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J24784

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Field Period: January - February 2006

SUBJECTS FOR QUESTIONNAIRE

SECTION 400 & 500:	SAMPLE PRELOAD AND SCREENING
SECTION 600 & 700:	PRENATAL
SECTION 800 & 900:	INTRAPARTUM
SECTION 1000:	BIRTH AND CESEAREAN-SPECIFIC
SECTION 1100	LABOR AND BIRTH, AFTER BIRTH IN THE HOSPITAL & FEEDING
SECTION 1200:	POSTPARTUM II
SECTION 1300:	PREGNANCY AND EMPLOYMENT HISTORY
SECTION 1400:	CROSS-CUTTING
SECTION 1500:	PREGNANCY HISTORY
SECTION 1600:	MOTHER INFORMATION
SECTION 1700:	EMOTIONAL RESOURCES
SECTION 2000:	DEMOGRAPHICS PHONE ONLY
SECTION 100:	DEMOGRAPHICS PANEL ONLY
SECTION 2100:	INTEREST IN FOLLOW-UP

SECTION 400: SAMPLE PRELOAD AND SCREENING QUESTIONS
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[PROGRAMMER NOTE: DISPLAY ALL INTERVIEWER INSTRUCTIONS FOR PHONE (Q159/2,3) THOUGHOUT EM IN GRAY FONT.]

BASE: ALL RESPONDENTS**Q158** INITIAL SURVEY MODE

[PROGRAMMER NOTE: CAPTURE INITIAL MODE OF SURVEY]

- 1 WEB
- 2 CATI TEST
- 3 CATI LIVE

BASE: ALL RESPONDENTS**Q159** FINAL SURVEY MODE

[PROGRAMMER NOTE: CAPTURE CURRENT/FINAL MODE OF SURVEY]

- 1 WEB
- 2 CATI TEST
- 3 CATI LIVE

BASE: ALL RESPONDENTS**Q167/QV99** Sample ID - (Does not appear on screen)

[9-DIGIT ID]

/ / / / / / / / / / / / / / /

BASE: ALL RESPONDENTS**Q405/ICW Field #15** Group Indicator (Does not appear on screen)

- 1 HPOL
- 2 Vendor Phone Sample

BASE: ALL RESPONDENTS**Q410/ ICW Field #16** Type of Survey (Does not appear on screen)

- 1 Web
- 2 Phone (CATI)
- 3 Pre-test web

BASE: ALL RESPONDENTS**Q415/ ICW Field #17** State – from sample file (Does not appear on screen)

[TEXT BOX]

BASE: FEMALE HEAD OF HOUSEHOLD (Q420/1) – PHONE ONLY (Q159/2,3)

Q430 We are conducting a survey about women's experiences with pregnancy and childbirth. The results of this survey will be used to try to help improve women's experiences at this critical time in their lives. Have you given birth in 2005?

- 1 Yes
- 2 No
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF HAS GIVEN BIRTH IN 2005 (Q430/1); JUMP TO Q101. IF HAS NOT GIVEN BIRTH IN 2005 (Q430/2); JUMP TO Q435. IF DECLINE TO ANSWER (Q430/9), ASK Q432.]

BASE: DECLINE TO ANSWER (Q430/9) – PHONE ONLY

Q432 If you have given birth in 2005 and would prefer, you can take this survey online. Would you like us to send you an email so that you can take this survey online?

- 1 Yes
- 2 No

[PROGRAMMER NOTE: IF WILLING TO TAKE SURVEY ONLINE (Q432/1); ASK Q433. IF Q432/2 JUMP TO Q525]

BASE: DECLINED TO ANSWER Q430 AND AGREED TO TAKE SURVEY ONLINE (Q432/1) – PHONE ONLY (Q159/2,3)

Q433 What is your email address? (INTERVIEWER: RECORD EMAIL ADDRESS AND VERIFY, THEN GO TO THE NEXT SCREEN.)

[PROGRAMMER: BE SURE THAT THIS IS IN STANDARD EMAIL FORMAT.]

[MANDATORY TEXT BOX]

BASE: NO FEMALE HEAD OF HOUSEHOLD OR NOT SURE OR HAS NOT GIVEN BIRTH IN 2005 (Q420/4, 8 OR Q430/2) – PHONE ONLY (Q159/2,3)

Q435 Is there someone in your household who gave birth in the past year, that is, in 2005?

- 1 Yes, respondent will get her
- 2 Yes, but not home (INT: SCHEDULE CALL BACK)
- 3 No
- 8 Not sure (VOL.) (INT: SCHEDULE CALL BACK)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF SOMEONE IN HOUSEHOLD HAS GIVEN BIRTH IN 2005 (Q435/1); ASK Q460. IF NO (Q435/3) OR DECLINE TO ANSWER (Q435/9) JUMP TO Q525.]

BASE: CONNECTED TO FEMALE HEAD OF HOUSEHOLD (Q420/2) OR SOMEONE IN HOUSEHOLD HAS GIVEN BIRTH (Q435/1) – PHONE ONLY (Q159/2,3)

Q460 Hello, this is _____ from Harris Interactive, a national research firm. We are conducting a survey about women's experiences with pregnancy and childbirth. Did you give birth in 2005?

- 1 Yes
- 2 No
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF HAS GIVEN BIRTH IN 2005 (Q460/1); JUMP TO Q101. IF DECLINE TO ANSWER (Q460/9); ASK Q462. IF NO (Q460/2) JUMP TO Q525.]

BASE: DECLINE TO ANSWER (Q460/9) – PHONE ONLY (Q159/2,3)

Q462 If you have given birth in 2005 and would prefer, you can take this survey online. Would you like us to send you an email so that you can take this survey online? INTERVIEWER: SELECT “NO” IF “DECLINE TO ANSWER.”

- 1 Yes
- 2 No

[PROGRAMMER NOTE: IF WILLING TO TAKE SURVEY ONLINE (Q462/1); ASK Q463. IF Q462/2 JUMP TO Q525.]

BASE: DECLINED TO ANSWER Q460 AND AGREED TO TAKE SURVEY ONLINE (Q462/1) – PHONE ONLY (Q159/2,3)

Q463 What is your email address? (INTERVIEWER: RECORD EMAIL ADDRESS AND VERIFY, THEN GO TO THE NEXT SCREEN.)

[PROGRAMMER: BE SURE THAT THIS IS IN STANDARD EMAIL FORMAT.]

[MANDATORY TEXT BOX]

[PROGRAMMER NOTE: IF Q159/2,3 JUMP TO Q101. ALL OTHERS CONTINUE.]

[PROGRAMMER NOTE: DISPLAY Q470 & Q475 ON SAME SCREEN.]

BASE: WEB ONLY RESPONDENTS (Q159/1)

Q470 `<center><I>The progress bar below indicates approximately
what portion of the survey you have completed.</I></center>
`

Thank you for taking the time to complete this survey.

Overall, how would you describe your health?

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very good
- 5 Excellent

BASE: WEB ONLY RESPONDENTS (Q159/1)

Q475 Overall, how satisfied are you with the health care you have received?

- 1 Not at all satisfied
- 2 Somewhat satisfied
- 3 Fairly satisfied
- 4 Very satisfied

[PROGRAMMER NOTE: DISPLAY Q101 & Q104 ON SAME SCREEN.]

BASE: PHONE RESPONDENTS (Q159/2,3) WHO HAVE GIVEN BIRTH IN 2005 (Q430/1 OR Q460/1) OR WEB RESPONDENTS (Q159/1)**Q101**

[PROGRAMMER NOTE: AT Q102, IF PHONE, (Q159/2,3), DISPLAY:(INTERVIEWER: DO NOT ASK, RECORD FROM VOICE.)]

[PROGRAMMER: GET CODE 2.]

- 1 GENDER/AGE AS FIRST ITEMS
- 2 GENDER/AGE FOLLOWING SCREENER ITEMS
- 3 GENDER/AGE IN DEMOGRAPHIC SECTION

BASE: PHONE RESPONDENTS (Q159/2,3) WHO HAVE GIVEN BIRTH IN 2005 (Q430/1 OR Q460/1) OR WEB RESPONDENTS (Q159/1)

Q104 [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: The next few questions are for classification purposes so we know which questions to ask you during the survey.] What is your year of birth? [IF Q159/1 DISPLAY: <I>Please enter as a four-digit number, e.g., 1963.</I>] [IF Q159/2,3 DISPLAY: INT: Please enter as a four-digit number, e.g., 1963.] [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: (INT: If “not sure” enter 9998 and if “decline to answer,” enter 9999.)]

[IF Q159/1 RANGE SHOULD BE: 1890-1999]

[IF Q159/2, 3 RANGE SHOULD BE: 1925 – 1995, 9998, 9999]

/ _ / _ / _ / _ /

BASE: PHONE RESPONDENTS (Q159/2,3) WHO HAVE GIVEN BIRTH IN 2005 (Q430/1 OR Q460/1) OR WEB RESPONDENTS (Q159/1)

Q105 HIDDEN COMPUTE FOR AGE.]

[RANGE 0 - 120, 999.]

[PROGRAMMER NOTE: IF Q159/2,3 AND Q104/9998,9999 DO NOT COMPUTE THE AGE. PLEASE RECORD AS CODE 999.]

BASE: PHONE RESPONDENTS (Q159/2,3) WHO HAVE GIVEN BIRTH IN 2005 (Q430/1 OR Q460/1) OR WEB RESPONDENTS (Q159/1)**Q106** Age category (Does not appear on screen)

[PROGRAMMER NOTE: COMPUTE FOR AGE AT Q105.]

[PROGRAMMER NOTE: IF Q159/2,3 AND Q105/999 DO NOT COMPUTE THE AGE. PLEASE RECORD AS CODE 99, DECLINE TO ANSWER.]

- 01 Under 13
- 02 13-17
- 03 18-19
- 04 20-24
- 05 25-29
- 06 30-34
- 07 35-39
- 08 40-44
- 09 45-49
- 10 50-54
- 11 55-59
- 12 60-64
- 13 65 and over
- 99 Unknown

[PROGRAMMER NOTE: IF PHONE Q410/2 AND (Q430/1 OR Q460/1) AND IS 18-45 YEARS OF AGE (Q105/18-45) AND ARE FEMALE (Q102/2); ASK Q477. OTHERWISE JUMP TO PN BEFORE Q109.]

BASE: PHONE RESPONDENTS (Q410/2) WHO HAVE GIVEN BIRTH IN 2005 (Q430/1 OR Q460/1) AND IS 18-45 YEARS OF AGE (Q105/18-45) AND ARE FEMALE (Q102/2)**Q477** Are you of Hispanic origin, such as Latin American, Mexican, Puerto Rican, or Cuban? We are asking about race/ethnicity because we want to be sure that everyone's perspectives are included in this important national survey.

- 1 Yes, of Hispanic origin
- 2 No, not of Hispanic origin
- 8 Not Sure (VOL.)
- 9 Decline to answer (VOL.)

BASE: PHONE RESPONDENTS (Q410/2) WHO HAVE GIVEN BIRTH IN 2005 (Q430/1 OR Q460/1) AND IS 18-45 YEARS OF AGE (Q105/18-45) AND ARE FEMALE (Q102/2)**Q480** [IF Q477/2,8,9 REF: Do you consider yourself...?] [IF Q477/1 REF: Do you also consider yourself...?]
INTERVIEWER: READ LIST.

- 01 White
- 02 Black
- 03 African American
- 04 Asian or Pacific Islander
- 05 Native American or Alaskan native
- 06 Mixed racial background
- 96 Other race (VOL.)
- 98 Not sure (VOL.)
- 99 Decline to answer (VOL.)

BASE: PHONE RESPONDENTS (Q410/2) WHO HAVE GIVEN BIRTH IN 2005 (Q430/1 OR Q460/1) AND ARE 18-45 Y/O (Q105/18-45) AND ARE FEMALE (Q102/2)

Q482 - Combo of Q477 and Q480

[HIDDEN]

[PROGRAMMER NOTE:

IF HISPANIC (Q477/1) , GET CODE 1

IF NON-HISPANIC BLACK OR AFRICAN-AMERICAN (Q477/2,8,9 AND Q480/2-3), GET CODE 2

IF NOT SURE/DECLINE TO ANSWER ((Q477/2,8,9 AND Q480/98,99), GET CODE 9

ALL OTHERS GET CODE 3]

- 1 HISPANIC
- 2 NON-HISPANIC BLACK OR AFRICAN-AMERICAN
- 3 NOT HISPANIC AND NOT A NON-HISPANIC BLACK OR AFRICAN-AMERICAN
- 9 NOT SURE/DECLINE TO ANSWER

[PROGRAMMER NOTE: IF WEB (Q159/1), ASK Q109. OTHERWISE JUMP TO PN BEFORE Q485.]

BASE: ALL WEB RESPONDENTS (Q159/1)

Q109 [HIDDEN QUESTION FOR COUNTRY OF RESIDENCE POSITION.]

[PROGRAMMER NOTE: GET CODE 1 UNLESS OTHERWISE SPECIFIED.]

- 1 PRESENT COUNTRY OF RESIDENCE QUESTION BEFORE DEMO SECTION (Q110/Q166)
- 2 PRESENT COUNTRY OF RESIDENCE QUESTION IN NORMAL POSITION OF DEMOGRAPHIC SECTION (Q110/Q166)

[PROGRAMMER NOTE: IF FEMALE (Q102/2) AND AGE 18-45 (Q105/18-45) AND FROM US (Q110/244) AND WEB (Q159/1), ASK Q485. ALL OTHERS JUMP TO PN BEFORE Q495.]

BASE: FEMALE (Q102/2) AND AGE 18 - 45 (Q105/18-45) AND US RESIDENT (Q110/244) -WEB ONLY (Q159/1)

Q485 Have you ever given birth?

- 1 Yes
- 2 No
- 9 Decline to answer

[PROGRAMMER NOTE: IF HAS EVER GIVEN BIRTH (Q485/1), ASK Q490. OTHERWISE JUMP TO Q525.]

BASE: HAS EVER GIVEN BIRTH (Q485/1) - WEB ONLY (Q159/1)

Q490 Did you give birth in 2005?

- 1 Yes
- 2 No

[PROGRAMMER NOTE: IF (PHONE (Q410/2) AND FEMALE (Q102/2) AND AGE 18-45 (Q105/18-45) AND HISPANIC, OR NON-HISPANIC BLACK OR AFRICAN-AMERICAN (Q482/1-2) AND HAVE GIVEN BIRTH (Q430/1 OR Q460/1)) OR (WEB AND GAVE BIRTH IN 2005 (Q490/1)), ASK Q495. ALL OTHERS JUMP TO Q525.]

BASE: (PHONE (Q410/2) AND FEMALE (Q102/2) AND AGE 18-45 (Q105/18-45) AND HISPANIC, OR NON-HISPANIC BLACK OR AFRICAN-AMERICAN (Q482/1-2) AND HAVE GIVEN BIRTH (Q430/1 OR Q460/1) OR (WEB AND GAVE BIRTH IN 2005 (Q490/1))

Q495 The most recent time you gave birth, did you give birth to a single baby or more than one?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2. IF PHONE (Q159/2,3), DISPLAY 1-2, 9.]

- 1 Single baby
- 2 More than one
- 9 Decline to answer

[PROGRAMMER NOTE: IF GAVE BIRTH TO SINGLE BABY (Q495/1); ASK Q500. OTHERWISE JUMP TO Q525.]

BASE: GAVE BIRTH TO A SINGLE BABY (Q495/1)

Q500 Is that baby living?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2. IF PHONE (Q159/2,3), DISPLAY 1-2, 8, 9.]

- 1 Yes
- 2 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF BABY LIVING (Q500/1), ASK Q505. OTHERWISE JUMP TO Q525.]

BASE: BABY LIVING (Q500/1)

Q505 Where did you give birth? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: READ LIST.)]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2, 9. IF PHONE (Q159/2,3), DISPLAY 1-2, 8, 9. ONLY DISPLAY VOL. FOR CODE 9 IF Q159/2,3.]

- 1 In a hospital
- 2 Some other place
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF GAVE BIRTH IN A HOSPITAL (Q505/1), ASK Q510. OTHERWISE JUMP TO Q525.]

BASE: GAVE BIRTH IN A HOSPITAL (Q505/1)

Q510 What was the date of your baby's birth? [REF IF Q159/1: If "decline to answer," enter "99" for month and day and "9999" for year.] [REF IF Q159/2,3: INT: If not sure or decline to answer, enter 99 for month and day and enter 9999 for year.]

[RANGE: 1-12, 99] **Q511** [RANGE: 1-31, 99] **Q512** [RANGE: 2005, 9999]

/ __ / __ / month / __ / __ / day / __ / __ / __ / __ / year

BASE: ALL RESPONDENTS**Q525** INITIAL QUALIFICATION STATUS (DOES NOT APPEAR ON SCREEN)

[PROGRAMMER NOTE: IF QUALIFIED WEB GET CODE 1. IF QUALIFIED PHONE GET CODE 2. IF QUALIFIED PRE-TEST WEB GET CODE 3. ALL OTHERS GET CODE 4]

- 1 QUALIFIED WEB RESPONDENT (Q159/1 AND Q410/1) AND US RESIDENT (Q110/244) FEMALE (Q102/2) AND AGED 18-45 (Q105/18-45) AND GAVE BIRTH IN 2005 (Q485/1 AND Q490/1) AND BABY SINGLETON (Q495/1) AND BABY LIVING (Q500/1) AND GAVE BIRTH IN A HOSPITAL (Q505/1) AND VALID MONTH (Q510/1-12) AND VALID DAY (Q511/1-31) AND CONFIRMED YEAR OF BIRTH IS 2005 (Q512/2005) AND BABY IS NO MORE THAN 12 MONTHS OLD (Q2530 <= 12) **(QUOTA = 1400)**
- 2 QUALIFIED PHONE RESPONDENT (Q159/2,3 AND Q410/2) GAVE BIRTH IN 2005 (Q430/1 OR Q460/1) AND HISPANIC OR NON-HISPANIC BLACK OR AFRICAN AMERICAN (Q482/1,2) AND FEMALE (Q102/2) AND AGED 18-45 (Q105/18-45) AND BABY SINGLETON (Q495/1) AND BABY LIVING (Q500/1) AND GAVE BIRTH IN A HOSPITAL (Q505/1) AND VALID MONTH (Q510/1-12) AND VALID DAY (Q511/1-31) AND CONFIRMED YEAR OF BIRTH IS 2005 (Q512/2005) AND BABY IS NO MORE THAN 12 MONTHS OLD (Q2530 <= 12)] OR [QUALIFIED PHONE RESPONDENT (Q159/1 AND Q410/2) AND FEMALE (Q102/2) AND AGED 18-45 (Q105/18-45) AND GAVE BIRTH IN 2005 (Q485/1 AND Q490/1) AND BABY SINGLETON (Q495/1) AND BABY LIVING (Q500/1) AND GAVE BIRTH IN A HOSPITAL (Q505/1) AND VALID MONTH (Q510/1-12) AND VALID DAY (Q511/1-31) AND CONFIRMED YEAR OF BIRTH IS 2005 (Q512/2005) AND BABY IS NO MORE THAN 12 MONTHS OLD (Q2530 <= 12) AND US RESPONDENT (Q110/244) **(QUOTA = 200)**
- 3 QUALIFIED PRE-TEST WEB RESPONDENT (Q159/1 AND Q410/3) AND US RESIDENT (Q110/244) FEMALE (Q102/2) AND AGED 18-45 (Q105/18-45) AND GAVE BIRTH IN 2005 (Q485/1 AND Q490/1) AND BABY SINGLETON (Q495/1) AND BABY LIVING (Q500/1) AND GAVE BIRTH IN A HOSPITAL (Q505/1) AND VALID MONTH (Q510/1-12) AND VALID DAY (Q511/1-31) AND CONFIRMED YEAR OF BIRTH IS 2005 (Q512/2005) AND BABY IS NOT MORE THAN 12 MONTHS OLD (Q2530 <= 12) **(QUOTA = 30)**
- 4 NOT QUALIFIED

[PROGRAMMER NOTE: IF QUALIFIED (Q525/1, 2, 3) ASK Q530. IF NOT QUALIFIED (Q525/4); JUMP TO Q77.]

BASE: ALL QUALIFIED RESPONDENTS (Q525/1, 2, 3)**Q530** QUOTA CHECK QUESTION (DOES NOT APPEAR ON SCREEN)

[PROGRAMMER NOTE: CHECK QUOTA AT Q525.]

- 1 Quota cell closed
- 2 Quota cell open
- 3 Quota cell not found

[PROGRAMMER NOTE: IF PHONE (Q159/2,3) AND QUALIFIED WITH QUOTA OPEN OR ERROR (Q525/2 AND Q530/2, 3), ASK Q2535. IF PRE-TEST WEB (Q159/1 AND Q410/3) AND QUALIFIED WITH QUOTA OPEN OR ERROR (Q525/3 AND Q530/2, 3); JUMP TO Q535. IF NON-PRETEST WEB WITH QUOTA OPEN OR ERROR (Q525/1 AND Q530/2,3), JUMP TO Q558. OTHERWISE JUMP TO Q548.]

BASE: INITIALLY QUALIFIED WITH QUOTA OPEN OR ERROR (Q525/2 AND Q530/2, 3) – PHONE ONLY (Q159/2,3)

Q2535 - BTS - Ask Q532 Logic

[PROGRAMMER NOTE: DURING Q55/8 RANDOMLY CHOOSE CODE 1 OR 2 FOR PATH USER SHOULD TAKE. STARTING WITH Q55/9, FORCE RESPONDENT INTO CODE 2 FOR FORCED PHONE PATH AT ALL TIMES INSTEAD OF RANDOMLY CHOOSING 1 OR 2.]

- 1 Randomly selected phone respondent to ask Q532
- 2 Randomly selected phone respondent to force through survey instead of asking at Q532

[PROGRAMMER NOTE: IF RANDOMLY SELECTED PHONE RESPONDENT TO ASK Q532 (Q2535/1), ASK Q532. ALL OTHERS JUMP TO Q548.]

BASE: RANDOMLY SELECTED PHONE RESPONDENT TO ASK Q532 (Q2535/1)

Q532 You have qualified for the remainder of the survey, which is about your experiences with pregnancy and childbirth. We would be very grateful for your participation in the full survey, the results of which will be used to help understand and improve maternity experiences in this country. If you are willing, we could continue now or I could send a link for participation on the Internet if you have an email address. (INT: DO NOT READ LIST.)

- 1 Respondent will take the survey online
- 2 Respondent will continue now
- 3 Would prefer not to continue with the survey

[PROGRAMMER NOTE: IF WOULD PREFER TO TAKE SURVEY ONLINE (Q532/1); ASK Q533. OTHERWISE JUMP TO Q548.]

BASE: WOULD PREFER TO TAKE SURVEY ONLINE (Q532/1) – PHONE ONLY (Q159/2,3)

Q533 What is your email address? (INTERVIEWER: RECORD EMAIL ADDRESS AND VERIFY, THEN GO TO NEXT SCREEN.)

[PROGRAMMER: BE SURE THAT THIS IS IN STANDARD EMAIL FORMAT.]

[MANDATORY TEXT BOX]

BASE: ALL PRE-TEST WEB RESPONDENTS WHO ARE INITIALLY QUALIFIED WITH QUOTA OPEN OR ERROR (Q525/3 AND Q530/2, 3)

Q535 You have qualified for the remainder of the survey and have an opportunity to earn 150 HI points as well as \$30.00! As mentioned in the email invitation you received, we are asking respondents not only to take the survey, but to provide thoughtful feedback about the survey questions. The survey is about your experiences with pregnancy and childbirth and will take approximately 25 – 35 minutes to complete, depending on your answers.

To be eligible for the \$30.00 honorarium, you would have to complete this survey within the next 24 - 48 hours and participate in a 20-minute telephone conference call on January 16th, 17th, or 18th to discuss your opinions with others. Please keep in mind that more women may be willing to participate in the follow-up call than we need and that we can only give the honorarium to women who complete the survey <U>and</U> participate in the call. If you don't participate in the call, you will still receive 150 HI points if you agree to continue with the survey.

Would you like to continue with the survey? If you do not want to continue, we have just a few final questions.

- 1 Yes
- 2 No

[PROGRAMMER NOTE: IF WOULD LIKE TO CONTINUE WITH SURVEY (Q535/1); ASK Q540. OTHERWISE JUMP TO Q548.)

BASE: WOULD LIKE TO CONTINUE WITH SURVEY (Q535/1)

Q540 Please give us your first name, phone number, date and time that would be convenient for you to participate in a 20-minute conference call. This information will remain confidential and will only be used to contact you about this survey.

First Name:

[MANDATORY TEXT BOX]

Q542

Phone number, including area code:

[10-DIGIT #]

/ _ / _ / _ / _ / _ / _ / _ / _ / _ / _ /

[PROGRAMMER NOTE: DISPLAY Q543-Q546'S GRID ON THE SAME SCREEN WITH Q551.]

Q543

Date available for conference call:

Q544

Preference 1 [TEXT BOX]

Q545

Preference 2 [TEXT BOX]

Q546

Preference 3 [TEXT BOX]

[PROGRAMMER NOTE: PLEASE DISPLAY Q543-Q546 IN A 3D GRID SUCH THAT Q543/1-3 ARE ROWS WITH Q544-Q546 BEING TEXT BOXES IN EACH ROW OF THE GRID.]

- 1 Monday, January 16 – 9 am – 8 pm EST
- 2 Tuesday, January 17 – 9 am – 4 pm EST
- 3 Wednesday, January 18 – 9 am – 12:30 pm EST

Q551 Please be sure to enter AM or PM when entering the best time for us to call. If these dates do not work for you, please indicate this in the box below.

[MANDATORY TEXT BOX]

Q549

State/Territory:

[PROGRAMMER NOTE: INSERT STANDARD US STATE/TERRITORY CODES]

BASE: ALL NON-PRETEST WEB RESPONDENTS WHO ARE INITIALLY QUALIFIED WITH QUOTA OPEN OR ERROR (Q525/1 AND Q530/2,3)

Q558 You have qualified for the remainder of the survey, which will take approximately 25 – 35 minutes to complete. To thank you for your time, we would like to offer you 150 HIpoints for your participation. We hope you'll continue, as your opinions are very important to us. Remember, to receive your 150 HIpoints, you must complete the entire survey. The survey is about your experiences with pregnancy and childbirth. Would you like to continue? If you do not want to continue, we have just a few final questions.

- 1 Yes
- 2 No

BASE: ALL INITIALLY QUALIFIED RESPONDENTS

Q548 FINAL QUALIFICATION STATUS (DOES NOT APPEAR ON SCREEN)

[PROGRAMMER NOTE: GET CODE 1 IF PRE-TEST WEB (Q159/1 AND Q410/3) AND INITIALLY QUALIFIED (Q525/3) AND AGREES TO COMPLETE SURVEY AND CONDUCT FOLLOW-UP CONFERENCE CALL Q535/1).

GET CODE 2 IF WEB ONLY (Q159/1 AND Q410/1) AND INITIALLY QUALIFIED (Q525/1 AND Q530/2,3) AND AGREES TO COMPLETE FULL SURVEY (Q558/1).

GET CODE 3 IF PHONE ONLY (Q159/1 AND Q410/2) AND INITIALLY QUALIFIED (Q525/2 AND Q530/2,3) AND AGREES TO COMPLETE SURVEY ONLINE AND PROVIDES A VALID EMAIL.

GET CODE 4 IF PHONE ONLY (Q159/2,3 AND Q410/2) AND INITIALLY QUALIFIED (Q525/2 AND Q530/2,3) AND AGREES TO COMPLETE SURVEY VIA PHONE (Q532/2).

GET CODE 5 IF Q530/1.

GET CODE 7 IF QUALIFIED PHONE AND FORCED TO TAKE ON PHONE (Q2535/2)

ALL OTHERS GET CODE 6.]

- 1 QUALIFIED PRE-TEST WEB
- 2 QUALIFIED WEB ONLY
- 3 QUALIFIED PHONE AND AGREES TO COMPLETE ONLINE
- 4 QUALIFIED PHONE AND AGREES TO COMPLETE VIA PHONE
- 5 QUOTA MET
- 6 NOT QUALIFIED
- 7 QUALIFIED PHONE RESPONDENT FORCED TO TAKE ON PHONE

[PROGRAMMER: IF QUALIFIED AND WOULD LIKE TO CONTINUE WITH PRETEST (Q548/1); ASK Q550. ALL OTHERS JUMP TO Q77.]

BASE: QUALIFIED AND WOULD LIKE TO CONTINUE WITH PRETEST (Q548/1)

Q550 Thank you for agreeing to be one of our testers for the Listening to Mothers survey. It is very important that you take notes while taking the survey so please have some paper and a pencil on hand before you continue. [Be sure to keep your notes, as you will need them should you participate in the follow-up conference call.](#)

You will notice question numbers above each of the survey questions. Please use these as reference numbers when taking notes. [You may want to print this page so you can refer to the questions below while taking the survey.](#) Here are some things to keep in mind as you take the survey.

- Are there any words or questions you don't understand?
- When definitions are offered, do they clarify what is being asked?
- Are there answer choices that are not listed that should be?
- Does the "flow" of the questions make sense?
- Anything else you may want to comment on

BASE: ALL RESPONDENTS

Q77 HIPOINTS VALUE (DOES NOT APPEAR ON SCREEN)

[PROGRAMMER NOTE:

IF HPOL AND NOT QUALIFIED OR OVER QUOTA (Q405/1) AND (Q525/4 OR Q530/1 OR Q548/5,6) GET Q77/1.

IF QUALIFIED HPOL (Q405/1) AND (Q525/1 OR 3 AND Q530/2, 3 AND Q548/1 OR 2) GET Q77/2.

IF PHONE SAMPLE AND NOT QUALIFIED (Q405/2) AND (Q525/4 OR Q530/1 OR Q548/5,6) GET Q77/3.

IF QUALIFIED VENDOR PHONE SAMPLE (Q405/2) AND (Q525/2 AND Q530/2,3 AND Q548/3 OR 4 OR 7) GET Q77/4.]

1	30	[NON-QUALIFIED OR OVER QUOTA HPOL]
2	150	[QUALIFIED HPOL]
3	0	[NON-QUALIFIED PHONE SAMPLE]
4	0	[QUALIFIED PHONE SAMPLE]

[PROGRAMMER NOTE: IF BABY STILLBORN (Q500/2), JUMP TO Q1705. IF QUALIFIED & QUOTA OPEN (Q77/2, 4); ASK Q605. IF HPOL AND NOT QUALIFIED (Q77/1) AND Q500/NE2, JUMP TO Q1805. IF VENDOR PHONE SAMPLE AND NOT QUALIFIED (Q77/3) AND Q500/NE2, JUMP TO Q59.]

SECTION 600: PRENATAL**BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)**

Q605/305 *If you have given birth more than once, please answer the questions as they relate to the most recent time you gave birth. If you are currently pregnant, please answer the questions as they relate to your previous pregnancy.*

Thinking back to just before you got pregnant, did you want to be pregnant ...?

[PROGRAMMER NOTE: DISABLE BACK BUTTON INSIDE THIS QUESTION.]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-4. IF PHONE (Q159/2,3), DISPLAY 1-4, 8-9.]

- 1 Sooner
- 2 Later
- 3 At that time
- 4 Or, you didn't want to be pregnant then or any time in the future
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF WANTED TO BE PREGNANT SOONER, LATER OR THEN (Q605/1, 2, 3), ASK Q610. OTHERWISE JUMP TO PROGRAMMER NOTE BEFORE Q615.]

BASE: WANTED TO BE PREGNANT SOONER, LATER OR THEN (Q605/1, 2, 3)

Q610/310 Before you became pregnant, did you see a health care provider to plan for a healthy pregnancy?
Please do not include visits to a health care provider for infertility treatment.

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2. IF PHONE (Q159/2,3), DISPLAY 1-2, 8-9.]

- 1 Yes
- 2 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF WEB (Q159/1) AND SAW HEALTH PROFESSIONAL TO PLAN FOR A HEALTHY PREGNANCY (Q610/1), ASK Q615. OTHERWISE JUMP TO Q625.]

BASE: SAW HEALTH PROFESSIONAL TO PLAN FOR A HEALTHY PREGNANCY (Q610/1) – WEB ONLY (Q159/1)

Q615 What was the main reason you visited a health care provider to plan for a healthy pregnancy?

[RANDOMIZE]

- 01 I wanted to check on my overall health before trying to get pregnant.
- 02 I have an ongoing health condition (for example: high blood pressure, diabetes, epilepsy).
- 03 I had problems with a prior pregnancy or previous miscarriage or infant death.
- 04 I wanted information about smoking, drinking and/or substance use before I got pregnant.
- 05 I wanted to get my weight under control before I got pregnant.
- 06 I was concerned about genetic disease.
- 07 I was concerned about my/my partner's exposure to chemicals at work.
- 10 I was concerned about my emotional health.
- 96 Other ANCHOR

[PROGRAMMER NOTE: IF “OTHER” REASON SAW HEALTH PROFESSIONAL (Q615/96), ASK Q616. OTHERWISE JUMP TO Q620.]

BASE: OTHER REASON SAW HEALTH PROFESSIONAL (Q615/96) - WEB ONLY (Q159/1)

Q616 What was the <U>main</U> reason you visited a health care provider to plan for a healthy pregnancy?

[MANDATORY TEXT BOX]

BASE: SAW HEALTH PROFESSIONAL TO PLAN FOR A HEALTHY PREGNANCY (Q610/1) – WEB ONLY (Q159/1)

Q620 What was the <U>second</U> most important reason you visited a health care provider to plan for a healthy pregnancy?

[PROGRAMMER NOTE: DO NOT DISPLAY RESPONSE SELECTED AT Q615/1-10.]

[RANDOMIZE IN SAME ORDER AS Q615]

- 01 I wanted to check on my overall health before trying to get pregnant.
- 02 I have an ongoing health condition (for example: high blood pressure, diabetes, epilepsy).
- 03 I had problems with a prior pregnancy or previous miscarriage or infant death.
- 04 I wanted information about smoking, drinking and/or substance use before I got pregnant.
- 05 I wanted to get my weight under control before I got pregnant.
- 06 I was concerned about genetic disease.
- 07 I was concerned about my/my partner’s exposure to chemicals at work.
- 10 I was concerned about my emotional health.
- 96 Other ANCHOR
- 08 No other reason ANCHOR

[PROGRAMMER NOTE: IF “OTHER” REASON SAW HEALTH PROFESSIONAL (Q620/96), ASK Q621. OTHERWISE JUMP TO Q625.]

BASE: OTHER REASON SAW HEALTH PROFESSIONAL (Q620/96) - WEB ONLY (Q159/1)

Q621 What was the <U>second</U> most important reason you visited a health care provider to plan for a healthy pregnancy?

[MANDATORY TEXT BOX]

[PROGRAMMER NOTE: DISPLAY Q625, 627 & Q630 ON SAME SCREEN.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q625 As best as you can remember, what was your weight just before you became pregnant? [PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY: If you are not sure, enter “998.” If you would like to decline to answer, enter “999.” IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: IF NECESSARY: PROBE: If not sure, your best estimate will do.) (INTERVIEWER: If respondent still “not sure,” enter 998. If “decline to answer,” enter 999.)]

[RANGE: 75 – 350, 998, 999]

/ _ / _ / _ / pounds

BASE: ALL QUALIFIED RESPONDENTS (Q77/2,4)

Q627 Thinking about this pregnancy, did you receive special medical help from a doctor or clinic to be able to become pregnant?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2. IF PHONE (Q159/2,3), DISPLAY 1-2, 8-9.]

- 1 Yes
- 2 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q630/315 Once you became pregnant, which type of caregiver was <U>most</U> directly involved with providing your prenatal care? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: READ LIST.)]

[PROGRAMMER NOTE: RESULTS LABEL: CAREGIVER MOST INVOLVED IN PRENATAL CARE.]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1- 6, 8. IF PHONE (Q159/2,3), DISPLAY 1-6, 8-9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL.)]

- 1 An obstetrics/gynecologist
- 2 A family medicine doctor
- 3 A doctor but [IF WEB (Q159/1), DISPLAY "I'm". IF PHONE (Q159/2,3), DISPLAY "you're"] not sure of his/her specialty
- 4 A midwife
- 5 A nurse who is <U>not</U> a midwife
- 6 A physician assistant
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q635/320 During your pregnancy did...? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: READ LIST.)]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2. IF PHONE (Q159/2,3), DISPLAY 1-2, 8-9.]

- 1 You always or almost always see the same person for your prenatal care
- 2 Two or more different people take the lead in providing your prenatal care
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF WEB (Q159/1) AND TWO OR MORE DIFFERENT PEOPLE TOOK THE LEAD (Q635/2); ASK Q640. OTHERWISE JUMP TO Q645.]

BASE: TWO OR MORE PEOPLE TOOK THE LEAD IN PROVIDING PRENATAL CARE (Q635/2) - WEB ONLY (Q159/1)

Q640/322 How many different people took the lead in providing your prenatal care? If you are not sure, your best estimate will do.

[RANGE: 1 – 10]

/ __ / different people

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q645 During your prenatal visits, did any of your caregivers ask you if you...?

[PROGRAMMER NOTE Q646: IF WEB (Q159/1), DISPLAY 1-2, 9. IF PHONE (Q159/2,3), DISPLAY 1-2, 8-9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL).]

Q646	1	2	8	9
	<u>Yes</u>	<u>No</u>	<u>Not Sure (VOL.)</u>	<u>Decline to Answer (VOL.)</u>

[ROTATE]

- 1 Experienced physical or verbal abuse during pregnancy
- 2 Were experiencing feelings of depression

[PROGRAMMER NOTE: DISPLAY Q650 & Q655 ON SAME SCREEN.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q650 During your prenatal visits, did any of your caregivers talk with you about the signs and symptoms of premature labor?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2, 8. IF PHONE (Q159/2,3), DISPLAY 1-2, 8-9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL).]

- 1 Yes
- 2 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q655 As you neared the end of your pregnancy, how confident were you that you could recognize the signs or symptoms of premature labor? Were you...?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-4, 8. IF PHONE (Q159/2,3), FLIP SCALE AND DISPLAY 4-1, 8-9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL).]

- 1 Not at all confident
- 2 Not too confident
- 3 Somewhat confident
- 4 Very confident
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q660 During pregnancy, did you have any ultrasound scans (sonograms) that showed the baby on a screen?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2, 8. IF PHONE (Q159/2,3), DISPLAY 1-2, 8-9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL).]

- 1 Yes
- 2 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF HAD ULTRASOUND (Q660/1); ASK Q665. OTHERWISE JUMP TO Q680.]

BASE: HAD ULTRASOUND (Q660/1)

Q665 As best as you can remember, how many times did you have an ultrasound scan (sonogram)?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY: If you are not sure, your best estimate will do. [IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: IF NECESSARY: PROBE: If not sure, your best estimate will do.) (INTERVIEWER: If respondent still "not sure," enter 98. If "decline to answer," enter 99.)]

[RANGE: 1-20, 98, 99]

/__/_/ times during my pregnancy

[PROGRAMMER NOTE: IF WEB (Q159/1); ASK Q670. OTHERWISE JUMP TO Q690.]

BASE: HAD ULTRASOUND (Q660/1) - WEB ONLY (Q159/1)

Q670 Did a health professional use an ultrasound to predict how much your baby would weigh at birth?

[PROGRAMMER NOTE: RESULTS LABEL: WHETHER OR NOT HEALTH PROFESSIONAL USED ULTRASOUND TO PREDICT BABY'S BIRTH WEIGHT.]

- 1 Yes
- 2 No

[PROGRAMMER NOTE: IF USED ULTRASOUND TO PREDICT BABY'S WEIGHT (Q670/1); ASK Q675. OTHERWISE JUMP TO Q680.]

BASE: USED ULTRASOUND TO PREDICT BABY'S WEIGHT (Q670/1) - WEB ONLY (Q159/1)

Q675 As best as you can remember, what was the estimate of your baby's weight at birth? If you are not sure, your best estimate will do.

[RANGE: 1-20] **Q676** [RANGE: 0-15]

/__/_/ pounds

/__/_/ ounces

[PROGRAMMER NOTE: CHECK TO BE SURE SOMETHING IS ENTERED AT Q675 OR 676.]

[PROGRAMMER NOTE: IF Q159/1 AND Q77/2,4 CONTINUE. ALL OTHERS JUMP TO Q690.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4) – WEB ONLY (Q159/1)**Q680** Did you have the option of learning your baby's sex from imaging or a medical test?

- 1 Yes, but I didn't want to know.
- 2 Yes and I wanted to know.
- 3 No, but I didn't want to know.
- 4 No and I could have known.

[PROGRAMMER NOTE: IF WANTED TO KNOW BABY'S SEX (Q680/2); ASK Q685. OTHERWISE JUMP TO Q690.]

BASE: WANTED TO KNOW BABY'S SEX (Q680/2) – WEB ONLY (Q159/1)**Q685** Was the information about the sex of your baby correct?

- 1 Yes
- 2 No

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)**Q690/325** Did you take any childbirth education classes during your most recent pregnancy?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2. IF PHONE (Q159/2,3), DISPLAY 1-2, 8-9.]

- 1 Yes
- 2 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF WEB (Q159/1) AND TOOK CHILDBIRTH CLASSES DURING MOST RECENT PREGNANCY (Q690/1), ASK Q695. OTHERWISE JUMP TO Q697.]

BASE: TOOK CHILDBIRTH CLASSES DURING MOST RECENT PREGNANCY (Q690/1) – WEB ONLY (Q159/1)**Q695/330** Where did you attend childbirth classes?

- 1 At a hospital or building on a hospital campus
- 2 At a doctor's or midwife's office
- 3 At a health clinic
- 4 In a home
- 5 At a community setting (e.g., YWCA)
- 6 Some other place

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)**Q697/214** Including the most recent time, how many times in total have you given birth? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY (INTERVIEWER: If respondent "not sure," enter 98. If "decline to answer," enter 99.)]

[RANGE: 1-20, 98, 99]

/__/_/ times

[PROGRAMMER NOTE: IF HAS GIVEN BIRTH IN THE PAST (Q697 >1); ASK Q700. OTHERWISE JUMP TO PN BEFORE Q705.]

BASE: HAS GIVEN BIRTH IN THE PAST (Q697 > 1)

Q700 Did you take childbirth education classes during a previous pregnancy?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2. IF PHONE (Q159/2,3), DISPLAY 1-2, 8-9.]

- 1 Yes
- 2 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF WEB (Q159/1) AND TOOK CHILDBIRTH CLASSES DURING MOST RECENT PREGNANCY (Q690/1); ASK Q705. OTHERWISE JUMP TO Q715.]

BASE: TOOK CHILDBIRTH CLASSES DURING MOST RECENT PREGNANCY (Q690/1) – WEB ONLY (Q159/1)

Q705 Why did you attend childbirth classes <U>during your most recent pregnancy</U>? Please select all that apply.

[MULTIPLE RESPONSE]
[RANDOMIZE]

- 1 A caregiver recommended that I go.
- 2 Everyone attends classes.
- 3 I wanted to get information about labor and birth.
- 4 I wanted to prepare for a natural birth.
- 6 Other ANCHOR

BASE: TOOK CHILDBIRTH CLASSES DURING MOST RECENT PREGNANCY (Q690/1) - WEB ONLY (Q159/1)

Q710 For the next question, please indicate whether you disagree or agree with the following statements.

Q711	1	2	3	4	5
			Neither Agree Nor		
	<u>Strongly</u> <u>Disagree</u>	<u>Disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly</u> <u>Agree</u>

As a result of taking childbirth classes, I...

[RANDOMIZE]

- 1 Was less afraid of medical interventions
- 2 Was more confident in my ability to give birth
- 3 Was more afraid of labor and birth
- 4 Was better able to communicate with my caregiver
- 5 Had better understanding of my maternity care options
- 6 Had greater trust in my caregivers
- 7 Had greater trust in my hospital

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q715 The following is a list of words that may describe how you felt <U>as you approached labor</U>. Please indicate whether this describes how you may have felt. [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: READ LIST.)]

[PROGRAMMER NOTE Q716: IF WEB (Q159/1), DISPLAY 1-2, 8. IF PHONE (Q159/2,3), DISPLAY 1-2, 8-9.]
[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL).]

Q716	1	2	8	9
[RANDOMIZE]	<u>Yes</u>	<u>No</u>	Not Sure (VOL.)	Decline to Answer (VOL.)
1	Confident			
2	Fearful			
3	Unprepared			

[PROGRAMMER NOTE: IF WEB (Q159/1); ASK Q720. IF PHONE (Q159/2,3); JUMP TO Q725.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4) – WEB ONLY (Q159/1)

Q720/477 During your pregnancy, what was your <U>most important</U> source of information about being pregnant and giving birth?

[PROGRAMMER NOTE: ONLY DISPLAY ITEM 10 IF HAS GIVEN BIRTH BEFORE (Q697>1).]
[RANDOMIZE ITEMS 1 - 5 ONLY]

- 01 Friends and/or relatives
- 02 Books
- 03 Internet
- 04 Mass media (TV, radio, newspapers, etc.)
- 05 Childbirth education class
- 06 A doctor
- 07 A midwife
- 10 My own experiences from a previous labor and birth.
- 96 Other ANCHOR

[PROGRAMMER NOTE: IF DID NOT SELECT “INTERNET” (Q720 NE 3) OR QUALIFIED PHONE RESPONDENT (Q159/2,3); ASK Q725. OTHERWISE JUMP TO PN BEFORE Q730.]

BASE: WEB AND DID NOT SELECT “INTERNET” AS PRIMARY SOURCE OF INFORMATION (Q159/1 AND Q77/2,4 AND Q720 NE 3) OR ALL PHONE RESPONDENTS (Q159/2,3 AND Q77/2,4)

Q725 When you were pregnant, did you use the Internet as a source of information about being pregnant and giving birth?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2. IF PHONE (Q159/2,3), DISPLAY 1-2, 8-9.]

- 1 Yes
- 2 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF WEB (Q159/1) AND USED THE INTERNET (Q720/3 OR Q725/1); ASK Q730. OTHERWISE JUMP TO Q805.]

BASE: USED THE INTERNET (Q720/3 OR Q725/1) – WEB ONLY (Q159/1)

Q730 When you were pregnant, about how many times did you use the Internet as a source of information about being pregnant and giving birth? If you are not sure, your best estimate will do.

[RANGE: 1-300]

/ _ / _ / _ / times

SECTION 800: INTRAPARTUM**BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)**

Q805 Overall, how would you rate the quality of maternity care in the U.S.? [PROGRAMMER NOTE: IF PHONE Q159/2,3), DISPLAY: (INTERVIEWER: READ LIST.)]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-4. IF PHONE (Q159/2,3), FLIP SCALE AND DISPLAY 4-1, 8, 9.]

- 1 Poor
- 2 Fair
- 3 Good
- 4 Excellent
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF PHONE RESPONDENT, RANDOMLY DECIDE WHETHER OR NOT TO ASK Q810. IF RESPONDENT IS WEB RESPONDENT (Q159/1), OR IF PHONE RESPONDENT (Q159/2,3) AND RANDOMLY ASSIGNED TO ASK Q810, ASK Q810. ALL OTHERS JUMP TO Q815.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4) AND WEB RESPONDENT (Q159/1), OR RANDOMLY ASSIGNED PHONE (Q159/2,3)

Q810 Apart from meeting your new baby, and knowing that your baby had no serious health concerns, what was the <U>best</U> thing about your experience of giving birth? We would appreciate knowing as much detail as you care to provide.

[MANDATORY TEXT BOX]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q815/487 The most recent time you gave birth, was your baby born...? [PROGRAMMER NOTE: IF PHONE Q159/2,3), DISPLAY: (INTERVIEWER: READ LIST.)]

[PROGRAMMER NOTE: RESULTS LABEL: HOW BABY WAS DELIVERED.]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2. IF PHONE (Q159/2,3), DISPLAY 1-2, 8, 9.]

- 1 Vaginally
- 2 By cesarean
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF MOST RECENT BIRTH VAGINAL (Q815/1), ASK Q820. IF MOST RECENT BIRTH WAS BY CESAREAN (Q815/2); JUMP TO Q825. OTHERWISE JUMP TO PROGRAMMER NOTE BEFORE Q830.]

BASE: MOST RECENT BIRTH VAGINAL (Q815/1)

Q820/488 Was it a ...? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: READ LIST.)]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-3, 8. IF PHONE (Q159/2,3), DISPLAY 1-3, 8, 9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL.)]

- 1 Vaginal birth with <U>no</U> vacuum extraction and <U>no</U> forceps
- 2 Vaginal birth with vacuum extraction
- 3 Vaginal birth with forceps
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: JUMP TO PROGRAMMER NOTE BEFORE Q830.]

BASE: MOST RECENT BIRTH WAS BY CESAREAN (Q815/2)

Q825 Before your cesarean, did you experience some period of time in labor in the hospital?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2, 8. IF PHONE (Q159/2,3), DISPLAY 1-2, 8, 9.]

- 1 Yes
- 2 No
- 8 Not sure [IF Q159/2,3 REF: (VOL.)]
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF WEB (Q159/1); ASK Q830. OTHERWISE JUMP TO Q850.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2,4) - WEB ONLY (Q159/1)

Q830/407 *Some women receive supportive care while in labor and giving birth, which can involve helping to make them more comfortable physically, providing emotional support, and providing information.*

Who, if anyone, provided you with this type of support while you were in labor or giving birth? Please select all that apply.

[MULTIPLE RESPONSE]

[RANDOMIZE 1-6.]

- 01 My partner/husband
- 02 Another family member or friend
- 03 A doula or trained labor assistant
- 04 The nursing staff
- 05 A doctor
- 06 A midwife
- 07 Other health professional ANCHOR
- 96 Other ANCHOR
- 08 I did not receive this type of support. ANCHOR, E

[PROGRAMMER NOTE: IF DOULA DID NOT PROVIDE SUPPORTIVE CARE (Q830 NE 03), ASK Q835. OTHERWISE JUMP TO PN BEFORE Q840.]

BASE: DOULA DID NOT PROVIDE SUPPORTIVE CARE (Q830 NE 3) - WEB ONLY (Q159/1 AND Q77/2,4)

Q835/409 <I>While in labor and giving birth, some women are accompanied by a type of caregiver, known as a "doula," a "labor companion" or a "labor support specialist." This person usually stays with a woman throughout labor and birth to provide emotional support, comfort measures, and information.</I><P>

Were you aware of this type of caregiver during your last pregnancy? <I>If you are <U>currently</U> pregnant, please answer questions as they relate to your <U>previous</U> pregnancy.</I>

[PROGRAMMER NOTE: ALTERNATE PRESENTATION OF RESPONSE CHOICES AS 1, 2, 3 AND 3, 2, 1.]

- 1 Yes, I had a clear understanding of this type of caregiver and care.
- 2 Yes, I had heard about this type of caregiver, but didn't have a clear understanding.
- 3 No, I had never heard about this type of caregiver and care.

[PROGRAMMER NOTE: IF PROVIDED WITH SUPPORTIVE CARE (Q830/1-7); ASK Q840. OTHERWISE JUMP TO Q850.]

BASE: PROVIDED WITH SUPPORTIVE CARE (Q830/1-7) - WEB ONLY (Q159/1)

Q840/413 How would you rate the quality of the supportive care that you received from the following?

Q841	1	2	3	4
	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>

[PROGRAMMER NOTE: ONLY DISPLAY OPTIONS SELECTED AT Q830.]

- 1 Partner/Husband
- 2 Another family member or friend
- 3 Doula or trained labor assistant
- 4 Nursing staff
- 5 Doctor
- 6 Midwife
- 7 Other health professional

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q850/420 During your labor and birth, did someone...? [PROGRAMMER NOTE: IF WEB (Q159/2,3), DISPLAY: Please select all that apply. IF PHONE Q159/2,3), DISPLAY: (INTERVIEWER: READ LIST.)]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-10, 99. IF PHONE (Q159/2,3), DISPLAY 1-10, 98, 99.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 98 AND 99 WITH (VOL.)]

[PROGRAMMER NOTE: IF EXPERIENCED LABOR (Q815/1 OR Q825/1), DISPLAY ITEMS 1-10, 98, 99. IF CESEAREAN WITHOUT LABOR (Q825/2), DISPLAY ITEMS 2, 3, 4, 6, 7, 10, 98, 99. ALL OTHERS GET CODES 1-10, 98, 99]

[MULTIPLE RESPONSE]

[RANDOMIZE]

- 01 Break your membranes to release amniotic fluid after labor began
- 05 Give you Pitocin ("pit") to strengthen or speed up contractions after labor had begun
- 08 Give you an episiotomy (cut to enlarge opening of vagina just before birth)
- 09 Stitch you near the opening of your vagina to repair a tear or cut
- 02 Shave your pubic hair
- 03 Give you an enema or laxative
- 04 Give you intravenous ("IV") fluids through a blood vessel in your arm
- 06 Catheterize you to remove urine
- 07 Give you one or more vaginal exams
- 10 None of these ANCHOR, E
- 98 Not sure (VOL.) ANCHOR, E
- 99 Decline to answer (VOL.) ANCHOR, E

[PROGRAMMER NOTE: IF HAD AN EPISIOTOMY (Q850/8); ASK Q852. OTHERWISE JUMP TO PN BEFORE Q855.]

BASE: HAD AN EPISIOTOMY (Q850/8)

Q852 Did you have a choice about whether you had an episiotomy?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2, 8. IF PHONE (Q159/2,3), DISPLAY 1-2, 8, 9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL.)]

- 1 Yes
- 2 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF WEB (Q159/1) AND EXPERIENCED LABOR (Q815/1 OR Q825/1); ASK Q855. OTHERWISE JUMP TO Q870.]

BASE: EXPERIENCED LABOR (Q815/1 OR Q825/1) – WEB ONLY (Q159/1)

Q855/422 During labor, how did your caregivers keep track of your baby's heartbeat? Did ...?

- 1 They use an electronic fetal monitor (or "EFM"), a machine that records signals from sensors attached to you
- 2 A person use a handheld device such as a "Doppler" or stethoscope
- 3 They use both an electronic fetal monitor <U>and</U> a "Doppler" or stethoscope
- 8 Not sure

[PROGRAMMER NOTE: IF EFM OR BOTH WERE USED TO MONITOR HEARTBEAT (Q855/1, 3), ASK Q860 AND Q865. OTHERWISE JUMP TO Q870.]

[PROGRAMMER NOTE: DISPLAY Q860 & Q865 ON SAME SCREEN.]

BASE: EFM OR BOTH WERE USED TO MONITOR BABY'S HEARTBEAT (Q855/1, 3) - WEB ONLY (Q159/1)

Q860/423 Was the electronic fetal monitoring done...?

- 1 Continuously throughout labor
- 2 Continuously for <U>most</U> of the time during labor
- 3 Intermittently (i.e., off and on for short periods of time)
- 4 As a baseline measure (i.e., for a short period of time early in labor)
- 8 Not sure

BASE: EFM OR BOTH WERE USED TO MONITOR BABY'S HEARTBEAT (Q855/1, 3) - WEB ONLY (Q159/1)

Q865/425 Was the electronic fetal monitoring...?

- 1 Around your belly only ("external")
- 2 Around your belly and attached to your baby's head (both external and internal)
- 3 Attached to your baby's head (internal only)
- 8 Not sure

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q870 Did you yourself try to induce your labor? That is, did you do anything to try to cause your labor to begin?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2, 8. IF PHONE (Q159/2,3), DISPLAY 1-2, 8, 9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL).]

- 1 Yes
- 2 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF WEB (Q159/1) AND TRIED TO SELF-INDUCE LABOR (Q870/1); ASK Q875. IF PHONE (Q159/2,3) AND TRIED TO INDUCE LABOR (Q870/1), JUMP TO Q885. OTHERWISE JUMP TO Q900.]

BASE: TRIED TO SELF-INDUCE LABOR (Q870/1) – WEB ONLY (Q159/1)

Q875 What did you do to try to induce labor? Please select all that apply.

[MULTIPLE RESPONSE]

[RANDOMIZE]

- 1 Nipple stimulation
- 2 Had sexual intercourse
- 3 Took castor oil
- 4 Used herbal treatment
- 5 Walk, exercise, movement
- 6 Other ANCHOR
- 9 Decline to answer ANCHOR, E

[PROGRAMMER NOTE: IF USED "OTHER" WAY TO SELF-INDUCE LABOR (Q875/6); ASK Q876. OTHERWISE JUMP TO Q885.]

BASE: OTHER WAY TRIED TO SELF-INDUCE LABOR (Q875/6) – WEB ONLY (Q159/1)

Q876 What else did you try to induce labor?

[MANDATORY TEXT BOX]

BASE: TRIED TO SELF-INDUCE LABOR (Q870/1)

Q885 Did this start your labor?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2, 8. IF PHONE (Q159/2,3), DISPLAY 1-2, 8, 9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL).]

- 1 Yes
- 2 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF WEB (Q159/1); ASK Q890. OTHERWISE JUMP TO Q900.]

BASE: TRIED TO SELF-INDUCE LABOR (Q870/1) - WEB ONLY (Q159/1)

Q890 Why did you try to start your labor? Please select all that apply.

[MULTIPLE RESPONSE]

[RANDOMIZE]

- 01 A caregiver said he/she was concerned about the size of the baby.
- 02 A caregiver said he/she was concerned that I was "overdue."
- 03 My water had broken and there was a fear of infection.
- 04 A caregiver said he/she was concerned that my baby was not doing well and needed to be born soon.
- 05 I had a health problem that required quick delivery of the baby.
- 06 I wanted to get the pregnancy over with.
- 07 I wanted to control the timing for work or other personal reasons.
- 08 I wanted to give birth with a specific provider.
- 09 I was trying to avoid a medical induction of labor.
- 96 Some other reason other ANCHOR

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q900/427 Did your maternity care provider try to induce your labor? That is, did your provider try to cause your labor to begin by the use of drugs or some other technique?

[PROGRAMMER NOTE: RESULTS LABEL: WHETHER OR NOT PROVIDER TRIED TO INDUCE LABOR.]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2, 8. IF PHONE (Q159/2,3), DISPLAY 1-2, 8, 9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL).]

- 1 Yes
- 2 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF WEB (Q159/1) AND CARE PROVIDER TRIED TO INDUCE LABOR (Q900/1), ASK Q905. IF PHONE (Q159/2,3) AND CARE PROVIDER TRIED TO INDUCE LABOR (Q900/1), JUMP TO Q910. OTHERWISE JUMP TO PN BEFORE Q920.]

BASE: CARE PROVIDER TRIED TO INDUCE LABOR (Q900/1) – WEB ONLY (Q159/1)

Q905/430 In which of the following ways did your maternity care providers try to cause your labor to begin? Did they...? Please select all that apply.

[MULTIPLE RESPONSE]

[RANDOMIZE]

- | | | |
|----|---|-----------|
| 01 | Break your membranes with a small tool similar to a crochet hook | |
| 02 | Insert a finger into your cervix to “sweep” or “strip” the membranes loose | |
| 03 | Give you Pitocin through an intravenous (“IV”) drip | |
| 04 | Place medication (gel, pouch, or tablet) near your cervix | |
| 05 | Give you a tablet by mouth to start labor | |
| 06 | Direct you to walk or do other exercise/movements | |
| 07 | Other non-medical approaches (castor oil, breast stimulation, sexual intercourse) | ANCHOR |
| 96 | Try to cause your labor to begin some other way | ANCHOR |
| 98 | Not sure how | ANCHOR, E |
| 99 | Decline to answer | ANCHOR, E |

BASE: CARE PROVIDER TRIED TO INDUCE LABOR (Q900/1)

Q910/1670 Did the drugs or other techniques actually start your labor?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2, 8. IF PHONE (Q159/2,3), DISPLAY 1-2, 8, 9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL).]

- | | |
|---|--------------------------|
| 1 | Yes |
| 2 | No |
| 8 | Not sure (VOL.) |
| 9 | Decline to answer (VOL.) |

BASE: CARE PROVIDER TRIED TO INDUCE LABOR (Q900/1)

Q915/435 Why did your maternity care providers try to cause your labor to begin? [PROGRAMMER NOTE: [IF WEB (Q159/1), DISPLAY: Please select all that apply. IF PHONE Q159/2,3), DISPLAY: (INTERVIEWER: READ LIST.)]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-8, 96. IF PHONE (Q159/2,3), DISPLAY 1-8, 96, 98, 99.]

[MULTIPLE RESPONSE]
[RANDOMIZE]

- 01 A caregiver said they were concerned about the size of the baby.
- 02 A caregiver said they were concerned that [IF WEB (Q159/1), DISPLAY “I was”. IF PHONE (Q159/2,3), DISPLAY “you were”] “overdue.”
- 03 [IF WEB (Q159/1), DISPLAY “My”. IF PHONE (Q159/2,3), DISPLAY “Your”] water had broken and there was a fear of infection.
- 04 A caregiver said they were concerned that baby was not doing well and needed to be born soon.
- 05 [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2,3), DISPLAY “You”] had a health problem that required quick delivery of the baby.
- 06 [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2,3), DISPLAY “You”] wanted to get the pregnancy over with.
- 07 [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2,3), DISPLAY “You”] wanted to control the timing for work or other personal reasons.
- 08 [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2,3), DISPLAY “You”] wanted to give birth with a specific provider.
- 96 Some other reason ANCHOR
- 98 Not sure (VOL.) ANCHOR, E
- 99 Decline to answer (VOL.) ANCHOR, E

[PROGRAMMER NOTE: IF “OTHER” REASON CARE PROVIDER TRIED TO START LABOR (Q915/96); ASK Q916. OTHERWISE JUMP TO PROGRAMMER NOTE BEFORE Q920.]

BASE: OTHER REASON CARE PROVIDER TRIED TO START LABOR (Q915/96)

Q916 You mentioned that your maternity care provider tried to cause your labor to begin for some other reason; why did he or she try to cause your labor to begin?

[MANDATORY TEXT BOX]

[PROGRAMMER NOTE: IF EXPERIENCED LABOR (Q815/1 OR Q825/1); ASK Q920; OTHERWISE JUMP TO PN BEFORE Q925.]

BASE: EXPERIENCED LABOR (Q815/1 OR Q825/1)

Q920/403 After you were admitted to the hospital and your contractions became regular and well-established, did you walk around at all?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2. IF PHONE (Q159/2,3), DISPLAY 1-2, 8, 9.]

- 1 Yes
- 2 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF WEB (Q159/1) AND EXPERIENCED LABOR (Q815/1 OR Q825/1); ASK Q925. OTHERWISE JUMP TO Q935.]

BASE: EXPERIENCED LABOR (Q815/1 OR Q825/1) – WEB ONLY (Q159/1)

Q925/442 While in the hospital during labor did you...?

Q926

1	2	8
<u>Yes</u>	<u>No</u>	<u>Not Sure</u>

[ROTATE]

- 1 <U>Drink</U> anything before you gave birth
- 2 <U>Eat</U> anything before you gave birth

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q935/450 Which of the following <U>pain medications</U> were used at any time <U>during labor</U> to make you more comfortable and relieve your pain? [IF Q159/1 REF: Please select all that apply.]

[PROGRAMMER NOTE: IF PHONE Q159/2,3), DISPLAY: (INTERVIEWER: READ LIST.)]

[PROGRAMMER NOTE: RESULTS LABEL: PAIN MEDICATIONS USED DURING LABOR.]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-7, 96, 98. IF PHONE (Q159/2,3), DISPLAY 1-7, 96, 98, 99.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 98 AND 99 WITH (VOL).]

[MULIPLE RESPONSE]

- 01 Epidural or spinal/intrathecal (medication delivered into spinal column)
- 02 Narcotics (such as Demerol or Stadol, medication by intravenous drip or nasal spray)
- 03 Nitrous oxide (gas breathed through a mask or mouthpiece while remaining conscious)
- 04 Pudendal block or other local blocks (injections into the vagina or cervix before the birth)
- 05 General anesthesia (no sensation, no consciousness)
- 06 Used pain medications, but not sure what
- 06 Other
- 07 [IF WEB (Q159/1), DISPLAY “I”; IF PHONE (Q159/2,3), DISPLAY “You”] did not use any pain medications during labor. EXCLUSIVE
- 98 Not sure (VOL.) EXCLUSIVE
- 99 Decline to answer (VOL.) EXCLUSIVE

[PROGRAMMER NOTE: IF WEB (Q159/1) AND USED AN EPIDURAL OR NARCOTIC (Q935/1, 2); ASK Q940. OTHERWISE JUMP TO PN BEFORE Q945.]

BASE: USED AN EPIDURAL OR NARCOTIC (Q935/1, 2) – WEB ONLY (Q159/1)

Q940/458 How helpful were the following in making you more comfortable and relieving your pain?

Q941/459

1	2	3	4	8
Not Helpful	Not Very	Somewhat	Very	Not
<u>At All</u>	<u>Helpful</u>	<u>Helpful</u>	<u>Helpful</u>	<u>Sure</u>

[PROGRAMMER NOTE: ONLY INSERT RESPONSES SELECTED AT Q935.]

- 01 Epidural or spinal/intrathecal
- 02 Narcotics (such as Demerol or Stadol)

[PROGRAMMER NOTE: IF WEB (Q159/1) AND EXPERIENCED LABOR (Q815/1 OR Q825/1); ASK Q945; OTHERWISE JUMP TO PN BEFORE Q1005.]

BASE: EXPERIENCED LABOR (Q815/1 OR Q825/1) - WEB ONLY (Q159/1)

Q945/460 Which of the following “<U>drug-free</U>” methods were used during labor to make you more comfortable and relieve your pain? Please select all that apply.

[MULTIPLE RESPONSE]

- 01 Immersion in a tub or a pool
- 02 Shower
- 03 Position changes and/or movement to relieve discomfort
- 04 Use of large "birth balls" for support
- 05 Application of hot or cold objects to my body
- 06 Mental strategies (such as relaxation, visualization or hypnosis)
- 07 Changes to environment (such as music or aromatherapy - pleasing smells)
- 08 Hands-on techniques (such as massage, stroking, or acupressure)
- 10 Breathing techniques
- 96 Some other method
- 97 None E

[PROGRAMMER NOTE: IF EXPERIENCED ANY DRUG-FREE METHODS (Q945/1-96), ASK Q950. OTHERWISE JUMP TO PN BEFORE Q1005.]

BASE: EXPERIENCED DRUG-FREE METHODS (Q945/1-96) - WEB ONLY (Q159/1)

Q950/465 How helpful were the following “drug free” methods in making you more comfortable and relieving your pain?

Q951	1	2	3	4	8
	Not Helpful	Not Very	Somewhat	Very	Not
	<u>At All</u>	<u>Helpful</u>	<u>Helpful</u>	<u>Helpful</u>	<u>Sure</u>

[PROGRAMMER NOTE: INSERT ONLY RESPONSES SELECTED AT Q945.]

- 01 Immersion in a tub or a pool
- 02 Shower
- 03 Position changes and/or movement to relieve discomfort
- 04 Use of large "birth balls" for support
- 05 Application of hot or cold objects to your body
- 06 Mental strategies (such as relaxation, visualization or hypnosis)
- 07 Changes to environment (such as music or aromatherapy - pleasing smells)
- 08 Hands-on techniques (such as massage, stroking, or acupressure)
- 10 Breathing techniques
- 96 Other method

SECTION 1000: BIRTH AND CESEAREAN-SPECIFIC

[PROGRAMMER NOTE: IF WEB (Q159/1); ASK Q1005 OR Q1010. OTHERWISE JUMP TO PN BEFORE Q1015. RANDOMLY ASSIGN Q1005 & Q1010 SO THAT HALF THE RESPONDENTS GET Q1005 AND HALF GET Q1010.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2,4) – WEB ONLY (Q159/1)

Q1005 How much do you agree or disagree with each of the following statements concerning cesarean birth?

Q1006	1	2	3	4	8
A cesarean...	<u>Disagree</u> <u>Strongly</u>	<u>Disagree</u> <u>Somewhat</u>	<u>Agree</u> <u>Somewhat</u>	<u>Agree</u> <u>Strongly</u>	<u>Not</u> <u>Sure</u>

[RANDOMIZE]

- 1 Increases the chance of serious problems with the placenta in any future pregnancies.
- 2 Increases the chance that a woman will have a blood transfusion or emergency hysterectomy.
- 3 Lowers the chance that a baby will have breathing problems at the time of birth.
- 4 Prevents problems with incontinence (leaking urine) later in life.

[PROGRAMMER NOTE: JUMP TO PN BEFORE Q1015.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2,4) – WEB ONLY (Q159/1)

Q1010 How much do you agree or disagree with each of the following statements concerning medical induction of labor, that is, using drugs or other methods to try to cause labor to begin?

Q1011	1	2	3	4	8
[RANDOMIZE]	<u>Disagree</u> <u>Strongly</u>	<u>Disagree</u> <u>Somewhat</u>	<u>Agree</u> <u>Somewhat</u>	<u>Agree</u> <u>Strongly</u>	<u>Not</u> <u>Sure</u>

- 1 About one induction in four fails to bring on labor.
- 2 Drugs used to induce labor increase the chance of the baby's distress.
- 3 If a baby appears to be large at the end of pregnancy, it makes sense to induce labor.
- 4 Labor induction lowers the chance that a woman will give birth by cesarean.

[PROGRAMMER NOTE: IF MOST RECENT BIRTH VAGINAL (Q815/1); ASK Q1015. IF MOST RECENT BIRTH BY CESAREAN (Q815/2); JUMP TO Q1025.]

BASE: MOST RECENT BIRTH VAGINAL (Q815/1)

Q1015/500 What was the <U>main</U> position you used while pushing your baby out and giving birth?
 [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: READ LIST.)]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-5, 6, 8. IF PHONE (Q159/2,3), DISPLAY 1-5, 6-9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL).]

- 1 Lying on [IF WEB (Q159/1), DISPLAY "my". IF PHONE (Q159/2,3), DISPLAY "your"] back
- 2 Lying on [IF WEB (Q159/1), DISPLAY "my". IF PHONE (Q159/2,3), DISPLAY "your"] side
- 3 Upright (for example, squatting or sitting)
- 4 Propped up (semi-sitting)
- 5 On [IF WEB (Q159/1), DISPLAY "my". IF PHONE (Q159/2,3), DISPLAY "your"] hands and knees
- 6 Some other position
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF MOST RECENT BIRTH VAGINAL AND GAVE BIRTH TWO OR MORE TIMES (Q815/1 AND Q697 > 1); ASK Q1020. OTHERWISE JUMP TO Q1080.]

BASE: MOST RECENT BIRTH VAGINAL AND GAVE BIRTH TWO OR MORE TIMES (Q815/1 AND Q697 > 1)

Q1020/502 You indicated earlier that you had given birth vaginally in your most recent birth. Have you ever given birth by cesarean?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2, 8. IF PHONE (Q159/2,3), DISPLAY 1-2, 8, 9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL).]

- 1 Yes
- 2 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF GAVE BIRTH BY CESAREAN (Q815/2), ASK Q1025. OTHERWISE JUMP TO Q1080.]

BASE: MOST RECENT BIRTH BY CESAREAN (Q815/2)

Q1025/503 You indicated earlier that you had given birth by cesarean in your most recent birth. Was the cesarean planned, that is, was the decision made before you went into labor, or was it unplanned?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2. IF PHONE (Q159/2,3), DISPLAY 1-2, 8, 9.]

- 1 Planned
- 2 Unplanned
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF HAS GIVEN BIRTH TWO OR MORE TIMES AND MOST RECENT BIRTH BY CESAREAN (Q697 > 1 AND Q815/2), ASK Q1030. OTHERWISE JUMP TO Q1045.]

BASE: HAS GIVEN BIRTH TWO OR MORE TIMES AND MOST RECENT BIRTH BY CESAREAN (Q697 > 1 AND Q815/2)

Q1030/509 Was this your first cesarean or had you had a cesarean in the past?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2. IF PHONE (Q159/2,3), DISPLAY 1-2, 8, 9.]

- 1 First cesarean
- 2 Had a cesarean in the past
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF MOST RECENT BIRTH BY CESAREAN AND HAD CESAREAN IN THE PAST (Q815/2 AND Q1030/2), ASK Q1035. IF MOST RECENT BIRTH BY CESAREAN AND HAD NOT HAD A CESAREAN IN THE PAST (Q815/2 AND Q1030/1), JUMP TO Q1045. OTHERWISE JUMP TO Q1080.]

BASE: MOST RECENT BIRTH BY CESAREAN AND HAD CESAREAN IN THE PAST (Q815/2 AND Q1030/2)

Q1035 You indicated you had a cesarean section in your most recent birth. What was the reason for the cesarean? Choose the reason that <U>best applies</U> to your situation. [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: INTERVIEWER: READ LIST.]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-10, 96. IF PHONE (Q159/2,3), DISPLAY 1-10, 96, 98, 99.]

[RANDOMIZE]

- 01 There was no medical reason.
- 02 [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2, 3), DISPLAY “You”] had had a prior cesarean.
- 03 Labor was taking too long.
- 04 [IF WEB (Q159/1), DISPLAY “I was”. IF PHONE (Q159/2,3), DISPLAY “You were”] exhausted.
- 05 Baby was in the wrong position.
- 06 The fetal monitor showed the baby was having problems during labor.
- 07 [IF WEB (Q159/1), DISPLAY “My”. IF PHONE (Q159/2,3), DISPLAY “Your”] maternity care provider worried that the baby was too big.
- 08 There was a problem with the placenta.
- 09 [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2,3), DISPLAY “You”] thought it would help [IF WEB (Q159/1), DISPLAY “me”. IF PHONE (Q159/2,3), DISPLAY “you”] to avoid incontinence later in life.
- 10 [IF WEB (Q159/1), DISPLAY “I was”. IF PHONE (Q159/2,3), DISPLAY “You were”] past [IF WEB (Q159/1), DISPLAY “my”. IF PHONE (Q159/2,3), DISPLAY “your”] due date.
- 96 Some other reason ANCHOR
- 98 Not sure (VOL.) ANCHOR
- 99 Decline to answer (VOL.) ANCHOR

[PROGRAMMER NOTE: IF “OTHER” REASON FOR CESAREAN (Q1035/96); ASK Q1036. OTHERWISE JUMP TO Q1040.]

BASE: OTHER REASON FOR CESAREAN (Q1035/96)

Q1036 What was the reason for the cesarean?

[MANDATORY TEXT BOX]

BASE: MOST RECENT BIRTH BY CESAREAN AND HAD CESAREAN IN THE PAST (Q815/2 AND Q1030/2)

Q1040 Whose idea was it for you to have a cesarean? Please select the choice that <U>best</U> describes whose idea it was. [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: INTERVIEWER: READ LIST.]

- 1 [IF WEB (Q159/1), DISPLAY “Mine, I decided I”. IF PHONE (Q159/2,3), DISPLAY “Yours, you decided you”] wanted the cesarean before [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2,3), DISPLAY “you”] went into labor.
- 2 [IF WEB (Q159/1), DISPLAY “Mine, I”. IF PHONE (Q159/2,3), DISPLAY “Yours, you”] asked for the cesarean while [IF WEB (Q159/1), DISPLAY “I was”. IF PHONE (Q159/2,3), DISPLAY “you were”] in labor.
- 3 [IF WEB (Q159/1), DISPLAY “My”. IF PHONE (Q159/2,3), DISPLAY “Your”] maternity care provider recommended a cesarean before [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2,3), DISPLAY “you”] went into labor.
- 4 [IF WEB (Q159/1), DISPLAY “My”. IF PHONE (Q159/2,3), DISPLAY “Your”] maternity care provider recommended a cesarean while [IF WEB (Q159/1), DISPLAY “I was”. IF PHONE (Q159/2,3), DISPLAY “you were”] in labor.
- 6 Other
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF “OTHER” PERSON WHOSE IDEA IT WAS TO HAVE A CESAREAN (Q1040/6); ASK Q1041. OTHERWISE JUMP TO PN BEFORE Q1045.]

BASE: OTHER PERSON WHOSE IDEA IT WAS TO HAVE A CESAREAN (Q1040/6)

Q1041 Whose idea was it for you to have a cesarean?

[MANDATORY TEXT BOX]

[PROGRAMMER NOTE: IF HAS GIVEN BIRTH ONCE AND RECENT BIRTH WAS BY CESAREAN (Q697/1 AND Q825/2) OR MOST RECENT BIRTH WAS BY CESAREAN AND HAD NOT HAD A CESAREAN IN THE PAST (Q815/2 AND Q1030/1); ASK Q1045. IF MOST RECENT BIRTH BY CESAREAN AND HAD CESAREAN IN THE PAST (Q815/2 AND Q1030/2); JUMP TO PN BEFORE Q1055.]

BASE: HAS GIVEN BIRTH ONCE AND RECENT BIRTH WAS BY CESAREAN (Q697/1 AND Q815/2) OR MOST RECENT BIRTH WAS BY CESAREAN AND HAD NOT HAD A CESAREAN IN THE PAST (Q815/2 AND Q1030/1)

Q1050 Whose idea was it for you to have a cesarean? Please select the choice that <U>best</U> describes whose idea it was. [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: INTERVIEWER: READ LIST.]

- 1 [IF WEB (Q159/1), DISPLAY “Mine, I decided I”. IF PHONE (Q159/2,3), DISPLAY “Yours, you decided you”] wanted the cesarean before [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2,3), DISPLAY “you”] went into labor.
- 2 [IF WEB (Q159/1), DISPLAY “Mine, I”. IF PHONE (Q159/2,3), DISPLAY “Yours, you”] asked for the cesarean while [IF WEB (Q159/1), DISPLAY “I was”. IF PHONE (Q4159/2,3), DISPLAY “you were”] in labor.
- 3 [IF WEB (Q159/1), DISPLAY “My”. IF PHONE (Q159/2,3), DISPLAY “Your”] maternity care provider recommended a cesarean before [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2,3), DISPLAY “you”] went into labor.
- 4 [IF WEB (Q159/1), DISPLAY “My”. IF PHONE (Q159/2,3), DISPLAY “Your”] maternity care provider recommended a cesarean while [IF WEB (Q159/1), DISPLAY “I was”. IF PHONE (Q159/2,3), DISPLAY “you were”] in labor.
- 6 Other

[PROGRAMMER NOTE: IF “OTHER” PERSON WHOSE IDEA IT WAS TO HAVE A CESAREAN (Q1050/6); ASK Q1051. OTHERWISE JUMP TO PN BEFORE Q1055.]

BASE: OTHER PERSON WHOSE IDEA IT WAS TO HAVE A CESAREAN (Q1050/6)

Q1051 Whose idea was it for you to have a cesarean?

[MANDATORY TEXT BOX]

[PROGRAMMER NOTE: IF NO MEDICAL REASON FOR CESAREAN (Q1035/1 OR Q1045/1); ASK Q1055. OTHERWISE JUMP TO PN BEFORE Q1060.]

BASE: NO MEDICAL REASON FOR CESAREAN (Q1035/1 OR Q1045/1)

Q1055 We’d be really interested in learning how you came to have your cesarean. We would appreciate knowing as much detail as you care to provide about <U>how and why</U> the decision to have a cesarean was made and <U>your experience</U> with the cesarean. [IF WEB (Q159/1), DISPLAY “Please share your thoughts with us in the text box below.”]

[MANDATORY TEXT BOX]

[PROGRAMMER NOTE: IF MOST RECENT BIRTH WAS BY CESAREAN AND HAD CESAREAN IN THE PAST (Q815/2 AND Q1030/2); ASK Q1060. OTHERWISE JUMP TO Q1080.]

[PROGRAMMER NOTE: DISPLAY Q1060 & Q1065 ON SAME SCREEN.]

BASE: MOST RECENT BIRTH WAS BY CESAREAN AND HAD CESAREAN IN THE PAST (Q815/2 AND Q1030/2)

Q1060/510 In this most recent birth, did you have the option of vaginal birth -- sometimes known as VBAC?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2, 8. IF PHONE (Q159/2,3), DISPLAY 1-2, 8, 9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL).]

- 1 Yes
- 2 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

BASE: MOST RECENT BIRTH WAS BY CESAREAN AND HAD A CESAREAN IN THE PAST (Q815/2 AND Q1030/2)

Q1065 Were you interested in the option of having a vaginal birth after cesarean?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2. IF PHONE (Q159/2,3), DISPLAY 1-2, 8, 9.]

- 1 Yes
- 2 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF WEB (Q159/1) AND DID NOT HAVE THE OPTION OF VBAC (Q1060/2); ASK Q1070. IF HAD THE OPTION OF VBAC AND WAS INTERESTED IN IT (Q1060/1 AND Q1065/1), JUMP TO Q1075. OTHERWISE JUMP TO Q1080.]

BASE: DID NOT HAVE THE OPTION OF VBAC (Q1060/2) - WEB ONLY (Q159/1)

Q1070/511 What was the reason that you didn't have the option of a vaginal birth after cesarean (or VBAC)? Please select all that apply.

[MULTIPLE RESPONSE]

- 1 A medical reason for this cesarean not related to my prior cesarean
- 2 My caregiver was unwilling to do a VBAC.
- 3 My hospital was unwilling to allow a VBAC.
- 6 Some other reason
- 8 Not sure E

[PROGRAMMER NOTE: JUMP TO Q1080.]

BASE: HAD THE OPTION OF VBAC AND WAS INTERESTED IN IT (Q1060/1 AND Q1065/1)

Q1075/515 Did you experience labor and try to have a vaginal birth before having the cesarean?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2. IF PHONE (Q159/2,3), DISPLAY 1-2, 8, 9.]

- 1 Yes
- 2 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1080/486 How much do you agree or disagree with the following statement? Giving birth is a process that should not be interfered with unless medically necessary. Do you...? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: INTERVIEWER: READ LIST.]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-5. IF PHONE (Q159/2,3), FLIP SCALE AND DISPLAY 5-1, 8, 9.]

- 1 Disagree strongly
- 2 Disagree somewhat
- 3 Neither agree nor disagree
- 4 Agree somewhat
- 5 Agree strongly
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1085/517 *There has been some publicity lately about women having the right to choose a cesarean even if there is no medical reason for it.*

If you were pregnant in the future, had no medical reasons for a cesarean, and could decide for yourself, how likely would you be to want to have your next baby by cesarean section? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: INTERVIEWER: READ LIST.]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-4, 8. IF PHONE (Q159/2,3), FLIP SCALE AND DISPLAY 4-1, 8, 9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL).]

- 1 Not likely at all
- 2 Not very likely
- 3 Somewhat likely
- 4 Very likely
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF WEB (Q159/1); ASK Q1090. OTHERWISE JUMP TO PN BEFORE Q1105.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2,4) – WEB ONLY (Q159/1)

Q1090 How much do you agree or disagree with the following statements?

Q1091	1	2	3	4	5
			Neither		
	Disagree	Disagree	Agree Nor	Agree	Agree
	<u>Strongly</u>	<u>Somewhat</u>	<u>Disagree</u>	<u>Somewhat</u>	<u>Strongly</u>

[RANDOMIZE]

- 1 If a woman who has never had a cesarean wants to have a cesarean, she should be able to do so.
- 2 If a woman who has never had a cesarean wants to have a vaginal birth, she should have the opportunity to do so.
- 3 If a woman who had a previous cesarean wants to have a vaginal birth, she should have the opportunity to do so.

SECTION 1100: LABOR AND BIRTH, AFTER BIRTH IN THE HOSPITAL & FEEDING

[PROGRAMMER NOTE: DISPLAY Q1105 & Q1110 ON SAME SCREEN.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1105/518 Which type of caregiver was the person who <U>primarily</U> delivered your baby?

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: READ LIST.)]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-6, 8. IF PHONE (Q159/2,3), DISPLAY 1-6, 8, 9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL).]

- 1 An obstetrics/gynecologist
- 2 A family medicine doctor
- 3 A doctor but I'm not sure of his/her specialty
- 4 A midwife
- 5 A nurse who is <U>not</U> a midwife
- 6 A physician assistant
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1110/520 Was the person who delivered your baby...? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: READ LIST.)]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-3, 6, 8. IF PHONE (Q159/2,3), DISPLAY 1-3, 6, 8, 9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL).]

- 1 The person or one of the people who took the lead in providing your prenatal care
- 2 Someone you met <U>briefly</U> during your prenatal care
- 3 Someone you did not meet until the time of labor and birth
- 6 Some other person
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF WEB (Q159/1) AND EXPERIENCED LABOR (Q815/1 OR Q825/1), ASK Q1115. OTHERWISE JUMP TO Q1120.]

BASE: EXPERIENCED LABOR (Q815/1 OR Q825/1) – WEB ONLY (Q159/1)

Q1115/524 As best as you can remember, about how many hours was it from the time when you first had regular contractions until you delivered your baby? If you are not sure, your best estimate will do.

[RANGE: 0-50]

/ __ / __ / hours

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1120/580 The following is a list of words that may describe how you felt while giving birth. Please indicate whether this describes how you may have felt. [PROGRAMMER NOTE: [IF WEB (Q159/1), DISPLAY “Please select all that apply.” IF PHONE (Q159/2,3), DISPLAY: INTERVIEWER: READ LIST.]

[PROGRAMMER NOTE: DISPLAY IN 2 COLUMNS GOING DOWN.]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-12, 97. IF PHONE (Q159/2,3), DISPLAY 1-12, 97, 98, 99.]

[MULTIPLE RESPONSE]

[RANDOMIZE]

- | | | |
|----|--|-----------|
| 01 | Agitated | |
| 02 | Alert | |
| 03 | Calm | |
| 04 | Capable | |
| 05 | Confident | |
| 06 | Frightened | |
| 07 | Groggy | |
| 08 | Helpless | |
| 09 | Overwhelmed | |
| 10 | Powerful | |
| 11 | Unafraid | |
| 12 | Weak | |
| 97 | None of these describes how [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2,3), DISPLAY “you”] felt. | ANCHOR; E |
| 98 | Not sure (VOL.) | ANCHOR; E |
| 99 | Decline to answer (VOL.) | ANCHOR; E |

PROGRAMMER NOTE: DISPLAY Q1125 & Q1130 ON SAME SCREEN.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1125/525 During the <U>first hour</U> after birth, where was your baby, primarily? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: READ LIST.)]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-4, 6, 8. IF PHONE (Q159/2,3), DISPLAY 1-4, 6, 8, 9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL.)]

- | | |
|---|---|
| 1 | In [IF WEB (Q159/1), DISPLAY “my”. IF PHONE (Q159/2,3), DISPLAY “your”] arms |
| 2 | In [IF WEB (Q159/1), DISPLAY “my”. IF PHONE (Q159/2,3), DISPLAY “your”] partner’s or husband’s arms |
| 3 | With staff for routine newborn care |
| 4 | With staff for special care |
| 6 | Other |
| 8 | Not sure (VOL.) |
| 9 | Decline to answer (VOL.) |

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)**Q1130/530** <U>After</U> the first hour of birth, where did your baby stay primarily? Did he/she...?

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: READ LIST.)]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-5, 6. IF PHONE (Q159/2,3), DISPLAY 1-6, 8, 9.]

- 1 Stay with you all the time (sometimes known as “rooming-in”)
- 2 Stay with you in the daytime and in the nursery at night
- 3 Stay with you mainly for feedings
- 4 Stay in the special baby care unit (“NICU”)
- 5 In the nursery, but not “NICU”
- 6 Other
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: DISPLAY Q1135 & Q1140 ON SAME SCREEN.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)**Q1135/535** As you came to the end of your pregnancy, how had you hoped to feed your baby? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: READ LIST.)]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-3. IF PHONE (Q159/2,3), DISPLAY 1-3, 8, 9.]

[ROTATE 1 & 2]

- 1 Breastfeeding alone
- 2 Formula only
- 3 A combination of breastfeeding and formula ANCHOR
- 8 Not sure (VOL.) ANCHOR
- 9 Decline to answer (VOL.) ANCHOR

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)**Q1140/537** On the whole, would you say that the hospital staff...? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: READ LIST.)]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-3. IF PHONE (Q159/2,3), DISPLAY 1-3, 8, 9.]

[ROTATE 1 & 2]

- 1 Encouraged breastfeeding
- 2 Encouraged formula feeding
- 3 Expressed no preference for either method of feeding ANCHOR
- 8 Not sure (VOL.) ANCHOR
- 9 Decline to answer (VOL.) ANCHOR

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1145/540 Did the staff at the hospital...? [PROGRAMMER NOTE: [IF WEB (Q159/1), DISPLAY "Please select all that apply."][IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: READ LIST.)]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-8. IF PHONE (Q159/2,3), DISPLAY 1-8, 98, 99.]

[MULTIPLE RESPONSE]

- 01 Help you get started breastfeeding when you and your baby were ready
- 02 Show you how to position your baby to limit nipple soreness
- 03 Encourage you to feed whenever your baby was interested (on demand)
- 04 Provide formula or water to supplement your breast milk
- 05 Give you any free formula samples or offers
- 06 Tell you about breastfeeding support resources in the community
- 07 Give your baby a pacifier
- 08 None of these E
- 98 Not sure (VOL.) E
- 99 Decline to answer (VOL.) E

[PROGRAMMER NOTE: DISPLAY Q1150 & Q1155 ON SAME SCREEN.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1150/545 One week after you gave birth, how were you feeding your baby? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: READ LIST.)]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-3. IF PHONE (Q159/2,3), DISPLAY 1-3, 8, 9.]

[ROTATE 1 & 2]

- 1 Breast milk only
- 2 Formula only
- 3 Both breast milk and formula
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1155 How are you currently feeding your baby? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: READ LIST.)]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-7. IF PHONE (Q159/2,3), DISPLAY 1-9.]

[ROTATE 1 & 2]

- 1 Breast milk only
- 2 Formula only
- 3 Both breast milk and formula
- 4 Solid food only
- 5 Both breast milk and solid food
- 6 Both formula and solid food
- 7 All three: breast milk, formula and solid food
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF EXCLUSIVELY BREASTFEEDING AT ONE WEEK AND IS CURRENTLY NOT EXCLUSIVELY BREASTFEEDING (Q1150/1 AND Q1155/2-7); ASK Q1160. OTHERWISE JUMP TO PN BEFORE Q1170.]

BASE: EXCLUSIVELY BREASTFEEDING AT ONE WEEK AND IS CURRENTLY NOT EXCLUSIVELY BREASTFEEDING (Q1150/1 AND Q1155/2-7)

Q1160 How long did you continue to feed your baby with breast milk <U>only</U>? Up to [PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY: "...?" IF PHONE (Q159/2,3), DISPLAY: "how many months?"]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-14 IN A DROP DOWN LIST. IF PHONE (Q159/2,3), DISPLAY 1-14, 98, 99, IN A DROP DOWN LIST.]

[PROGRAMMER NOTE: DISPLAY ERROR MESSAGE IF NUMBER OF MONTHS SELECTED (Q1160/1-14) EXCEEDS NUMBER OF MONTHS SINCE BIRTH (Q1185).]

- 01 1 month
- 02 2 months
- 03 3 months
- 04 4 months
- 05 5 months
- 06 6 months
- 07 7 months
- 08 8 months
- 09 9 months
- 10 10 months
- 11 11 months
- 12 12 months
- 13 13 months
- 14 14 months
- 98 Not sure (VOL.)
- 99 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF WEB RESPONDENT (Q159/1), OR PHONE RESPONDENT WHO WAS RANDOMLY CHOSEN TO NOT GET Q810, ASK Q1170. ALL OTHERS JUMP TO Q1205.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4) AND WEB RESPONDENT (Q159/1), OR PHONE RESPONDENT WHO WAS RANDOMLY CHOSEN TO NOT GET Q810 (Q159/2,3)

Q1170 What's the <U>worst thing</U> that happened to you during your labor and birth? We would appreciate knowing as much detail as you care to provide. [IF WEB (Q159/1), DISPLAY "Please enter your response below."]

[MANDATORY TEXT BOX]

SECTION 1200: POSTPARTUM II

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1205/603 Many women have physical concerns after giving birth. How much of a new problem - that is, different from something you may have experienced during or before pregnancy - were the following in the first two months after birth? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: Was it a major new problem, a minor new problem or not a new problem?]

Remember, if you have given birth more than once, please answer the questions as they pertain to the most recent time you gave birth.

[PROGRAMMER NOTE Q1206: IF WEB (Q159/1), DISPLAY 1-3, 9. IF PHONE (Q159/2,3), FLIP SCALE AND DISPLAY 3-1, 8, 9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL.)]

Q1206/704	1	2	3	8	9
	Not a	A Minor	A Major	Not Sure	Decline to
	<u>New Problem</u>	<u>New Problem</u>	<u>New Problem</u>	<u>(VOL.)</u>	<u>Answer</u>
					<u>(VOL.)</u>

[PROGRAMMER NOTE: DO NOT INCLUDE INFECTION FROM CUT OR TORN PERINEUM (Q1205/2) IN LIST IF MOST RECENT BIRTH WAS BY CESAREAN (Q815/2). DO NOT INCLUDE PAIN AT SITE OF CESAREAN INCISION AND INFECTION AT SITE OF CESAREAN INCISION (Q1205/3, 4) IN LIST IF MOST RECENT BIRTH VAGINAL (Q815/1).]

- 01 Painful perineum (tissue between the vagina and anus)
- 02 Infection from cut or torn perineum
- 03 Pain at site of cesarean incision
- 04 Infection at site of cesarean incision
- 05 Urinary problems (such as loss of bladder control or difficulty urinating)
- 06 Bowel problems (such as constipation or loss of control of gas or stool)
- 07 Sore nipples/Breast tenderness
- 08 Breast infection
- 09 Other breastfeeding problems (such as latching or milk supply)
- 10 Physical exhaustion
- 11 Painful intercourse

[PROGRAMMER NOTE: IF EXPERIENCED CONDITION (Q1205/1-11 AND Q1206/2, 3), ASK Q1210. OTHERWISE JUMP TO Q1215.]

BASE: EXPERIENCED CONDITION (Q1205/1-11 AND Q1206/2, 3)

Q1210/610 Are any of the following still a problem now?

[PROGRAMMER NOTE Q1211: IF WEB (Q159/1), DISPLAY 1-2. IF PHONE (Q159/2,3), DISPLAY 1-2, 8, 9.]

Q1211	1	2	8	9
	<u>Yes</u>	<u>No</u>	<u>Not Sure (VOL.)</u>	<u>Decline to Answer (VOL.)</u>

[PROGRAMMER NOTE: DO NOT INCLUDE INFECTION FROM CUT OR TORN PERINEUM (Q1205/2) IN LIST IF MOST RECENT BIRTH WAS BY CESAREAN (Q815/2). DO NOT INCLUDE PAIN AT SITE OF CESAREAN INCISION AND INFECTION AT SITE OF CESAREAN INCISION (Q1205/3, 4) IN LIST IF MOST RECENT BIRTH VAGINAL (Q815/1).]

[PROGRAMMER NOTE: INSERT ONLY RESPONSES SELECTED AT (Q1205/1-11 AND Q1206/2, 3).]

- 01 Painful perineum (tissue between the vagina and anus)
- 02 Infection from cut or torn perineum
- 03 Pain at site of cesarean incision
- 04 Infection at site of cesarean incision
- 05 Urinary problems (such as loss of bladder control or difficulty urinating)
- 06 Bowel problems (such as constipation or loss of control of gas or stool)
- 07 Sore nipples/Breast tenderness
- 08 Breast infection
- 09 Other breastfeeding problems (such as latching or milk supply)
- 10 Physical exhaustion
- 11 Painful intercourse

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1215 <U>In the first two months after birth</U>, how much did pain interfere with your routine activities?

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: READ LIST.]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-5. IF PHONE (Q159/2,3), FLIP SCALE AND DISPLAY 5-1, 8, 9.]

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit
- 5 Extremely
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF GAVE BIRTH MORE THAN 2 MONTHS PRIOR TO TAKING SURVEY (Q1185>2), ASK Q1225. ALL OTHERS JUMP TO Q1230.]

BASE: GAVE BIRTH MORE THAN 2 MONTHS PRIOR TO TAKING SURVEY (Q1185/>2)

Q1225 <U>During the past 2 weeks</U>, how much did pain interfere with routine activities? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: INTERVIEWER: READ LIST.]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-5. IF PHONE (Q159/2,3), FLIP SCALE AND DISPLAY 5-1, 8, 9.]

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit
- 5 Extremely
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1230/624 Between 3 and 8 weeks after your baby was born, how many <U>office visits</U> did you have with a <U>maternity care provider</U>? [PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY: If you are not sure, your best estimate will do. If none, please enter "0." If this doesn't apply to you because your baby is less than 3 weeks old, please enter "99." IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: IF NECESSARY: PROBE: If not sure, your best estimate will do.) (INTERVIEWER: If respondent still "not sure," enter 98. If "not applicable" or "decline to answer," enter 99.)]

[RANGE: 0-20, 98, 99]

/_/_/ office visits

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1235/628 [IF Q159/1 DISPLAY: Below is a list of statements] [IF Q159/2,3 DISPLAY: I am going to read you a list of statements] that describe how a mother may feel after the birth of her baby. Please indicate [IF PHONE (Q159/2,3), DISPLAY: if you “strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with each statement.” IF WEB (Q159/1), DISPLAY: “how much you agree or disagree with each statement.”] Please select the answer that best describes how you have felt <U>during the past 2 weeks</U>.

[PROGRAMMER NOTE Q1236: IF WEB (Q159/1), DISPLAY 1-5, 9. IF PHONE (Q159/2,3), FLIP SCALE AND DISPLAY 5-1, 8, 9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL.)]

Q1236	1	2	3	4	5	8	9
	Strongly <u>Disagree</u>	<u>Disagree</u>	Neither Agree Nor <u>Disagree</u>	<u>Agree</u>	Strongly <u>Agree</u>	Not Sure (VOL.)	Decline to Answer (VOL.)

[RANDOMIZE]

- 1 [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2,3), DISPLAY “You”] XXXXX [IF WEB (Q159/1), DISPLAY “my”. IF PHONE (Q159/2,3), DISPLAY “your”] XXXXX.
- 2 [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2,3), DISPLAY “You”] XXXXX [IF WEB (Q159/1), DISPLAY “my”. IF PHONE (Q159/2,3), DISPLAY “your”] XXXXX.
- 3 [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2,3), DISPLAY “You”] XXXXX [IF WEB (Q159/1), DISPLAY “my”. IF PHONE (Q159/2,3), DISPLAY “your”] XXXXX.
- 4 [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2,3), DISPLAY “You”] XXXXX [IF WEB (Q159/1), DISPLAY “I was”. IF PHONE (Q159/2,3), DISPLAY “you were”] XXXXX [IF WEB, DISPLAY “my”; IF PHONE, DISPLAY “your”] XXXXX.
- 5 [IF WEB (Q159/1), DISPLAY “I was”. IF PHONE (Q159/2,3), DISPLAY “You were”] XXXXX [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2,3), DISPLAY “you”] XXXXX [IF WEB (Q159/1), DISPLAY “my”. IF PHONE (Q159/2,3), DISPLAY “your”] XXXXX.
- 6 [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2,3), DISPLAY “You”] XXXXX [IF WEB (Q159/1), DISPLAY “I was”. IF PHONE (Q159/2,3), DISPLAY “you were”] XXXXX [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2,3), DISPLAY “you”] XXXXX.
- 7 [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2,3), DISPLAY “You”] XXXXX.

[PROGRAMMER NOTE: PLEASE DISPLAY: PDSS items © 2002 by WPS. All rights reserved. AS FOOTNOTE AT BOTTOM OF SCREEN AT Q1235.]

[NOTE: Q1235 reproduces all 7 items from Postpartum Depression Screening Scale (PDSS) Short Form. At the request of Western Psychological Services, which licenses this scale, these items are not reproduced in public documents. X's in above copy stand in place of scale item copy that has been deleted accordingly.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1240/640 Since giving birth, have you consulted a health care or mental health professional (for example, either your maternity or primary caregivers, a social worker, psychologist, or psychiatrist) with concerns about your emotional or mental well-being?

[PROGRAMMER: IF WEB (Q159/1), DISPLAY 1-2, 9. IF PHONE (Q159/2,3), DISPLAY 1-2, 8, 9.]
[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL.)]

- 1 Yes
- 2 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1245 During your postpartum visits in the <U>first three to eight</U> weeks after birth, did any of your caregivers ask you if you...? If this doesn't apply to you because your baby is less than 3 weeks old, please respond as "decline to answer." [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: INTERVIEWER: READ LIST.]

[PROGRAMMER NOTE Q1211: IF WEB (Q159/1), DISPLAY 1-2, 9. IF PHONE (Q159/2,3), DISPLAY 1-2, 8, 9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL).]

Q1246	1	2	8	9
	<u>Yes</u>	<u>No</u>	<u>Not Sure</u> <u>(VOL.)</u>	<u>Decline to</u> <u>Answer</u> <u>(VOL.)</u>
1 Experienced physical or verbal abuse during pregnancy or since the birth				
2 Were experiencing feelings of depression				

SECTION 1300: PREGNANCY AND EMPLOYMENT HISTORY

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1305 Were you employed when you were pregnant? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: INTERVIEWER: READ LIST.]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-5. IF PHONE (Q159/2,3), DISPLAY 1-5, 8, 9.]

- 1 Yes – part time for someone else (on average, less than 30 hours a week)
- 2 Yes – full time for someone else (on average, 30 or more hours a week)
- 3 Yes – self-employed part time
- 4 Yes – self-employed full time
- 5 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF EMPLOYED BEFORE GIVING BIRTH (Q1305/1-4); ASK Q1310. OTHERWISE JUMP TO PN BEFORE Q1360.]

BASE: EMPLOYED BEFORE GIVING BIRTH (Q1305/1-4)

Q1310 How many weeks prior to your due date did you stop working? [PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY: If you are not sure, your best estimate will do. If less than 1 week, enter “0.” IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: IF NECESSARY: PROBE: If not sure, your best estimate will do.) (INTERVIEWER: If respondent still “not sure,” enter 98. If “decline to answer,” enter 99. If less than 1 week, enter “0.”]

[RANGE: 0 – 24, 98, 99]

/__/_/ weeks before due date

[PROGRAMMER NOTE: IF EMPLOYED BY SOMEONE ELSE BEFORE GIVING BIRTH (Q1305/1, 2); ASK Q1315. OTHERWISE JUMP TO Q1335.]

BASE: EMPLOYED BY SOMEONE ELSE BEFORE GIVING BIRTH (Q1305/1, 2)

Q1315 Did the company you worked for during your pregnancy have a paid maternity leave benefit?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2, 8. IF PHONE (Q159/2,3), DISPLAY 1-2, 8, 9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL).]

- 1 Yes
- 2 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF COMPANY HAD PAID MATERNITY LEAVE BENEFIT (Q1315/1); ASK Q1320. OTHERWISE JUMP TO Q1335.]

[PROGRAMMER NOTE: DISPLAY Q1320 - Q1330 ON SAME SCREEN.]

BASE: COMPANY HAD PAID MATERNITY LEAVE BENEFIT (Q1315/1)

Q1320 At your workplace during pregnancy, how long do women have to be employed to qualify for maternity leave? [PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY: If you are not sure, please enter "98." IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: If respondent "not sure," enter 98. If "decline to answer," enter 99.) (Please clarify to get a whole number.)]

[RANGE: 0-75, 98, 99]

/ __ / __ / months

BASE: COMPANY HAD PAID MATERNITY LEAVE BENEFIT (Q1315/1)

Q1325 What percent of your regular salary did you receive during your maternity leave? If you are not sure, your best estimate will do. [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: If respondent "not sure," enter 998. If "decline to answer," enter 999.)]

[RANGE: 1-100, 998, 999]

/ __ / __ / __ / % of regular salary

BASE: COMPANY HAD PAID MATERNITY LEAVE BENEFIT (Q1315/1)

Q1330 For how many weeks did you receive paid leave? If you are not sure, your best estimate will do. [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: If respondent "not sure," enter 98. If "decline to answer," enter 99.)]

[RANGE: 1-52, 98, 99]

/ __ / __ / weeks

BASE: EMPLOYED BEFORE GIVING BIRTH (Q1305/1-4)

Q1335 Have you returned to work?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2. IF PHONE (Q159/2,3), DISPLAY 1-2, 8, 9.]

- 1 Yes
- 2 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF RETURNED TO WORK (Q1335/1); ASK Q1340. OTHERWISE JUMP TO Q1365.]

[PROGRAMMER NOTE: DISPLAY Q1340 & Q1345 ON SAME SCREEN.]

BASE: RETURNED TO WORK (Q1335/1)

Q1340 How many weeks after you gave birth did you return to work? If you are not sure, your best estimate will do. [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: If respondent "not sure," enter 98. If "decline to answer," enter 99.)]

[RANGE: 1-52, 98, 99]

/ __ / __ / weeks after baby was born

BASE: RETURNED TO WORK (Q1335/1)

Q1345 When you did return to work, was it ...? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: INTERVIEWER: READ LIST.]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-6. IF PHONE (Q159/2,3), DISPLAY 1-6, 8, 9.]

- 1 Part time for same pre-birth employer (on average, less than 30 hours a week)
- 2 Full time for same pre-birth employer (on average, 30 or more hours a week)
- 3 Part time for different employer (on average, less than 30 hours a week)
- 4 Full time for different employer (on average, 30 or more hours a week)
- 5 Part time (self-employed)
- 6 Full time (self-employed)
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

BASE: RETURNED TO WORK (Q1335/1)

Q1350 Were you able to stay home as long as you liked with your baby before you went back to work?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-2, 8. IF PHONE (Q159/2,3), DISPLAY 1-2, 8, 9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL.)]

- 1 Yes
- 2 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF DID NOT WORK DURING PREGNANCY (Q1305/5), ASK Q1360. IF WEB (Q159/1) AND RETURNED TO WORK (Q1335/1), JUMP TO Q1370. OTHERWISE JUMP TO Q1415.]

BASE: DID NOT WORK DURING PREGNANCY (Q1305/5)

Q1360 Are you now employed?

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-5. IF PHONE (Q159/2,3), DISPLAY 1-5, 8, 9.]

- 1 Yes – part time for someone else (on average less than 30 hours a week)
- 2 Yes – full time for someone else (on average 30 or more hours a week)
- 3 Yes – self-employed part time
- 4 Yes – self-employed full time
- 5 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF NOT CURRENTLY EMPLOYED (Q1360/5); ASK Q1365. IF WEB (Q159/1) AND CURRENTLY EMPLOYED (Q1360/1-4); JUMP TO Q1370. OTHERWISE JUMP TO Q1415.]

BASE: NOT CURRENTLY EMPLOYED (Q1335/2 OR Q1360/5)

Q1365 Which of the following <U>best</U> describes why you are not currently employed?
 [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: INTERVIEWER: READ LIST.]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-7, 96. IF PHONE (Q159/2,3), DISPLAY 1-7, 96, 98, 99.]

- 01 [IF WEB (Q159/1), DISPLAY “I’m”. IF PHONE (Q159/2,3), DISPLAY “You’re”] still on maternity leave.
- 02 [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2,3), DISPLAY “You”] wanted to stay home full-time with [IF WEB, DISPLAY “my.” IF PHONE (Q159/2,3), DISPLAY “your”] baby.
- 03 [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2,3), DISPLAY “You”] could not arrange a schedule flexible enough to meet [IF WEB (Q159/1), DISPLAY “our”; IF PHONE, DISPLAY “your”] needs.
- 04 [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2,3), DISPLAY “You”] could not find childcare.
- 05 [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2,32), DISPLAY “You”] could not afford childcare.
- 06 [IF WEB (Q159/1), DISPLAY “I”. IF PHONE (Q159/2,3), DISPLAY “You”] had a health problem that kept [IF WEB (Q159/1), DISPLAY “me”. IF PHONE (Q159/2,3), DISPLAY “you”] from returning to work.
- 07 [IF WEB (Q159/1), DISPLAY “My”. IF PHONE (Q159/2,3), DISPLAY “Your”] baby had health problems that kept [IF WEB (Q159/1), DISPLAY “me”. IF PHONE (Q159/2,3), DISPLAY “you”] from returning to work.
- 96 Some other reason
- 98 Not sure (VOL.)
- 99 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF WEB (Q159/1) AND “OTHER” REASON NOT CURRENTLY EMPLOYED (Q1365/96); ASK Q1367. OTHERWISE JUMP TO PN BEFORE Q1405.]

BASE: OTHER REASON NOT CURRENTLY EMPLOYED (Q1365/96) - WEB ONLY (Q159/1)

Q1367 Why aren’t you currently employed?

[MANDATORY TEXT BOX]

BASE: CURRENTLY EMPLOYED (Q1335/1 OR Q1360/1-4) - WEB ONLY (Q159/1)

Q1370 In returning to work, how challenging were the following issues?

Q1371

	1	2	3	4
	Not a	A Minor	A Major	Not
	<u>Challenge</u>	<u>Challenge</u>	<u>Challenge</u>	<u>Applicable</u>

[RANDOMIZE]

- 1 Child care arrangements
- 2 Lack of support in the workplace for me as new mother
- 3 Amount of support from my partner/spouse
- 4 Breastfeeding issues
- 5 Being apart from my baby
- 6 Other ANCHOR

SECTION 1400: CROSS-CUTTING

[PROGRAMMER NOTE: IF WEB (Q159/1); ASK Q1405. OTHERWISE JUMP TO 1415.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2,4) – WEB ONLY (Q159/1)

Q1405/705 While pregnant and giving birth, a woman has the legal right to receive <U>clear and full explanations</U> of any procedure, drug, or test offered to her -- including benefits, risks and alternatives.

During the time you were pregnant and giving birth,...?

- 1 Did you <U>fully</U> understand that you <U>had</U> this legal right
- 2 Did you have <U>some</U> knowledge about this right but didn't know the details
- 3 Did you <U>not</U> know that you had this legal right

BASE: ALL QUALIFIED RESPONDENTS (Q77/2,4) – WEB ONLY (Q159/1)

Q1410/710 While pregnant and giving birth, a woman has the legal right to <U>accept or refuse</U> any procedure, drug, or test offered to her.

During the time you were pregnant and giving birth,...?

- 1 Did you <U>fully</U> understand that you <U>had</U> a right to accept or refuse
- 2 Did you have <U>some</U> knowledge but didn't know the details
- 3 Did you <U>not</U> know that you had this legal right

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1415 Did you feel pressure from any health professional to have a ...? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: INTERVIEWER: READ LIST.]

[PROGRAMMER Q1416: IF WEB (Q159/1), DISPLAY 1-2. IF PHONE (Q159/2,3), DISPLAY 1-2, 8, 9.]

Q1416	1	2	8	9
	<u>Yes</u>	<u>No</u>	<u>Not Sure</u> <u>(VOL.)</u>	<u>Decline to</u> <u>Answer (VOL.)</u>
1 Labor induction				
2 Epidural				
3 Cesarean				

[PROGRAMMER NOTE: IF WEB (Q159/1); ASK Q1420. OTHERWISE JUMP TO PN BEFORE Q1425.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2,4) – WEB ONLY (Q159/1)

Q1420 Assuming there are no medical complications, who should make most decisions about your labor and birth experience?

- 1 I should make decisions after considering the advice of my caregivers.
- 2 I should share decision making with my caregivers.
- 3 My caregivers should make the decisions after consulting with me.
- 4 My caregivers should make the decisions.

[PROGRAMMER NOTE: RANDOMLY ASSIGN RESPONDENTS TO Q1425, Q1430 & Q1435 SO 1/3 OF SAMPLE GETS ONE OF THE 3 QUESTIONS.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4) – (1/3 OF SAMPLE)

Q1425 Quite a few women experience labor induction while giving birth. Before consenting to labor induction, how important is it to learn about possible side effects of labor induction? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: INTERVIEWER: READ LIST.]

[PROGRAMMER: IF WEB (Q159/1), DISPLAY 1-4. IF PHONE (Q159/2,3), DISPLAY 1-4, 8, 9.]

- 1 It is necessary to know <U>every</U> complication.
- 2 It is necessary to know <U>most</U> complications.
- 3 It is necessary to know <U>some</U> of the complications.
- 4 It is <U>not necessary to know any</U> complications.
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4) – (1/3 OF SAMPLE)

Q1430 Quite a few women experience cesarean section while giving birth. Before consenting to a cesarean section, how important is it to learn about possible side effects of a cesarean section? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: INTERVIEWER: READ LIST.]

[PROGRAMMER: IF WEB (Q159/1), DISPLAY 1-4. IF PHONE (Q159/2,3), DISPLAY 1-4, 8, 9.]

- 1 It is necessary to know <U>every</U> complication.
- 2 It is necessary to know <U>most</U> complications.
- 3 It is necessary to know <U>some</U> of the complications.
- 4 It is <U>not necessary to know any</U> complications.
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4) – (1/3 OF SAMPLE)

Q1435 Quite a few women experience an epidural while giving birth. Before consenting to an epidural, how important is it to learn about possible side effects of an epidural? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: INTERVIEWER: READ LIST.]

[PROGRAMMER: IF WEB (Q159/1), DISPLAY 1-4. IF PHONE (Q159/2,3), DISPLAY 1-4, 8, 9.]

- 1 It is necessary to know <U>every</U> complication.
- 2 It is necessary to know <U>most</U> complications.
- 3 It is necessary to know <U>only some</U> of the complications.
- 4 It is <U>not necessary to know any</U> complications.
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF WEB (Q159/1); ASK Q1165. OTHERWISE JUMP TO PN BEFORE Q1445.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2,4) – WEB ONLY (Q159/1)

Q1165 As you may know, patients who feel their provider has harmed them in some way can sue for what is called malpractice. Do you think the current malpractice system causes providers of maternity care to do each of the following, or don't you think so?

Q1166	1	2
	<u>Yes</u>	<u>No</u>
[RANDOMIZE]		
1		
2		
3		
4		
5		

- 1 Order unnecessary prenatal tests to avoid being sued
- 2 Charge more money to cover their malpractice insurance costs
- 3 Take better care of their patients
- 4 Perform a cesarean section that was not really needed to avoid being sued
- 5 Stop offering maternity care services

BASE: ALL QUALIFIED RESPONDENTS (Q77/2,4) – WEB ONLY (Q159/1)

Q1440 Overall, how would you rate the quality of health care in the U.S.?

- 1 Poor
- 2 Fair
- 3 Good
- 4 Excellent

[PROGRAMMER NOTE: IF ALL QUALIFIED RESPONDENTS EXCEPT THOSE WHO HAD MEDICAL REASON FOR CESAREAN (Q1035/ NE 1 AND Q1045 NE 1); ASK Q1445. OTHERWISE JUMP TO Q1505.]

BASE: ALL QUALIFIED RESPONDENTS EXCEPT THOSE WHO HAD MEDICAL REASON FOR CESAREAN (Q1035/ NE 1 AND Q1045 NE 1)

Q1445 Is there anything else you would like to tell us about any aspect of your maternity experience (being pregnant, giving birth, experiences after birth)? We welcome as much detail as you would like to provide.

[MANDATORY TEXT BOX]

SECTION 1500: PREGNANCY HISTORY**BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)**

Q1505/805 To the best of your recollection, what was the date that your baby was due? [IF WEB (Q159/1), DISPLAY: If you are not sure, enter "98" for month and day "9998" for year. If you are declining to answer, enter "99" for month and day and "9999" for year.] [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: IF NECESSARY: PROBE: If not sure, your best recollection will do. If respondent "not sure," enter "98" for month and day "9998" for year. If "decline to answer," enter "99" for month and day and "9999" for year.)]

	Q1506	Q1507
[RANGE: 1 – 12, 98, 99]	[RANGE: 1 – 31, 98, 99]	[RANGE: 2004 – 2006, 9998, 9999]
Month / __ / __ /	Day / __ / __ /	Year / __ / __ / __ /

[PROGRAMMER NOTE: IF WEB (Q159/1); ASK Q1508. OTHERWISE JUMP TO Q1510.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2,4) – WEB ONLY (Q159/1)

Q1508 Is your baby male or female?

- 1 Male
- 2 Female

[PROGRAMMER NOTE: DISPLAY Q1510 - Q1515 ON SAME SCREEN.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1510/820 How much did your baby weigh at birth? [PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY: If you are not sure, your best estimate will do. IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: IF NECESSARY: PROBE: If not sure, your best estimate will do.) (INTERVIEWER: If respondent still "not sure," enter 98. If "decline to answer," enter 99.)]

	Q1511
[RANGE: 1 – 25, 98, 99]	[RANGE: 0 – 15, 98, 99]
/ __ / __ / pounds	/ __ / __ / ounces

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1515 As best as you can remember, what was <U>your</U> weight just before you gave birth? [IF WEB (Q159/1), DISPLAY: If not sure, enter "998." If declining to answer, enter "999." IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: IF NECESSARY: PROBE: If not sure, your best estimate will do.) (INTERVIEWER: If respondent still "not sure," enter 998. If "decline to answer," enter 999.)]

[RANGE: 75 – 500, 998, 999]

/ __ / __ / __ / pounds

[PROGRAMMER NOTE: IF WEB (Q159/1); ASK Q1520. OTHERWISE JUMP TO Q1525.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2,4) – WEB ONLY (Q159/1)

Q1520/825 What was the total time from when you gave birth until you went home from the hospital?

- 1 24 hours or less
- 2 25 to less than 48 hours
- 3 2 days
- 4 3 days
- 5 4 days
- 6 5 days
- 7 More than 5 days

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1525/830 Overall, how would you rate your baby's health since birth? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: INTERVIEWER: READ LIST.]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-4, 8. IF PHONE (Q159/2,3), FLIP SCALE AND DISPLAY 4-1, 8, 9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL).]

- 1 Poor
- 2 Fair
- 3 Good
- 4 Excellent
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1530 [IF WEB (Q159/1), DISPLAY: How was your maternity care paid for? Did the following pay for all, some, or none of the payments for any maternity care provider and hospital services for you or your baby? [IF PHONE (Q159/2,3), DISPLAY: How much did the following sources pay for any maternity care provider costs and hospital services for you or your baby? Did they pay for all of it, some of it, or none of it?]

[PROGRAMMER NOTE Q1531: IF WEB (Q159/1), DISPLAY 1-3, 8. IF PHONE (Q159/2,3), DISPLAY 1-3, 8, 9.]

[PROGRAMMER NOTE: PERFORM ERROR CHECKING VIA JUMP BACK ERROR MESSAGES IN FOLLOWING ORDER:

IF RESPONDENT CHOOSES PAID FOR ALL (Q1531/1) FOR MORE THAN ONE SOURCE (Q1530/MORE THAN 1 OF 1-3)

IF RESPONDENT CHOOSES PAID FOR ALL FOR ONE SOURCE (Q1530/1 OF CODES 1-3 AND Q1531/1) BUT DOES NOT HAVE THE OTHER 2 SOURCES MARKED AS PAID FOR NONE (Q1530/2 OF CODES 1-3 AND Q1531/NE3]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL.)]

Q1531	1 Paid for <u>All</u>	2 Paid for <u>Some</u>	3 Paid for <u>None</u>	8 Not <u>Sure</u> (VOL.)	9 Decline to <u>Answer (VOL.)</u>
1	Medicaid or similar government program				
2	Private insurance				
3	Paid for it [IF WEB (Q159/1), DISPLAY “myself/ourselves”; IF PHONE (Q159/2,3), DISPLAY “yourself/yourselves”] (out-of pocket)				

[PROGRAMMER NOTE: IF PRIVATE INSURANCE PAID FOR ALL OR SOME (Q1530/2 AND Q1531/1,2); ASK Q1535. OTHERWISE JUMP TO Q1540.]

BASE: PRIVATE INSURANCE PAID FOR ALL OR SOME (Q1530/2 AND Q1531/1,2)

Q1535 You mentioned that you had private insurance for your maternity care. [IF WEB (Q159/1), DISPLAY: Please describe what type of insurance it was. IF PHONE (Q159/2,3), DISPLAY: Please tell me which of the following types of insurance it was. (INTERVIEWER: READ LIST AND DEFINITIONS UNTIL RESPONDENT ANSWERS)]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-4, 8. IF PHONE (Q159/2,3), DISPLAY 1-4, 8, 9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL.)]

- 1 HMO (Health Maintenance Organization – have to use a doctor from a list of doctors provided by [IF WEB (Q159/1), DISPLAY “my”; IF PHONE (Q159/2,3), DISPLAY “your”] health plan and usually have to get a referral from [IF WEB (Q159/1), DISPLAY “my”; IF PHONE (Q159/2,3), DISPLAY “your”] primary care doctor to go to a specialist)
- 2 PPO (Preferred Provider Organization – can choose doctors not in the network, do not need a referral to use a specialist)
- 3 High-deductible plan (have to pay at least a \$1,000 out-of-pocket deductible for single coverage or at least a \$2,000 deductible for family coverage before [IF WEB Q159/1), DISPLAY “my”; IF PHONE (Q159/2,3), DISPLAY “your”] insurance starts paying for services covered by insurance)
- 4 Fee for service plan (can choose any doctor/hospital without limitations)
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1540 Thinking back on your pregnancy and birth, as best as you can remember, what are the total costs you have been asked to pay yourself (including bills already paid and still owe) <U>for any of your maternity care providers and hospital bills for you and your baby</U>? Please do not include health insurance premiums. If you are not sure, your best estimate will do. [PROGRAMMER NOTE: IF PHONE (Q159/2,3); DISPLAY: INTERVIEWER: If "not sure," enter 999,998. If "decline to answer," enter 999,999.]

[RANGE: 0– 250,000; 999,998; 999,999.]

\$ / _ / _ / _ / , / _ / _ / _ /

SECTION 1600: MOTHER INFORMATION

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1605 What is your current height? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: If respondent “not sure,” enter “8” for “feet” and “98” for inches. If “decline to answer,” enter “9” for feet and “99” for inches.)]

Q1606
[RANGE: 4 – 7, 8, 9] [RANGE: 0 – 11, 98, 99]

/__ / feet /__ /__ / inches

[PROGRAMMER NOTE: IF WEB (Q159/1); ASK Q1610. OTHERWISE JUMP TO PN BEFORE Q1615.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2,4) – WEB ONLY (Q159/1)

Q1610 What is your current weight? If you are not sure, your best estimate will do. If you decline to answer, enter “999.”

[RANGE: 75-350, 999]

/__ /__ /__ / pounds

[PROGRAMMER NOTE: DISPLAY Q1615 & Q1620 ON SAME SCREEN.]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1615 At the time you gave birth, were you...? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: READ LIST.)]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1-3, 9. IF PHONE (Q159/2,3), DISPLAY 1-3, 8, 9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL.)]

- 1 Unmarried with a partner
- 2 Unmarried with no partner
- 3 Married
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q1620/110 In what country were you born? [PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY: (INTERVIEWER: READ LIST.)]

[PROGRAMMER NOTE: IF WEB (Q159/1), DISPLAY 1, 6. IF PHONE (Q159/2,3), DISPLAY 1, 6, 8, 9.]

[PROGRAMMER NOTE: IF PHONE (Q159/2,3), DISPLAY CODES 8 AND 9 WITH (VOL.)]

- 1 United States
- 6 Some other country
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF BORN IN THE U.S. AND WEB (Q1620/1 AND Q159/1), JUMP TO Q1905. IF BORN IN THE U. S. AND PHONE (Q1620 AND Q159/2,3), JUMP TO Q2005. IF BORN IN SOME OTHER COUNTRY (Q1620/6), ASK Q1621. IF WEB (Q159/1) AND NOT SURE OR DECLINE TO ANSWER (Q1620/8, 9), JUMP TO Q1630. OTHERWISE JUMP TO Q2005.]

BASE: BORN IN SOME OTHER COUNTRY (Q1620/6)

Q1621/120 Where were you born?

[MANDATORY TEXT BOX]

[PROGRAMMER NOTE: IF WEB (Q159/1); ASK Q1630. IF PHONE (Q159/2,3); JUMP TO Q2005.]

BASE: BORN OUTSIDE THE U.S. OR NOT SURE OR DECLINE TO ANSWER (Q1620/6, 8, 9) – WEB ONLY (Q159/1)

Q1630/111 How many years have you lived in the United States? If less than one year, please enter “0.”

[RANGE: 0 - 45]

/__/__/ years

[PROGRAMMER NOTE: IF WEB (Q159/1), JUMP TO Q1905.]

SECTION 1700: EMOTIONAL RESOURCES

[PROGRAMMER NOTE: DISABLE BACK BUTTON INSIDE Q1705.]

BASE: BABY NOT LIVING AND NOT QUALIFIED (Q500/2 AND Q77/1, 3)

Q1705 Thank you for your interest in this survey. We are very sorry that you have experienced this enormous loss. You may be interested in contacting the [National SHARE Office](#) which provides Pregnancy and Infant Loss support. Another national organization, [Compassionate Friends](#), helps families grieving from the death of a child at any age. Both groups have printed and online resources, local chapters, and toll-free numbers. The [March of Dimes](#) also offers resources to help parents and others deal with the loss of an infant. [PROGRAMMER NOTE: IF PHONE Q159/2,3): DISPLAY: INTERVIEWER: Ask respondent if she would like the web address for the National SHARE office and/or Compassionate Friends. Wait until she has paper and pencil before giving information.]

National SHARE Office – <http://www.nationalshareoffice.com>

Compassionate Friends - <http://www.compassionatefriends.org>

SECTION 2000: DEMOGRAPHICS – QUALIFIED PHONE RESPONDENTS ONLY
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[PROGRAMMER NOTE: DISPLAY Q2005 & Q2010 ON SAME SCREEN.]

BASE: ALL PHONE RESPONDENTS (Q77/4)

Q2005 We have a couple more questions for classification purposes only. This information will help us properly analyze responses to this survey.<P>

What is the highest level of education you have completed or the highest degree you have received?

[PROGRAMMER NOTE: DISPLAY IF Q159/2,3: INTERVIEWER: READ LIST UNTIL RESPONDENT ANSWERS.]

- 01 Less than high school
- 02 Some high school
- 03 High school or equivalent (e.g., GED)
- 04 Some college, but no degree
- 70 Associate's degree
- 05 College (e.g., B.A., B.S.)
- 06 Some graduate school, but no degree
- 07 Graduate school (e.g., M.S., M.D., Ph.D.)
- 98 Not sure (VOL.) [PN: IF Q159/2,3 DISPLAY (VOL.)]
- 99 Decline to answer (VOL.) [PN: IF Q159/2,3 DISPLAY (VOL.)]

BASE: ALL PHONE RESPONDENTS (Q77/4)

Q2010 Which of the following income categories best describes your total 2005 <U>household</U> income before taxes? [PROGRAMMER NOTE: DISPLAY IF Q159/2,3: INTERVIEWER: READ LIST UNTIL RESPONDENT ANSWERS.]

- 01 Less than \$15,000
- 02 \$15,000 to \$24,999
- 03 \$25,000 to \$34,999
- 04 \$35,000 to \$49,999
- 05 \$50,000 to \$74,999
- 06 \$75,000 to \$99,999
- 07 \$100,000 to \$124,999
- 08 \$125,000 to \$149,999
- 09 \$150,000 to \$199,999
- 10 \$200,000 to \$249,999
- 11 \$250,000 or more
- 98 Not sure (VOL.) [PN: IF Q159/2,3 DISPLAY (VOL.)]
- 99 Decline to answer (VOL.) [PN: IF Q159/2,3 DISPLAY (VOL.)]

[PROGRAMMER NOTE: JUMP TO Q2105.]

SECTION 100: DEMOGRAPHICS – ALL HPOL RESPONDENTS ONLY
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[PROGRAMMER NOTE: PLEASE INSERT THE FOLLOWING TEXT WITH THE FIRST DEMOGRAPHIC QUESTION SHOWN TO EACH RESPONDENT GROUP.]

Our next series of questions is for classification purposes and will help us properly analyze responses to this survey.<P>]

BASE: ALL HPOL RESPONDENTS

Q112 [HIDDEN QUESTION - MANDATORY QUESTION SELECTION.]

[MULTIPLE RESPONSE]

[PROGRAMMER: DESELECT CODE 18.]

[PROGRAMMER NOTE: IF 18 OR OLDER OR AGE UNKNOWN (Q106/3-13,99) PICK CODES 3,6,7,9,10,12,13,14,15,16,17, 19,20,21,22,24. IF 17 OR YOUNGER (Q106/1,2) PICK CODES 3,6,7,9,10,12,13,17, 19,20,21,22,24. DESELECTION OF ANY CODES REQUIRES WRITTEN PERMISSION FROM A MEMBER OF THE WEIGHTING TEAM.]

- 03 PRESENT SOLE EMAIL USER (Q199)
- 06 PRESENT COUNTRY OF RESIDENCE (Q110/Q166)
- 07 PRESENT CONFIRMATION SCREEN (Q150)
- 09 PRESENT CITIZENSHIP (Q170)
- 10 PRESENT INTERNET CONNECTION (Q190)
- 12 PRESENT INTERNET USAGE (Q194/Q195/Q196)
- 13 PRESENT EDUCATION (Q214 OR Q216)
- 14 PRESENT MULTI-EMPLOYMENT (Q210)
- 15 PRESENT RELATIVE INCOME (Q230)
- 16 PRESENT INCOME (Q232)
- 17 PRESENT STATE/TERRITORY/PROVINCE (Q172)
- 18 PRESENT PRIMARY LANGUAGE (Q182)
- 19 PRESENT ZIP CODE (Q178)
- 20 PRESENT POSTAL CODE (Q180)
- 21 PRESENT RACE (Q236-Q244)
- 22 PRESENT SURVEY EVALUATION (Q288-Q294)
- 24 PRESENT SWEEPSTAKES (Q252-Q262)

BASE: ALL HPOL RESPONDENTS**Q114** [HIDDEN QUESTION - OPTIONAL QUESTION SELECTION.]

[PROGRAMMER NOTE: **GET CODE 20 AS DEFAULT**. DO NOT SELECT QUESTIONS FOR PRESENTATION UNLESS INDICATED BY PROJECT RESEARCH STAFF.]

[MULTIPLE RESPONSE]

01	PRESENT READING COMPREHENSION (Q184)	
02	PRESENT READING FLUENCY [CAN SELECT ONLY IF Q114/01.] (Q186)	
04	PRESENT SURVEY LOCATION (Q200)	
05	PRESENT MARITAL STATUS (Q202)	
06	PRESENT ADULTS IN HOUSEHOLD (Q204)	
07	PRESENT CHILDREN IN HOUSEHOLD (Q206)	
08	PRESENT AGE OF CHILDREN [CAN SELECT ONLY IF Q114/07.] (Q208/Q209)	
09	PRESENT SINGLE EMPLOYMENT (Q212)	
10	PRESENT INDUSTRY (Q226)	
11	PRESENT PROFESSION (Q228)	
12	PRESENT INVESTABLE ASSETS (Q234)	
13	PRESENT SEXUAL ORIENTATION (Q246/Q248)	
15	PRESENT SCHOOL LOCATION (Q220)	
16	PRESENT MOTHER'S EDUCATION (Q222)	
17	PRESENT FATHER'S EDUCATION (Q224)	
18	PRESENT DIRECT INCENTIVE (Q264-Q275)	
19	PRESENT OPT-IN FOR NON-HPOL (Q278-Q284)	
20	DO NOT PRESENT ANY OPTIONAL DEMOGRAPHIC ITEMS	E

SECTION 2100: INTEREST IN FOLLOW-UP RESEARCH

BASE: ALL QUALIFIED RESPONDENTS (Q77/2, 4)

Q2105 We are planning to conduct follow-up research later in the year with the same women who participated in this survey. Would you be interested in telling us more about your experience if we contact you later this year?

- 1 Yes
- 2 No
- 8 Not sure (VOL.)
- 9 Decline to answer (VOL.)

[PROGRAMMER NOTE: IF PHONE (Q159/2,3) AND INTERESTED IN FOLLOW-UP RESEARCH (Q2105/1); ASK Q2110. OTHERWISE JUMP TO Q2115.]

BASE: INTERESTED IN FOLLOW-UP RESEARCH (Q2105/1) – PHONE ONLY (Q159/2,3)

Q2110 Please give us your phone number, first name, and preferred email address, if you have one. This information will remain confidential and will only be used to contact women about further research. (INTERVIEWER: Please encourage respondents to provide email address. Explain that they can take the follow-up survey online, at their convenience, instead of on the phone.)

Phone number, including area code:

[MANDATORY TEXT BOX]

Q2112

First name:

[MANDATORY TEXT BOX]

Q2113

Preferred email address:

[TEXT BOX]

BASE: ALL QUALIFIED RESPONDENTS (Q77/2,4)

Q2115 This concludes the interview. [IF Q159/1 REF: When you have finished reading this page, be sure to click the “next” button at the bottom of your screen.] (IF Q548/1 REF: Please be sure to hold on to the notes you took while taking the survey so you can refer to them during the follow-up conference call.<p>

We know that having babies and becoming a parent can be challenging. If you would like to discuss concerns or find support groups or professional services, you may want to call these 24-hour toll-free family helplines:

[PROGRAMMER NOTE: IF PHONE (Q159/2,3); DISPLAY: Would you like me to give you some phone numbers or a link to a website where you can get information about support groups and professional services? IF RESPONDENT SAYS YES, BE SURE SHE HAS PAPER AND PENCIL BEFORE GIVING OUT INFORMATION. IF RESPONDENT SAYS NO, THANK AND TERMINATE]

Girls and Boys Town National Hotline 800 448-3000
Family Mental Health Foundation 800 773-6667 (800 PPD-MOMS)

You may also want to visit the website of Postpartum Support International at <http://www.postpartum.net> for U.S. support groups and other resources.