, check **Y (Yes)** if it was offered or **N (No)** if it was not.

    a. I was offered a booklet or other materials on grief or bereavement ..... ❒Y ❒N
    b. I was offered photographs of my baby ..... ❒Y ❒N
    c. I was offered keepsake items of my baby ..... ❒Y ❒N
    d. I was given information on burial arrangements for my baby.... ❒Y ❒N
    e. Other ..... ❒Y ❒N
    Please tell us:_____

79. The following question is about the emotional support you received after the loss of your baby. For each item, check **Y (Yes)** if it is true or **N (No)** if it is not true.

    a. I was offered information on support groups or individual counseling ...❒Y ❒N
    b. I wanted to attend a support group
       Yes..... ❒1 → **ANSWER "c"**
       No ..... ❒0 → **GO TO "e"**
    c. I attended a support group
       Yes..... ❒1 → **ANSWER "d"**
       No ..... ❒0 → **GO TO "e"**
    d. I found that a support group was helpful to me .....❒Y ❒N
    e. I wanted to attend individual counseling
       Yes..... ❒1 → **ANSWER "f"**
       No ..... ❒0 → **GO TO "h"**
    f. I went for individual counseling
       Yes..... ❒1 → **ANSWER "g"**
       No ..... ❒0 → **GO TO "h"**
    g. I found that individual counseling was helpful to me..... ❒Y ❒N
    h. My religion provided bereavement support ..... ❒Y ❒N

80. Was there a service or support that could have been helpful to you or your family through this difficult time?

    _____
    _____
    _____
    _____

This next section is going to ask about how you and others like you are treated, and how you typically respond.

81. If you feel you have been treated unfairly, do you usually: (please select the best response)

    Accept it as a fact of life ..... ❒1
    Try to do something about it ..... ❒2

82. If you have been treated unfairly, do you usually: (please select the best response)

    Talk to other people about it ..... ❒1
    Keep it to yourself ..... ❒2

38. At the time your last 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

39. For **two weeks or longer <u>during</u>** your last pregnancy, did you:

    a. Feel sad, empty or depressed for most of the day? .....❒Y ❒N
    b. Lose interest in most things like work, hobbies, and other things you usually enjoyed?.....❒Y ❒N

40. **<u>During</u>** your most recent pregnancy, did you have a diagnosed mental health problem (for example, depression, schizophrenia, etc)?

    Yes ❒1 → **GO TO QUESTION #41**
    No ❒0 → **GO TO QUESTION #42**

41. **<u>During</u>** your most recent pregnancy, did you receive medication or counseling for this mental health problem?

    Yes..... ❒1
    No ..... ❒0

Please answer the following questions about smoking cigarettes and drug use during pregnancy.

42. **<u>During</u>** your last pregnancy, about how many hours a day, on average, were you in the same room with someone who was smoking?

    _____ Hours

43. On average, how many cigarettes did you smoke per day **<u>after</u>** you found out that you were pregnant? (A pack has 20 cigarettes.)

    I didn't smoke then ..... ❒1
    Less than 1 cigarette ..... ❒2
    1 to 5 cigarettes ..... ❒3
    6 to 10 cigarettes ..... ❒4
    11 to 20 cigarettes ..... ❒5
    21 to 40 cigarettes ..... ❒6
    41 cigarettes or more..... ❒7

44. 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.

    a. Prescription drugs not prescribed by your doctor ..... ❒Y ❒N
       What medication(s) did you use?
       _____
    b. Over-the-counter medications❒Y ❒N
       What medication(s) did you use?
       _____
    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

The next questions are about drinking alcohol during pregnancy. For example, beer, wine, wine cooler, liquor, or a mixed drink made with liquor.

45. Did you drink any alcohol **<u>during</u>** your last pregnancy?

    Yes ❒1 → **GO TO QUESTION #46**
    No ❒0 → **GO TO QUESTION #48**

46. **During** the **first three months** of your pregnancy, about how many drinks containing alcohol did you have in an average week?

I didn't drink at all during the first three months of my pregnancy ..... ❒1
An occasional sip ..... ❒2
Less than one drink per week ..... ❒3
1 to 3 per week ..... ❒4
4 to 6 per week ..... ❒5
7 or more drinks per week ..... ❒6

47. **During** the **last three months** of your pregnancy, about how many drinks containing alcohol did you have in an average week?

I didn't drink at all during the last three months of my pregnancy ..... ❒1
An occasional sip ..... ❒2
Less than one drink per week ..... ❒3
1 to 3 per week ..... ❒4
4 to 6 per week ..... ❒5
7 or more drinks per week ..... ❒6

48. Did you receive this vaccine **during** your last pregnancy?

a. Seasonal flu ..... ❒Y ❒N

49. This question is about the care of your teeth **during** your most recent pregnancy. For each item, check **Y (Yes)** if it is true or **N (No)** if it is not true.

a. I needed to see a dentist for a problem ..... ❒Y ❒N
b. I went to a dentist or dental clinic ..... ❒Y ❒N
c. A dental or other health care worker talked with me about how to care for my teeth and gums ..... ❒Y ❒N
d. I had my teeth cleaned in the last year ..... ❒Y ❒N

50. How would you describe your health **during** your last pregnancy?

Excellent ..... ❒1
Very good ..... ❒2
Good ..... ❒3
Fair ..... ❒4
Poor ..... ❒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.*

51. 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

→**IF NOT, GO TO QUESTION #60**

52. 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) for example, Kaiser ..... ❒2
Community clinics/free clinics ..... ❒3
Family planning clinics ..... ❒4
Other sites ..... ❒5
Please tell us:_____

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

Yes ..... ❒1→ **GO TO QUESTION #55**
No ..... ❒0

Thank you for answering the last section. Please answer the next questions about family planning.

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.)

Yes ❒1 → **GO TO QUESTION #74**
No ❒0 → **GO TO QUESTION #73**

73. What were the reasons you didn't go see a doctor or nurse for a postpartum check up? **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
I didn't know that I should go for a postpartum check up ..... ❒6
I didn't want to ..... ❒7
I was depressed ..... ❒8
Other reason ..... ❒9
Please tell us:_____
→ **GO TO QUESTION #75**

74. **During** the check up, did your doctor or nurse talk to you about any of the following?

a. Birth control ..... ❒Y ❒N
b. Breastfeeding ..... ❒Y ❒N
c. Baby's sleep position ..... ❒Y ❒N
d. Losing the weight I gained ..... ❒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. Are you or your husband or partner doing anything **now** to keep from getting pregnant?

Yes ..... ❒1
No ..... ❒0

76. Do you expect to have more children?

Yes ..... ❒1
No ..... ❒0
Don't know ..... ❒89

77. Are you currently pregnant?

Yes ..... ❒1
No ..... ❒0
Don't know ..... ❒89

Thank you for completing the last section. In the next section, we would like to know about things that may have happened after your baby went home.

67. When your baby was at home with you, which of the following problems or illnesses did he/she develop, if any? Do not include problems or illnesses that occurred when the baby was in the hospital. For each item, check **Y (Yes)** if your baby had this illness at home or **N (No)** if your baby did not.

a. Cold ..... ❒Y ❒N
b. Fever ..... ❒Y ❒N
c. Eye infection ..... ❒Y ❒N
d. Ear infection ..... ❒Y ❒N
e. Sleep apnea ..... ❒Y ❒N
f. Seizures ..... ❒Y ❒N
g. Vomiting ..... ❒Y ❒N
h. Diarrhea ..... ❒Y ❒N
i. Injury from a bad fall or accident ..... ❒Y ❒N
j. Other illness ..... ❒Y ❒N

Please tell us:_____

68. How did you put your baby down to sleep **most** of the time? Check one answer.

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

69. How **often** did your baby sleep in the same bed with you or anyone else?

Always ❒1
Frequently ❒2
Sometimes ❒3
→ **GO TO QUESTION #70**

Rarely ❒4
Never ❒5
→ **GO TO QUESTION #71**

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

I did not have a crib for my baby ..... ❒1
Part of my culture/tradition ..... ❒2
I wanted a closer bond with my baby . ❒3
It was easier to breastfeed my baby ... ❒4
Other ..... ❒5

Please tell us:_____

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

_____ Hours

54. 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.

a. I could not get an appointment as early as I wanted ..... ❒Y ❒N
b. I didn't have health insurance or enough money 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 problems getting through on the phone to make an appointment ..... ❒Y ❒N
g. I had no way to get to the clinic or doctor's office ..... ❒Y ❒N
h. There was no one to take care of my children ..... ❒Y ❒N
i. I had too many other problems to deal with ..... ❒Y ❒N
j. I couldn't take time off from work ..... ❒Y ❒N
k. The doctor or my health plan would not start care as early as I wanted ..... ❒Y ❒N
l. I didn't want anyone to know I was pregnant ..... ❒Y ❒N
m. I didn't know I was pregnant ..... ❒Y ❒N
n. I couldn't find a doctor or nurse who spoke my language ..... ❒Y ❒N
o. Other problems getting prenatal care ..... ❒Y ❒N

Please tell us:

_____
_____
_____

55. 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

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

a. My blood pressure was measured ..... ❒Y ❒N ❒DON'T KNOW
b. I gave a sample of my urine ..... ❒Y ❒N ❒DON'T KNOW
c. A sample of my blood was taken ..... ❒Y ❒N ❒DON'T KNOW
d. My height and weight were measured ..... ❒Y ❒N ❒DON'T KNOW
e. I had a pelvic exam (pap smear) ..... ❒Y ❒N ❒DON'T KNOW
f. My doctor asked about my health history ..... ❒Y ❒N ❒DON'T KNOW
g. I had an ultrasound .... ❒Y ❒N ❒DON'T KNOW
h. My doctor asked about my prenatal lead exposure ..... ❒Y ❒N ❒DON'T KNOW
i. Other things that the doctor/nurse did ..... ❒Y ❒N ❒DON'T KNOW

Please tell us: _____
_____
_____
_____

57. **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.

a. Doing tests to screen for birth defects or diseases that run in my family ..... ❒Y ❒N ❒DON'T KNOW

b. What to do if my labor starts early ..... ❒Y ❒N ❒DON'T KNOW

c. Getting my blood tested for HIV (the virus that causes AIDS) ..... ❒Y ❒N ❒DON'T KNOW

d. Getting a flu vaccine during pregnancy ..... ❒Y ❒N ❒DON'T KNOW

e. Medicines that are safe to take during my pregnancy ..... ❒Y ❒N ❒DON'T KNOW

f. Birth control methods to use after my pregnancy ..... ❒Y ❒N ❒DON'T KNOW

g. Asked me if I felt anxious or depressed ..... ❒Y ❒N ❒DON'T KNOW

h. Breastfeeding my baby ..... ❒Y ❒N ❒DON'T KNOW

i. Types of food to eat during pregnancy ..... ❒Y ❒N ❒DON'T KNOW

j. How smoking during pregnancy could affect my baby ..... ❒Y ❒N ❒DON'T KNOW

k. What drinking alcohol during pregnancy could do to my baby ..... ❒Y ❒N ❒DON'T KNOW

l. How using any kind of drugs could affect my baby ..... ❒Y ❒N ❒DON'T KNOW

m. Using a seat belt during my pregnancy ..... ❒Y ❒N ❒DON'T KNOW

n. Fetal movement counting (kick counts) ..... ❒Y ❒N ❒DON'T KNOW

o. Physical abuse to women by their husbands or partners ..... ❒Y ❒N ❒DON'T KNOW

p. Information about lead exposure ..... ❒Y ❒N ❒DON'T KNOW

q. Not touching my mouth or eyes while handling raw meat and washing my hands after contact with cat feces ..... ❒Y ❒N ❒DON'T KNOW

r. What to do if I had heavy bleeding before my delivery ..... ❒Y ❒N ❒DON'T KNOW

s. How much weight to gain ..... ❒Y ❒N ❒DON'T KNOW

How many pounds did your healthcare provider say you should gain?

_____Pounds **OR** _____Kilos

58. 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.**

	<u>Dissatisfied</u>	**<u>Neutral</u>**	**<u>Satisfied</u>**
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

59. Overall, how satisfied were you with the prenatal care you received?

Satisfied ..... ❒1
Somewhat satisfied ..... ❒2
No opinion/Neutral ..... ❒3
Somewhat dissatisfied ..... ❒4
Not at all satisfied ..... ❒5

60. Did your baby have any of these problems **<u>during</u>** your last pregnancy? For each item, check **Y (Yes)** if your baby had the problem and **N (No)** if your baby did not.

a. Baby was strangled by the umbilical cord/had umbilical cord around the neck ..... ❒Y ❒N

b. Baby had problems with growth ..... ❒Y ❒N

c. Baby had one or more major birth defects or genetic abnormalities ..... ❒Y ❒N

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

_____

61. We would like to know how you felt about the care you received at the hospital **<u>during</u>** your last delivery. Overall, how would you rate the hospital where you delivered your baby?

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

62. Did you experience postpartum depression?

Yes ..... ❒1
No ..... ❒0

63. Thinking back on your entire pregnancy, what do you think would have made things better for you?

_____
_____
_____
_____
_____
_____
_____
_____

64. Was your baby born alive?

Yes ❒1 → **GO TO QUESTION #65**

No ❒0 → Please accept our deepest sympathy. It is not necessary for you to answer the next section.
GO TO QUESTION #72

Thank you for completing the last section.In the next section, we would like to know about your experiences at the hospital.

65. When your baby was born, was he/she put in a neonatal intensive care unit (NICU)? A neonatal intensive care unit is a department of a hospital where a baby can be constantly and closely monitored.

Yes ..... ❒1
→ **How long did your baby stay in the NICU?**
Less than 1 day..... ❒1
1 to 2 days ..... ❒2
3 to 5 days ..... ❒3
6 to 14 days ..... ❒4
More than 14 days ... ❒5
No ..... ❒0
I don't know ..... ❒89

66. Were you able to take your baby home from the hospital?

Yes ❒1 → **GO TO QUESTION #67**
No ❒0 → **GO TO QUESTION #72**