

# **MIHA**

**Maternal and Infant Health Assessment**

**For healthier mothers and babies**

**University of California at San Francisco | QMR | 2022 Survey**

**We know this is a busy time for you.  
Thank you for your help!**

**Please read this before starting:**

- It usually takes about 15-20 minutes to fill out the survey. We will send you a \$15 gift card to Target or CVS/pharmacy when we receive your completed survey. We will also enter you in a drawing for a chance to win \$250.\*
- It's your choice whether or not to do the survey.
- Answering the survey questions will not affect your health care or any benefits you may get.
- You can skip questions you don't want to answer.
- We will not connect your name and contact information to your survey answers.
- Using a special code, we will connect survey answers to information from birth certificates and other sources.
- Information that identifies you will be kept secure. We will do our best to protect the information we collect from you.
- If you have any questions about the survey, please call **Nina Lee at 1-855-367-6442** (1-855-FOR-MIHA) or email [ninalee@mihasurvey.org](mailto:ninalee@mihasurvey.org).



*\*We will randomly pick four winners and notify them by mail in April 2023. The chance of winning depends upon the number of individuals who participate in the drawing. If you do not wish to participate in the survey, but would like to be entered into the drawing please call: Nina Lee at 1-855-367-6442.*

*For information on your rights as a research participant, please call the Committee for the Protection of Human Subjects at 916-326-3661.*



## Here's how to fill out the survey:

- Please try to answer each question.
- Most questions are answered by checking a box or writing a number or a few words on a line.
- Never check more than one box, except where it says "**Check ALL that apply.**"
- Sometimes we ask you to skip a question. An arrow will tell you what question to answer next, like this:
  - Yes → **Skip to question 1**
  - No
- If none of the boxes are right for you, please check the one that fits you best.
- If you need help with the survey or decide you want to do it by telephone, please call **Nina Lee at 1-855-367-6442** (1-855-FOR-MIHA) or email us at [ninalee@mihasurvey.org](mailto:ninalee@mihasurvey.org).

Be sure to fill out the last page of the survey, which asks for your mailing address so we can send you a gift card for \$15 to say "thank you." Then please mail this survey back to us in the enclosed envelope. No stamps are needed.

FOR OFFICE USE ONLY		
	#	DATE
Edit		
Data Entry		
Verification		



## INTRODUCTION

1. A. What is today's date?

\_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year

B. When was your most recent baby born?

\_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year

*These first questions are about the time just before you got pregnant with your baby who was just born.*

2. **Just before you got pregnant**, did you have a particular doctor, nurse, or clinic that you usually went to if you wanted health care?

<sup>1</sup>  Yes

<sup>2</sup>  No

3. How would you rate your health **just before you got pregnant**?

<sup>1</sup>  Excellent

<sup>2</sup>  Very good

<sup>3</sup>  Good

<sup>4</sup>  Fair

<sup>5</sup>  Poor

4. **During the month before you got pregnant**, did you have Medi-Cal, private insurance, or some other health insurance plan for your own health care, or were you uninsured? **Check ALL that apply.**

<sup>1</sup>  Medi-Cal

<sup>2</sup>  A health plan paid for by Medi-Cal  
(**Name of plan** \_\_\_\_\_)

<sup>3</sup>  Private insurance through my job, my spouse's or partner's job, or my parent's or guardian's job  
(**Name of plan** \_\_\_\_\_)

<sup>4</sup>  Private insurance I bought directly from a health insurance company or plan, or through *Covered California* (or another health insurance marketplace)  
(**Name of plan** \_\_\_\_\_)

<sup>5</sup>  Other (**Name of plan** \_\_\_\_\_)

<sup>6</sup>  I **did not have** Medi-Cal or any other health insurance during the **month before** I got pregnant

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

<sup>1</sup>  I didn't take a multivitamin, prenatal vitamin or folic acid vitamin in the month before I got pregnant

<sup>2</sup>  1 to 3 times a week

<sup>3</sup>  4 to 6 times a week

<sup>4</sup>  Every day of the week

6. **Before you got pregnant**, did a doctor, nurse or other health care worker ever tell you that you had any of the following health conditions?

Yes      No

A. Diabetes (high blood sugar) ... <sup>1</sup>       <sup>2</sup>

B. Hypertension (high blood pressure).....      

C. Asthma.....      

D. Depression.....      

*Now, we have a few questions about prenatal care during your pregnancy with your baby who was just born. By "prenatal care," we mean health care for pregnancy.*

7. How many weeks or months pregnant were you when you had your first prenatal care visit? (Please do not count a visit just for a pregnancy test or only for WIC, the Women, Infants and Children Supplemental Nutrition Program.)

\_\_\_\_\_ week(s)<sup>1</sup> **OR** \_\_\_\_\_ month(s)<sup>2</sup>

<sup>x</sup>  I never had prenatal care

8. **During your most recent pregnancy**, did you get a flu shot?

<sup>1</sup>  Yes

<sup>2</sup>  No

**9. During your most recent pregnancy,** did you receive a Tdap vaccination or shot? A Tdap vaccination is a shot that protects against tetanus, diphtheria, and pertussis (whooping cough).

- <sup>1</sup>  Yes, I got a Tdap shot during my pregnancy
- <sup>2</sup>  No, but I got a Tdap shot in the hospital after I delivered
- <sup>3</sup>  No, I did not get a Tdap shot
- <sup>4</sup>  I do not remember

**10. During your most recent pregnancy,** did you visit a dentist, dental clinic, or get dental care at any other health clinic?

- <sup>1</sup>  Yes → **Skip to question 12**
- <sup>2</sup>  No

**11.** Here is a list of reasons why people don't get dental care **during pregnancy.** For each one, please tell us if it was a reason for you.

	<u>Yes</u>	<u>No</u>
A. I didn't need to go.....	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>
B. I didn't have dental insurance....	<input type="checkbox"/>	<input type="checkbox"/>
C. It cost too much to get dental care.....	<input type="checkbox"/>	<input type="checkbox"/>
D. I don't like going to the dentist, I was nervous or afraid to go, or I was afraid it would hurt.....	<input type="checkbox"/>	<input type="checkbox"/>
E. I was too busy.....	<input type="checkbox"/>	<input type="checkbox"/>
F. I didn't have transportation.....	<input type="checkbox"/>	<input type="checkbox"/>
G. I didn't have childcare.....	<input type="checkbox"/>	<input type="checkbox"/>
H. A doctor or nurse told me not to go to the dentist during pregnancy.....	<input type="checkbox"/>	<input type="checkbox"/>
I. Someone in a dentist's office told me to wait until after my pregnancy.....	<input type="checkbox"/>	<input type="checkbox"/>
J. I couldn't find a dentist who would see me during my pregnancy.....	<input type="checkbox"/>	<input type="checkbox"/>
K. I didn't think it was safe to go to the dentist during pregnancy.....	<input type="checkbox"/>	<input type="checkbox"/>
L. Other ( <b>Please tell us:</b> _____ )	<input type="checkbox"/>	

*Now, we have a few questions about your feelings and experiences when you were pregnant with your baby who was just born.*

**12. During your pregnancy,** how often did you feel down, depressed, or hopeless?

- <sup>1</sup>  Always
- <sup>2</sup>  Often
- <sup>3</sup>  Sometimes
- <sup>4</sup>  Rarely
- <sup>5</sup>  Never

**13. During your pregnancy,** how often did you have little interest or little pleasure in doing things you usually enjoyed?

- <sup>1</sup>  Always
- <sup>2</sup>  Often
- <sup>3</sup>  Sometimes
- <sup>4</sup>  Rarely
- <sup>5</sup>  Never

**14. During your pregnancy,** how often did you feel nervous, anxious, or on edge?

- <sup>1</sup>  Always
- <sup>2</sup>  Often
- <sup>3</sup>  Sometimes
- <sup>4</sup>  Rarely
- <sup>5</sup>  Never

**15. During your pregnancy,** how often were you not able to stop or control worrying?

- <sup>1</sup>  Always
- <sup>2</sup>  Often
- <sup>3</sup>  Sometimes
- <sup>4</sup>  Rarely
- <sup>5</sup>  Never

**16. During your pregnancy**, did you have someone you could turn to if you needed practical help, like getting a ride somewhere, or help with shopping or cooking a meal?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

**17. During your pregnancy**, did you have someone you could turn to if you needed someone to comfort or listen to you?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

**18.** Here are a few things that might happen to some people **during pregnancy**. Please tell us if these things happened to you during your most recent pregnancy.

	<u>Yes</u>	<u>No</u>
A. I got separated or divorced from my spouse or partner.....	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>
B. I had a lot of bills I couldn't pay	<input type="checkbox"/>	<input type="checkbox"/>
C. I had to move because of problems paying the rent or mortgage.....	<input type="checkbox"/>	<input type="checkbox"/>
D. I did not have a regular place to sleep at night (had to move from house to house).....	<input type="checkbox"/>	<input type="checkbox"/>
E. I was homeless (had to sleep outside, or stay in a car or a shelter).....	<input type="checkbox"/>	<input type="checkbox"/>
F. My spouse or partner lost their job.....	<input type="checkbox"/>	<input type="checkbox"/>
G. I lost my job even though I wanted to go on working.....	<input type="checkbox"/>	<input type="checkbox"/>
H. My partner or I had our pay or hours cut back.....	<input type="checkbox"/>	<input type="checkbox"/>
I. My partner or I went to jail.....	<input type="checkbox"/>	<input type="checkbox"/>
J. Someone very close to me had a bad problem with drinking or drugs.....	<input type="checkbox"/>	<input type="checkbox"/>

*Now, we have a few questions about smoking before, during, and after your pregnancy with your baby who was just born.*

**19.** Have you smoked any cigarettes in the past 2 years?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **Skip to question 23 on the next page**

**20. During the 3 months before you got pregnant**, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

\_\_\_\_\_cigarette(s)<sup>1</sup> **OR** \_\_\_\_\_pack(s)<sup>2</sup>

- <sup>1</sup>  Less than one cigarette a day  
<sup>2</sup>  I didn't smoke at all during the 3 months before I got pregnant

**21. During the last 3 months of your pregnancy**, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

\_\_\_\_\_cigarette(s)<sup>1</sup> **OR** \_\_\_\_\_pack(s)<sup>2</sup>

- <sup>1</sup>  Less than one cigarette a day  
<sup>2</sup>  I didn't smoke at all during the last 3 months of my pregnancy

**22.** How many cigarettes do you smoke on an average day now? (A pack has 20 cigarettes.)

\_\_\_\_\_cigarette(s)<sup>1</sup> **OR** \_\_\_\_\_pack(s)<sup>2</sup>

- <sup>1</sup>  Less than one cigarette a day  
<sup>2</sup>  I don't smoke at all now

The next questions are about drinking alcohol. By "drinks with alcohol" we mean any kind of drink with alcohol in it. A drink is one glass of wine, one wine cooler, one can or bottle of beer, one shot of liquor, or one mixed drink.

**23.** Have you had any drinks with alcohol in the past 2 years?

<sup>1</sup>  Yes

<sup>2</sup>  No → **Skip to question 28**

**24. During the 3 months before you got pregnant,** about how many drinks with alcohol did you have in an average week?

<sup>1</sup>  I didn't drink at all during the 3 months before I got pregnant

<sup>2</sup>  Less than one drink per week

<sup>3</sup>  1 to 3 drinks per week

<sup>4</sup>  4 to 7 drinks per week

<sup>5</sup>  8 to 13 drinks per week

<sup>6</sup>  14 or more drinks per week

**25. During the 3 months before you got pregnant,** how many times did you drink 4 or more drinks with alcohol in one sitting? (By one sitting we mean within about two hours.)

\_\_\_\_\_ times

<sup>0</sup>  I didn't drink 4 or more drinks in one sitting in the 3 months before I got pregnant

The next two questions are about drinking alcohol during your pregnancy with your baby who was just born.

**26. During the last 3 months of your pregnancy,** about how many drinks with alcohol did you have in an average week?

<sup>1</sup>  I didn't drink at all during the last 3 months of my pregnancy

<sup>2</sup>  Less than one drink per week

<sup>3</sup>  1 to 3 drinks per week

<sup>4</sup>  4 to 7 drinks per week

<sup>5</sup>  8 or more drinks per week

**27. During your most recent pregnancy** (including before you knew you were pregnant for sure), how many times did you drink 4 or more drinks with alcohol in one sitting? (By one sitting we mean within about two hours.)

\_\_\_\_\_ times

<sup>0</sup>  I never drank 4 or more drinks in one sitting during my pregnancy

Now, we have a few questions about using marijuana during and after your most recent pregnancy.

**28. During your most recent pregnancy,** did you use marijuana or weed in any way (like smoking, eating or vaping)?

<sup>1</sup>  Yes

<sup>2</sup>  No

**29. Since your most recent birth,** have you used marijuana or weed in any way (like smoking, eating or vaping)?

<sup>1</sup>  Yes

<sup>2</sup>  No → **Skip to question 31 on the next page**

**30. During the past 30 days,** on how many days did you use marijuana in any way?

\_\_\_\_\_ days

<sup>0</sup>  I didn't use marijuana in any way during the past 30 days

The next questions are about relationships with intimate partners during your most recent pregnancy. By "partner" we mean current or former spouse, partner, boyfriend or girlfriend. Please remember that all the information in this survey is completely confidential.

**31. During your most recent pregnancy,** were you ever frightened for the safety of yourself, your family, or your friends because of the anger or threats of your current or former partner?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

**32. During your most recent pregnancy,** did your current or former partner try to control most or all of your daily activities? For example, controlling who you talked to or where you could go?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

**33. During your most recent pregnancy,** did your current or former partner push, hit, slap, kick, choke, or physically hurt you in any way?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

**34. During your most recent pregnancy,** did your current or former partner force you into any type of unwanted sexual activity after you said or showed that you did not want them to?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

Now, we have some questions about your health insurance coverage during your pregnancy.

**35. During your most recent pregnancy,** did you have Medi-Cal, private insurance, or some other health insurance plan to pay for your prenatal care? **Check ALL that apply.**

- <sup>1</sup>  Medi-Cal  
<sup>2</sup>  A health plan paid for by Medi-Cal  
(**Name of plan:** \_\_\_\_\_)  
<sup>3</sup>  Private insurance through my job, my spouse's or partner's job, or my parent's or guardian's job  
(**Name of plan:** \_\_\_\_\_)  
<sup>4</sup>  Private insurance I bought directly from a health insurance company or plan, or through *Covered California* (or another health insurance marketplace)  
(**Name of plan:** \_\_\_\_\_)  
<sup>5</sup>  Other  
(**Name of plan:** \_\_\_\_\_)  
<sup>6</sup>  I **did not have** Medi-Cal or any other health insurance to pay for my prenatal care

**36. During your most recent pregnancy,** was there any time when you had no health insurance plan at all?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

*These next questions are about the birth of your most recent baby.*

**37. Other than doctors, nurses, or midwives, who was with you during your most recent labor or birth? Check ALL that apply.**

- <sup>1</sup>  My spouse, partner, or baby's other parent  
<sup>2</sup>  Another family member or a friend  
<sup>3</sup>  A doula, or trained labor support person  
<sup>4</sup>  Some other support person other than doctors, nurses, or midwives  
<sup>5</sup>  No one other than doctors, nurses, or midwives



**38. During your most recent delivery,** did your doctors, nurses, and midwives treat you with respect?

- Yes, all the time
- Yes, most of the time
- Yes, a few times
- No, never

**39. During your most recent delivery,** did you feel heard and listened to by your doctors, nurses, and midwives?

- Yes, all the time
- Yes, most of the time
- Yes, a few times
- No, never

*Here are a few questions about your health and health care since your most recent birth.*

**40. Right now,** do you have Medi-Cal, private insurance, or some other health insurance plan to pay for your own health care?

**Check ALL that apply.**

- Medi-Cal
- A health plan paid for by Medi-Cal  
(Name of plan \_\_\_\_\_)
- Private insurance through my job, my spouse's or partner's job, or my parent's or guardian's job  
(Name of plan \_\_\_\_\_)
- Private insurance I bought directly from a health insurance company or plan, or through Covered California (or another health insurance marketplace)  
(Name of plan \_\_\_\_\_)
- Other  
(Name of plan \_\_\_\_\_)
- I **do not have** Medi-Cal or any other health insurance to pay for my own health care **now**

**41. Since your most recent birth,** have you had a postpartum checkup for yourself (the medical checkup a person has about 4 to 6 weeks after giving birth)?

- Yes
- No

**42. Since your most recent birth,** how often have you felt down, depressed, or hopeless?

- Always
- Often
- Sometimes
- Rarely
- Never

**43. Since your most recent birth,** how often have you had little interest or little pleasure in doing things you usually enjoyed?

- Always
- Often
- Sometimes
- Rarely
- Never

**44. Since your most recent birth,** how often have you felt nervous, anxious, or on edge?

- Always
- Often
- Sometimes
- Rarely
- Never

**45. Since your most recent birth,** how often have you not been able to stop or control worrying?

- Always
- Often
- Sometimes
- Rarely
- Never

**46. At any time during pregnancy or since your most recent birth**, did you feel you needed help for emotional well-being or mental health concerns, such as feeling anxious, irritable, restless, down, depressed or hopeless?

<sup>1</sup>  Yes

<sup>2</sup>  No → **Skip to question 48**

**47.** When you felt you needed help, did you ever see a doctor or mental health professional for emotional or mental health counseling or treatment? (This can include an obstetrician, primary care doctor, midwife, counselor, therapist, social worker, psychologist or psychiatrist.)

<sup>1</sup>  Yes

<sup>2</sup>  No

*Now, we have a few questions about your baby who was just born.  
(Note: if you had twins or triplets, please answer these next questions about the baby who was born first.)*

**48.** Is your baby alive now?

<sup>1</sup>  Yes → **Go to question 49 below**

<sup>2</sup>  No → **Please accept our deepest sympathy. Skip to question 73 on page 11.**

**49.** Is your baby living with you now?

<sup>1</sup>  Yes → **Go to question 50 on the next page**

<sup>2</sup>  No → **Skip to question 73 on page 11**

**50. Before you delivered** your new baby, how did you plan to feed your baby when they were born?

- I planned to breastfeed only
- I planned to use formula only
- I planned to breastfeed and use formula
- I was not sure how I would feed my baby

**51.** Here are a few things that may have happened at the hospital or birth center where your new baby was born. Please tell us if any of these happened **after your new baby was born.**

Yes   No

- A. My baby stayed in the same room with me for at least 23 hours each day at the hospital or birth center...
- B. A nurse, lactation consultant or midwife helped me with lactation or breastfeeding (for example, with positioning or latching my baby). ....
- C. The hospital or birth center gave me free samples of formula to take home .....

**52.** In the first two hours after your new baby was born, how long did you hold your baby "skin-to-skin" (their bare skin against your bare skin)?

- Not at all
- Less than 1 hour
- 1 hour or more
- I do not remember

**53.** Was your new baby ever breastfed or fed breast milk?

- Yes
- No → **Skip to question 58 on the next page**

**54. About how soon after your new baby was born** did you try to breastfeed your baby for the very first time?

- Less than 1 hour after my baby was born
- 1 to 2 hours after my baby was born
- More than 2 hours after my baby was born

**55.** At the hospital or birth center, was your new baby fed anything other than breast milk?

- Yes
- No
- I don't know

**56. Before you left the hospital or birth center,** were you given contact information for any of these services?

- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| A. WIC  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Lactation or breastfeeding support services..... | <input type="checkbox"/> | <input type="checkbox"/> |

**57. A.** Are you still feeding your new baby breast milk?

- Yes → **Skip to question 58 on the next page**
- No

**57. B.** How old was your new baby when you stopped feeding them breast milk?

\_\_\_\_day(s)<sup>1</sup> **OR** \_\_\_\_week(s)<sup>2</sup> **OR** \_\_\_\_month(s)<sup>3</sup>

Here are some questions about liquids and foods you might have given your new baby other than breast milk. If you have never given your new baby any of these, just check the box at the bottom of each question.

58. How old was your new baby when they were first fed formula?

\_\_\_ day(s)<sup>1</sup> OR \_\_\_ week(s)<sup>2</sup> OR \_\_\_ month(s)<sup>3</sup>

<sup>0</sup>  Less than 1 day old

<sup>1</sup>  My baby has never had any formula

59. How old was your new baby the first time they drank liquids other than breast milk or formula (such as water, juice, tea, or cow's milk)?

\_\_\_ day(s)<sup>1</sup> OR \_\_\_ week(s)<sup>2</sup> OR \_\_\_ month(s)<sup>3</sup>

<sup>0</sup>  Less than 1 day old

<sup>1</sup>  My baby has never had any liquids other than breast milk or formula

60. How old was your new baby the first time they ate food (such as baby cereal, baby food, or any other food)?

\_\_\_ day(s)<sup>1</sup> OR \_\_\_ week(s)<sup>2</sup> OR \_\_\_ month(s)<sup>3</sup>

<sup>1</sup>  My baby has never eaten food

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

<sup>1</sup>  On their side

<sup>2</sup>  On their back

<sup>3</sup>  On their stomach

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

<sup>1</sup>  Always

<sup>2</sup>  Often

<sup>3</sup>  Sometimes

<sup>4</sup>  Rarely

<sup>5</sup>  Never

63. **Since your new baby was born**, have you or your partner had to quit a job, not take a job, or greatly change your job because of problems with child care?

<sup>1</sup>  Yes

<sup>2</sup>  No

64. **Right now**, is your new baby covered by Medi-Cal, private insurance, or some other health insurance plan for their health care?

**Check ALL that apply.**

<sup>1</sup>  Medi-Cal

<sup>2</sup>  A health plan paid for by Medi-Cal  
(**Name of plan:** \_\_\_\_\_)

<sup>3</sup>  Private insurance through my job or my spouse's or partner's job  
(**Name of plan:** \_\_\_\_\_)

<sup>4</sup>  Private insurance I bought directly from a health insurance company or plan, or through *Covered California* (or another health insurance marketplace)  
(**Name of plan:** \_\_\_\_\_)

<sup>5</sup>  Other  
(**Name of plan:** \_\_\_\_\_)

<sup>6</sup>  My new baby **does not have** Medi-Cal or any other health insurance to pay for their health care

**65.** The Newborn Screening test uses blood from your baby's foot to test for genetic diseases soon after they are born. Did a doctor, nurse or other health care worker ever tell you that your new baby would get this test or give you a brochure about the test?  
**Check all that apply.**

- Yes, I got information about the test as part of my prenatal care
- Yes, I got information in the hospital or birth center *before* I delivered my new baby
- Yes, I got information in the hospital or birth center *after* my new baby was born
- No, I never got information during any of my prenatal care or at the hospital or birth center
- I do not remember

**66.** After your new baby was born, did a doctor, nurse or other health care worker ever talk with you about the results of the test?

- Yes
- No
- I do not remember

*Now we have a few questions about working during pregnancy and after your new baby was born.*

**67.** At any time during your most recent pregnancy, did you work for pay?

- Yes
- No

**68.** Since your new baby was born, have you worked for pay?

- Yes
- No, but I will be returning to the work I did during pregnancy
- No, but I plan to find new work for pay → **Skip to question 72**
- No, I don't have any plans to work for pay any time soon → **Skip to question 73 on the next page**

**69.** Where are you working from now? **If you have not gone back to work yet, please tell us where you will work when you go back.**

- From home → **Skip to question 71**
- From another place
- From home and another place
- I'm not sure

**70.** Is there a private place at your work where employees can breastfeed or pump breast milk if they want to?

- Yes, a private place that is not a bathroom
- Yes, a bathroom
- No
- I'm not sure

**71.** Does your work let employees take time to breastfeed or pump breast milk if they want to?

- Yes
- No
- They let employees take some time, but it is not enough
- I'm not sure

**72.** How old was your new baby when you went back to working for pay, even part-time? **If you have not gone back to work yet, please tell us the age your baby will be when you will go back to work.**

\_\_\_\_\_ days<sup>1</sup> OR \_\_\_\_\_ weeks<sup>2</sup> OR \_\_\_\_\_ months<sup>3</sup>

<sup>777</sup>  I'm not sure yet

*These next questions give us a general idea of the different backgrounds and experiences of people who have taken part in this important survey. We ask these questions of everyone who participates. Again, please remember that all the information is confidential.*

**73. At the time your new baby was born, what was your marital status?**

- <sup>1</sup> Married
- <sup>2</sup> Living with someone like we were married, but not legally married
- <sup>3</sup> Separated, divorced, or widowed
- <sup>4</sup> Single (never married)

**74. What is the highest grade or year of school you've completed?**

- <sup>1</sup> I never went to school
- <sup>2</sup> 8th grade or less
- <sup>3</sup> Some high school, but I did not graduate
- <sup>4</sup> High school (or I got a GED)
- <sup>5</sup> Some college or community college, but I did not graduate from a four-year college
- <sup>6</sup> College graduate (from a four-year college or university) or more

**75. What language do you usually speak at home? If you speak more than one, please choose the one you use most often.**

- <sup>1</sup> English
- <sup>2</sup> Spanish
- <sup>3</sup> English and Spanish equally
- <sup>4</sup> Asian language (**Please tell us:** \_\_\_\_\_ )
- <sup>5</sup> Some other language (**Please tell us:** \_\_\_\_\_ )

**76. In what country were you born?**

- <sup>1</sup> United States → **Skip to question 78**
- <sup>2</sup> Another country

**77. In what year did you start living in the U.S.?**

\_\_\_\_\_

**78. Overall during your life until now, how often have you worried that you might be treated or judged unfairly because of your race or ethnic group?**

- <sup>1</sup> Very often
- <sup>2</sup> Somewhat often
- <sup>3</sup> Not very often
- <sup>4</sup> Never

**79. Overall during your life until now, how often have you worried that a loved one like your spouse, partner, child, or parent might be treated or judged unfairly because of their race or ethnic group?**

- <sup>1</sup> Very often
- <sup>2</sup> Somewhat often
- <sup>3</sup> Not very often
- <sup>4</sup> Never

**80. Overall during your life until now, how often have you been discriminated against, prevented from doing something, or hassled or made to feel inferior because of your race, ethnicity, or color?**

- <sup>1</sup> Very often
- <sup>2</sup> Somewhat often
- <sup>3</sup> Not very often
- <sup>4</sup> Never

These next questions are about food and money.

Please read the statements below and tell us whether they were **OFTEN**, **SOMETIMES**, or **NEVER** true for you during your pregnancy.

**81.** "I worried whether my food would run out before I got money to buy more." **During your most recent pregnancy**, was that often, sometimes, or never true for you?

- Often true
- Sometimes true
- Never true
- Don't know

**82.** "The food that I bought just didn't last, and I didn't have money to get more." **During your most recent pregnancy**, was that often, sometimes, or never true for you?

- Often true
- Sometimes true
- Never true
- Don't know

**83.** **During your pregnancy**, did you receive food stamps (also called CalFresh benefits)?

- Yes
- No

**84.** **Since your most recent birth**, have you received food stamps (CalFresh benefits)?

- Yes
- No

**85.** Did you have WIC at any time **during your most recent pregnancy**? (WIC is the Women, Infants and Children Supplemental Nutrition Program.)

- Yes → **Skip to question 88**
- No

**86.** Why did you not have WIC during your pregnancy? **Check ALL that apply.**

- I never heard of WIC
- I didn't think I would qualify
- I did not need WIC
- I couldn't get to WIC
- I couldn't get through on the phone or online
- It was too difficult to apply
- I used to be on WIC but didn't like it
- I did not want to use the WIC Card to shop
- Other (**Please tell us:** \_\_\_\_\_)

**87.** **Since your new baby was born**, have you or your new baby had WIC?

- Yes
- No → **Skip to question 89 on the next page**

**88.** What benefits have you liked getting from the WIC program?

**Check ALL that apply.**

- Support for breastfeeding
- Help getting a breast pump
- WIC baby formula
- WIC food
- Information on health and nutrition
- One on one education or counseling
- Group classes
- Online WIC classes you took on your own
- Information on how to get health care services
- Information on community programs
- Other (**Please tell us:** \_\_\_\_\_)

**89.** What was your total family income in 2021 before taxes? Please mark one box below that includes your total family income, including your income and the income of your spouse or partner (if living with you in 2021) and your children.

Please include income from all sources, including jobs, welfare, Disability, Unemployment, child support, interest, dividends, and support from family members.

**FOR THE YEAR 2021**

- 1  \$0 to \$9,000
- 2  \$9,001 to \$11,000
- 3  \$11,001 to \$13,000
- 4  \$13,001 to \$16,000
- 5  \$16,001 to \$18,000
- 6  \$18,001 to \$20,000
- 7  \$20,001 to \$22,000
- 8  \$22,001 to \$27,000
- 9  \$27,001 to \$31,000
- 10  \$31,001 to \$35,000
- 11  \$35,001 to \$40,000
- 12  \$40,001 to \$44,000
- 13  \$44,001 to \$53,000
- 14  \$53,001 to \$62,000
- 15  \$62,001 to \$66,000
- 16  \$66,001 to \$70,000
- 17  \$70,001 to \$80,000
- 18  \$80,001 to \$88,000
- 19  \$88,001 to \$93,000
- 20  \$93,001 to \$106,000
- 21  \$106,001 to \$120,000
- 22  \$120,001 to \$124,000
- 23  \$124,001 to \$142,000
- 24  \$142,001 to \$160,000
- 25  \$160,001 or more

*Thank you for taking the time to complete our survey. We know this is a busy time for you. Please remember that your answers are confidential.*

*Please use the space below to share anything else you would like to tell us about improving the health of California families. We look forward to hearing from you!*

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**90.** If you can't choose one of the previous categories, please tell us your average monthly total family income in 2021 before taxes.

\$ \_\_\_\_\_ per month

**91. Thinking back to 2021**—before your new baby was born—how many people lived on this income?

\_\_\_\_\_ total number of people