

MIHA

Maternal and Infant Health Assessment

For healthier mothers and babies

University of California at San Francisco | QMR | 2017 Survey

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

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 is just right for you, please check the one that fits you the best. If you can, write us a note telling us more.
- If you need help with the survey or decide you want to do it by telephone, please call **Toni Clark toll-free at 1-855-367-6442** (1-855-FOR-MIHA).

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 \$10 to say "thank you." Then please mail this survey back to us in the enclosed envelope. No stamps are needed.





Please read this before starting.

- 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.
- Information that identifies you will be kept secure.
- If you have any questions, please call **Toni Clark toll-free at 1-855-367-6442** (1-855-FOR-MIHA).

Thank you!

FOR OFFICE USE ONLY

	#	DATE
Edit		
Data Entry		
Verification		



INTRODUCTION

1. A. What is today's date?

_____ / _____ / _____
month date year

- B. When was your most recent baby born?

_____ / _____ / _____
month date 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?

¹ Yes

² No

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

¹ Excellent

² Very good

³ Good

⁴ Fair

⁵ 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.**

¹ Medi-Cal

² A health plan paid for by Medi-Cal
(**Name of plan** _____)

³ Private insurance through your job, your husband's or partner's job, or your parent's or guardian's job
(**Name of plan** _____)

⁴ Private insurance you bought directly from a health insurance company or plan, or through *Covered California* (or another health insurance marketplace)
(**Name of plan** _____)

⁵ Other
(**Name of plan** _____)

⁶ 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?

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

² 1 to 3 times a week

³ 4 to 6 times a week

⁴ Every day of the week

6. **Just before you got pregnant**, how much did you weigh?

_____ pounds¹ **OR** _____ kilos²

7. How much weight did you gain **during your pregnancy**?

_____ pounds¹ **OR** _____ kilos²

^x I lost weight overall during my pregnancy

8. How tall are you without shoes?

_____ feet¹ and _____ inches

OR _____ meters² and _____ centimeters

9. Thinking back to **just before you got pregnant**, how did you feel about getting pregnant?

- ¹ I wanted to get pregnant then
- ² I wanted to get pregnant later
- ³ I didn't want to get pregnant then or in the future
- ⁴ I wasn't sure what I wanted

10. **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?

	<u>Yes</u>	<u>No</u>
A. Diabetes (high blood sugar)	¹ <input type="checkbox"/>	² <input type="checkbox"/>
B. Hypertension (high blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>
C. Asthma	<input type="checkbox"/>	<input type="checkbox"/>
D. Depression.....	<input type="checkbox"/>	<input type="checkbox"/>

11. About how many weeks or months pregnant were you when you were sure that you were pregnant? (For example, you used a home pregnancy test, a doctor or nurse said you were pregnant, or you just knew for sure.)

_____ week(s)¹ **OR** _____ month(s)²

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.

12. 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)¹ **OR** _____ month(s)²

^x I never had prenatal care

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

- ¹ Yes
- ² No

14. **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).

- ¹ Yes, I got a Tdap shot during my pregnancy
→ **Go to question 15**
- ² No, but I got a Tdap shot in the hospital after I delivered
→ **Skip to question 16**
- ³ No, I did not get a Tdap shot
→ **Skip to question 16**
- ⁴ Don't remember
→ **Skip to question 16**

15. **During your most recent pregnancy**, where did you get your Tdap shot?

- ¹ At the doctor's office or clinic where I had my prenatal care for this pregnancy
- ² At a different doctor's office or clinic
- ³ At a pharmacy or supermarket
- ⁴ Other (**Please tell us:** _____)
- ⁵ Don't remember

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

- ¹ Yes
- ² No

17. **During your most recent pregnancy**, did you have any test for birth defects, for example, tests through the California Prenatal Screening Program, the integrated test, the quad screen, a blood test for your baby's DNA, amniocentesis, or chorionic villus sampling (CVS)?

- Yes → **Skip to question 19**
- No
- Don't remember → **Skip to question 19**

18. What were your reasons for not getting any test for birth defects? **Check ALL that apply.**

- I started prenatal care too late
- My doctor didn't mention it
- I didn't want to know the results
- I was afraid it might hurt my baby
- My partner or family did not want me to have a test
- I would not do anything differently about my pregnancy if I knew my baby had a birth defect
- Other (**Please tell us:** _____
_____)

The next questions are about the Zika virus. The Zika virus can be spread by mosquitos or through sexual contact.

19. **During your most recent pregnancy**, did you get a blood or urine test for the Zika virus?

- Yes
- No

20. At any time in the **2 months before** your most recent pregnancy **or during your pregnancy**, did you travel to or live in Florida, Mexico, Central America, South America, Puerto Rico or another Caribbean Island, the Pacific Islands (not counting Hawaii), Southeast Asia, the Maldives, Guinea-Bissau, Angola, or Cape Verde?

- Yes
- No

21. At any time in the **6 months before** your most recent pregnancy **or during your pregnancy**, did your husband or partner travel to or live in Florida, Mexico, Central America, South America, Puerto Rico or another Caribbean Island, the Pacific Islands (not counting Hawaii), Southeast Asia, the Maldives, Guinea-Bissau, Angola, or Cape Verde?

- Yes
- No

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

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
- Often
- Sometimes
- Rarely
- Never

24. A. **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?

- ¹ Yes
² No

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

- ¹ Yes
² No

25. Here are a few things that might happen to some women during their pregnancies. Please tell us if any of these things happened to you during your most recent pregnancy.

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

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

- ¹ Yes
² No → **Skip to question 29**

27. A. **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)¹ **OR** _____ pack(s)²

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

B. **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)¹ **OR** _____ pack(s)²

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

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

_____ cigarette(s)¹ **OR** _____ pack(s)²

- ¹ Less than one cigarette a day
² 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.

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

Yes

No → **Skip to question 34**

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

I didn't drink at all during the 3 months before I got pregnant

Less than one drink per week

1 to 3 drinks per week

4 to 7 drinks per week

8 to 13 drinks per week

14 or more drinks per week

31. **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

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.

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

I didn't drink at all during the last 3 months of my pregnancy

Less than one drink per week

1 to 3 drinks per week

4 to 7 drinks per week

8 or more drinks per week

33. **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

I never drank 4 or more drinks in one sitting during my pregnancy



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

Yes

No

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

Yes

No

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

36. **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?

¹ Yes

² No

37. **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?

¹ Yes

² No

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

¹ Yes

² No

39. **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?

¹ Yes

² No



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

40. **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.**

¹ Medi-Cal

² A health plan paid for by Medi-Cal

(Name of plan: _____)

³ Private insurance through your job, your husband's or partner's job, or your parent's or guardian's job

(Name of plan: _____)

⁴ Private insurance you bought directly from a health insurance company or plan, or through *Covered California* (or another health insurance marketplace)

(Name of plan: _____)

⁵ Other (Name of plan: _____)

⁶ I **did not have** Medi-Cal or any other health insurance to pay for my prenatal care

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

¹ Yes

² No

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

42. **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.**

- ¹ Medi-Cal
- ² A health plan paid for by Medi-Cal
(**Name of plan** _____)
- ³ Private insurance through your job, your husband's or partner's job, or your parent's or guardian's job
(**Name of plan** _____)
- ⁴ Private insurance you bought directly from a health insurance company or plan, or through *Covered California* (or another health insurance marketplace)
(**Name of plan** _____)
- ⁵ Other
(**Name of plan** _____)
- ⁶ I **do not have** Medi-Cal or any other health insurance to pay for my own health care **now**

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

- ¹ Yes
- ² No

44. Are you or your husband or partner doing anything **now** to keep from getting pregnant? (Some things people do to keep from getting pregnant include using birth control pills, condoms, withdrawal, or natural family planning.)

- ¹ Yes → **Skip to question 46**
- ² No

45. What are your reasons for not doing anything to keep from getting pregnant now?

Check ALL that apply.

- ¹ I want to get pregnant now
- ² I am pregnant now
- ³ I had my tubes tied or blocked
- ⁴ I don't want to use birth control
- ⁵ I am worried about the side effects from birth control
- ⁶ I am not having sex
- ⁷ My husband or partner doesn't want to use anything
- ⁸ I can't pay for birth control
- ⁹ I have problems getting birth control when I need it
- ¹⁰ My husband or partner had a vasectomy
- ¹¹ Other (**Please tell us:** _____
_____)



Now skip to question 47 on next page

46. What kind of birth control are you or your husband or partner using now to keep from getting pregnant? **Check ALL that apply.**

- ¹ Tubes tied or blocked (female sterilization, Essure)
- ² Vasectomy (male sterilization)
- ³ Birth control pills, patch, vaginal ring
- ⁴ Condoms
- ⁵ Shots or injections (Depo-Provera)
- ⁶ Implants (Implanon, Nexplanon)
- ⁷ IUD (Mirena, ParaGard, Liletta, Skyla)
- ⁸ Natural family planning (rhythm, temperature)
- ⁹ Withdrawal (pulling out)
- ¹⁰ Not having sex (abstinence)
- ¹¹ Other (**Please tell us:** _____
_____)

47. **At any time during your pregnancy or after your most recent birth**, did a home visitor come to your home to help you learn how to take care of yourself or your new baby? (A home visitor is a nurse, health care worker, social worker, or other person who works for a program that helps pregnant women or new mothers.)

- Yes
- No

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

- Always
- Often
- Sometimes
- Rarely
- Never

49. **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

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.)

50. Is your baby alive now?

- Yes → **Go to question 51 below**
- No → **Please accept our deepest sympathy. Skip to question 66 on page 11.**

51. Is he or she living with you now?

- Yes → **Go to question 52 below**
- No → **Skip to question 66 on page 11**



52. **Before you delivered** your baby, how did you plan to feed him or her when he or she was 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

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

¹ Yes

² No → **Skip to question 55**

54. A. Are you still feeding your baby breast milk?

¹ Yes → **Skip to question 55**

² No

B. How old was your baby when you stopped feeding him/her breast milk?

____ day(s)¹ **OR** ____ week(s)² **OR** ____ month(s)³

55. 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.

A. How old was your baby when he or she was first fed formula?

____ day(s)¹ **OR** ____ week(s)² **OR** ____ month(s)³

⁰ Less than 1 day old

¹ My baby has never had any formula

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

____ day(s)¹ **OR** ____ week(s)² **OR** ____ month(s)³

⁰ Less than 1 day old

¹ My baby has never had any liquids other than breast milk or formula

C. How old was your baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

____ day(s)¹ **OR** ____ week(s)² **OR** ____ month(s)³

¹ My baby has never eaten food

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

¹ On his or her side

² On his or her back

³ On his or her stomach

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

¹ Always

² Often

³ Sometimes

⁴ Rarely

⁵ Never

58. **Right now**, is your baby covered by Medi-Cal, private insurance, or some other health insurance plan for his or her health care? **Check ALL that apply.**

¹ Medi-Cal

² A health plan paid for by Medi-Cal

(**Name of plan:** _____)

³ Private insurance through your job or your husband's or partner's job

(**Name of plan:** _____)

⁴ Private insurance you bought directly from a health insurance company or plan, or through *Covered California* (or another health insurance marketplace)

(**Name of plan:** _____)

⁵ Other

(**Name of plan:** _____)

⁶ My baby **does not have** Medi-Cal or any other health insurance to pay for his or her health care

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

59. A. **At any time during your most recent pregnancy**, did you work at a job for pay?

¹ Yes

² No → **Skip to question 66**

B. How would you describe the place where you worked most of the time during your pregnancy?

¹ I worked from home most of the time
→ **Skip to question 66**

² I worked mostly outside the home
→ **Go to question 60 below**

60. **Since your new baby was born**, have you worked at a job for pay?

¹ Yes

² No, but I will be returning to the job I had during pregnancy

³ No, but I plan to find a new job
→ **Skip to question 63**

⁴ No, I don't have any plans to work for pay any time soon
→ **Skip to question 66**

61. Are there places at your work where women can breast feed or pump breast milk if they want to?

¹ Yes

² No

³ I'm not sure

62. Does your work let women take time to breastfeed or pump breast milk if they want to?

¹ Yes

² No

³ They let women take some time, but it is not enough

⁴ I'm not sure

63. How old was your new baby when you returned to working for pay, even part-time? **If you have not yet returned to work, please tell us the age your baby will be when you plan to return to work.**

____day(s)¹ **OR** ____week(s)² **OR** ____month(s)³

⁷⁷⁷ I'm not sure yet

64. How do you feel about the amount of time you were able to take off from work **after the birth** of your new baby?

¹ Too little time

² Just the right amount of time

³ Too much time

65. Here are a few things that might affect women's decisions about taking time off from work **after** their new baby is born. Please tell us if any of these things affected your decision about taking time off from work after your new baby was born.

Yes No

A. I could not financially afford to take more time off ¹ ²

B. I was afraid I'd lose my job.....

C. I had too much work to do at my job

D. My job does not have paid maternity leave

E. My job does not offer a flexible work schedule

F. I had not built up enough leave time

G. Other (**Please tell us:** _____

_____)

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.

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

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

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

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

68. Thinking back to who you lived with when you were about 13 years old, what was the highest grade or year of school completed by your mother, father or main guardian? **If you lived with more than one parent or guardian, please tell us about the one who had the most education.**

- ¹ Never went to school
- ² 8th grade or less
- ³ Some high school, but did not graduate
- ⁴ High school (or got a GED)
- ⁵ Some college or community college, but did not graduate from a four-year college
- ⁶ College graduate (from a four-year college or university) or more
- ⁷ I don't know

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

- ¹ English
- ² Spanish
- ³ English and Spanish equally
- ⁴ Asian language (**Please tell us:**
_____)
- ⁵ Some other language (**Please tell us:**
_____)

70. In what country were you born?

- ¹ United States → **Skip to question 72**
- ² Another country

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

72. A. 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?

- ¹ Very often
- ² Somewhat often
- ³ Not very often
- ⁴ Never

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

- ¹ Very often
- ² Somewhat often
- ³ Not very often
- ⁴ Never

73. 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?

- Very often
- Somewhat often
- Not very often
- Never

We are almost done. These next questions are about food and money during pregnancy.

*Please read each statement below and tell us whether the statement was **OFTEN**, **SOMETIMES**, or **NEVER** true for you during your pregnancy with your baby who was just born.*

74. A. "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

B. "I couldn't afford to eat balanced meals." **During your most recent pregnancy**, was that often, sometimes, or never true for you?

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

75. A. **During your pregnancy**, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes
- No → **Skip to question 76**
- Don't know → **Skip to question 76**

B. How often did this happen?

- Almost every month
- Some months but not almost every month
- 1 or 2 months
- Don't know

76. **During your pregnancy**, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- Yes
- No
- Don't know

77. **During your pregnancy**, were you ever hungry but didn't eat because you couldn't afford enough food?

- Yes
- No
- Don't know

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

- Yes
- No

79. Were you on WIC at any time **during your most recent pregnancy?** (WIC is the Women, Infants and Children supplemental nutrition program.)

- ¹ Yes → **Skip to question 82**
² No

80. Why were you not on WIC during your pregnancy?
Check ALL that apply.

- ¹ I never heard of WIC
² I didn't think I would qualify
³ I did not need WIC
⁴ I couldn't get to WIC
⁵ I couldn't get through on the phone
⁶ It was too difficult to apply
⁷ I used to be on WIC but didn't like it
⁸ I did not want to use WIC Checks to shop
⁹ Other (**Please tell us:** _____
_____)

81. **Since your new baby was born,** have you or your new baby been on WIC?

- ¹ Yes
² No → **Skip to question 83 on next page**

82. What benefits have you liked getting from the WIC program? **Check ALL that apply.**

- ¹ Support for breastfeeding
² Help getting a breast pump
³ WIC Checks for baby formula
⁴ WIC Checks for food
⁵ Information on health and nutrition
⁶ One on one education or counseling
⁷ Group classes
⁸ Information on how to get health care services
⁹ Information on community programs
¹⁰ Other (**Please tell us:** _____
_____)



83. What was your total family income in 2016 before taxes? Please mark one box below that includes your total family income, including your income and the income of your husband or partner (if living with you in 2016) 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 2016

- \$0 to \$16,000
- \$16,001 to \$20,000
- \$20,001 to \$24,000
- \$24,001 to \$28,000
- \$28,001 to \$32,000
- \$32,001 to \$37,000
- \$37,001 to \$40,000
- \$40,001 to \$48,000
- \$48,001 to \$57,000
- \$57,001 to \$60,000
- \$60,001 to \$65,000
- \$65,001 to \$73,000
- \$73,001 to \$81,000
- \$81,001 to \$85,000
- \$85,001 to \$97,000
- \$97,001 to \$110,000
- \$110,001 to \$114,000
- \$114,001 to \$130,000
- \$130,001 to \$147,000
- \$147,001 or more

84. If you can't choose one of the previous categories, please tell us your average monthly total family income in 2016 before taxes.

\$ _____ per month

85. Thinking back to 2016—before your new baby was born—how many people lived on this income?

_____ total number of people

86. In general, **during your most recent pregnancy**, how hard was it for you and your family to live on the income you had?

- Very hard
- Somewhat hard
- Not too hard
- Not hard at all

Thank you for taking the time to help improve the health of mothers and babies. 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 mothers and babies in California. We look forward to hearing from you!
