

MIHA

Maternal and Infant Health Assessment

For healthier mothers and babies

University of California at San Francisco | QMR | 2023 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.



**We will randomly pick four winners and notify them by mail in April 2024. 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.

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

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

3. **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 (paid for by me, someone else, or through a job)
(**Name of plan:** _____)
⁴ ☐ Other
(**Name of plan:** _____)
⁵ ☐ I **did not have** Medi-Cal or any other health insurance during the **month before** I got pregnant

4. **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 ☐	² ☐
B. Hypertension (high blood pressure).....	☐	☐
C. Asthma.....	☐	☐
D. Depression.....	☐	☐

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

5. **During your most recent 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

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

- ¹ ☐ Yes
² ☐ No

7. **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

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

- ¹ ☐ Yes
² ☐ 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).

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

The next few questions are about your feelings and experiences when you were pregnant with your baby who was just born.

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

- ¹ ☐ Always
² ☐ Often
³ ☐ Sometimes
⁴ ☐ Rarely
⁵ ☐ Never

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

- ¹ ☐ Always
² ☐ Often
³ ☐ Sometimes
⁴ ☐ Rarely
⁵ ☐ Never

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

- ¹ ☐ Always
² ☐ Often
³ ☐ Sometimes
⁴ ☐ Rarely
⁵ ☐ Never

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

- ¹ ☐ Always
² ☐ Often
³ ☐ Sometimes
⁴ ☐ Rarely
⁵ ☐ Never

14. 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.....	¹ ☐	² ☐
B. I had a lot of bills I couldn't pay.....	☐	☐
C. I had to move because of problems paying the rent or mortgage.....	☐	☐
D. I did not have a regular place to sleep at night (had to move from house to house).....	☐	☐
E. I was homeless (had to sleep outside, or stay in a car or a shelter)	☐	☐
F. My spouse or partner lost their job...	☐	☐
G. I lost my job even though I wanted to go on working.....	☐	☐
H. My partner or I had our pay or hours cut back.....	☐	☐
I. My partner or I went to jail.....	☐	☐
J. Someone very close to me had a bad problem with drinking or drugs	☐	☐

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

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

¹ ☐ Yes

² ☐ No → **Skip to question 19**

16. 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

17. 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

18. 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.

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

¹ ☐ Yes

² ☐ No → **Skip to question 24 on the next page**

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

¹ ☐ I didn't drink at all during the 3 months before I got pregnant

² ☐ Less than one drink per week

³ ☐ 1 to 3 drinks per week

⁴ ☐ 4 to 7 drinks per week

⁵ ☐ 8 to 13 drinks per week

⁶ ☐ 14 or more drinks per week

21. 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

⁰ ☐ 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.

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

¹ ☐ I didn't drink at all during the last 3 months of my pregnancy

² ☐ Less than one drink per week

³ ☐ 1 to 3 drinks per week

⁴ ☐ 4 to 7 drinks per week

⁵ ☐ 8 or more drinks per week

23. 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

⁰ ☐ 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.

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

¹ ☐ Yes

² ☐ No

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

¹ ☐ Yes

² ☐ No → **Skip to question 27**

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

_____ days

⁰ ☐ 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.

27. 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

28. 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

29. 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

30. 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 some questions about your health insurance coverage during your pregnancy.

31. 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 (paid for by me, someone else, or through a job)
(**Name of plan:** _____)

⁴ ☐ Other
(**Name of plan:** _____)

⁵ ☐ I **did not have** Medi-Cal or any other health insurance to pay for my prenatal care

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

¹ ☐ Yes

² ☐ No

The next question is about the birth of your most recent baby.

33. Other than doctors, nurses, or midwives, who was with you **during your most recent labor or birth?**

Check ALL that apply.

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

The next questions are about your experiences at the time and place where you had your most recent birth. Please do not include your prenatal care experiences. Remember that all your answers are confidential. They will not be shared in any way that you can be identified.

34. During your most recent birth, did you feel heard and listened to by your doctors, nurses, and midwives?

- ¹ ☐ No, never
- ² ☐ Yes, a few times
- ³ ☐ Yes, most of the time
- ⁴ ☐ Yes, all the time

35. During your most recent birth, did your doctors, nurses, and midwives involve you in decisions about your care?

- ¹ ☐ No, never
- ² ☐ Yes, a few times
- ³ ☐ Yes, most of the time
- ⁴ ☐ Yes, all the time

36. During your most recent birth, did your doctors, nurses, and midwives explain to you why they were doing examinations or procedures on you?

- ¹ ☐ No, never
- ² ☐ Yes, a few times
- ³ ☐ Yes, most of the time
- ⁴ ☐ Yes, all the time

37. During your most recent birth, did your doctors, nurses, and midwives check that you understood information that was given to you?

- ¹ ☐ No, never
- ² ☐ Yes, a few times
- ³ ☐ Yes, most of the time
- ⁴ ☐ Yes, all the time

38. During your most recent birth, did your doctors, nurses, and midwives speak to you using language or words you could understand?

- ¹ ☐ No, never
- ² ☐ Yes, a few times
- ³ ☐ Yes, most of the time
- ⁴ ☐ Yes, all the time

39. During your most recent birth, did you feel informed about what was happening to you during your childbirth?

- ¹ ☐ No, never
- ² ☐ Yes, a few times
- ³ ☐ Yes, most of the time
- ⁴ ☐ Yes, all the time

Next are a few more questions about the care you received during your most recent birth.

40. During your most recent birth, did you feel pressured into a decision by your doctors, nurses, or midwives?

- ¹ ☐ No, never
- ² ☐ Yes, a few times
- ³ ☐ Yes, most of the time
- ⁴ ☐ Yes, all the time

41. During your most recent birth, did you feel your doctors, nurses, or midwives avoided, ignored, or otherwise neglected you?

- ¹ ☐ No, never
- ² ☐ Yes, once
- ³ ☐ Yes, a few times
- ⁴ ☐ Yes, many times

42. During your most recent birth, did you feel your doctors, nurses, or midwives shouted at you, scolded, insulted, threatened, or talked to you rudely?

- ¹ ☐ No, never
- ² ☐ Yes, once
- ³ ☐ Yes, a few times
- ⁴ ☐ Yes, many times

43. During your most recent birth, how often did you experience discrimination or how often were you prevented from doing something, hassled, or made to feel inferior because of your race, ethnicity, or color?

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

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

44. 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 (paid for by me, someone else, or through a job)
(**Name of plan:** _____)
- ⁴ ☐ Other (**Name of plan:** _____)
- ⁵ ☐ I **do not have** Medi-Cal or any other health insurance to pay for my own health care **now**

45. Since your most recent birth, has there been a time when you had no health insurance plan at all?

- ¹ ☐ Yes
- ² ☐ No

46. Since your most recent birth, have you had a postpartum checkup for yourself (the medical checkup a person has in the first 12 weeks after giving birth)?

- ¹ ☐ Yes
- ² ☐ No

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

- ¹ ☐ Always
- ² ☐ Often
- ³ ☐ Sometimes
- ⁴ ☐ Rarely
- ⁵ ☐ Never

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

- ¹ ☐ Always
- ² ☐ Often
- ³ ☐ Sometimes
- ⁴ ☐ Rarely
- ⁵ ☐ Never

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

- ¹ ☐ Always
- ² ☐ Often
- ³ ☐ Sometimes
- ⁴ ☐ Rarely
- ⁵ ☐ Never

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

- ¹ ☐ Always
- ² ☐ Often
- ³ ☐ Sometimes
- ⁴ ☐ Rarely
- ⁵ ☐ Never

51. 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?

- ¹ ☐ Yes
- ² ☐ No → **Skip to question 53 on the next page**

52. 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.)

- ¹ ☐ Yes
- ² ☐ No

53. Are you or your spouse or partner doing anything **now** to keep from getting pregnant? (This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.)

- ¹ ☐ Yes → **Skip to question 55**
² ☐ No → **Go to question 54 below**

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

Check ALL that apply.

- ¹ ☐ I am pregnant now → **Skip to question 56**
² ☐ I want to get pregnant or don't mind if I do
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 ☐ My spouse or partner doesn't want to use anything
⁷ ☐ My spouse or partner is the same sex as me
⁸ ☐ I can't pay for birth control
⁹ ☐ I have problems getting birth control I want
¹⁰ ☐ My spouse or partner had a vasectomy
¹¹ ☐ I am not having sex
¹² ☐ Other (**Please tell us:** _____)



GO TO QUESTION 56

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

- ¹ ☐ Tubes tied or blocked
² ☐ My spouse or partner had a vasectomy
³ ☐ Birth control pills, contraceptive patch, vaginal ring
⁴ ☐ Condoms
⁵ ☐ Shots or injections (Depo-Provera)
⁶ ☐ IUD
⁷ ☐ Contraceptive implant in the arm
⁸ ☐ Withdrawal (pulling out)
⁹ ☐ Natural family planning or fertility awareness methods (such as rhythm or calendar method, fertility apps)
¹⁰ ☐ Breastfeeding for birth control (lactational amenorrhea or LAM)
¹¹ ☐ Not having sex (abstinence)
¹² ☐ Other (**Please tell us:** _____)

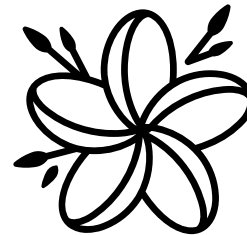
*Now, we have a few questions about your baby who was just born.
 (Note: if you had twins or triplets, please answer these next questions about the baby who was born first.)*

56. Is your baby alive now?

- ¹ ☐ Yes → **Go to question 57 below**
² ☐ No → **Please accept our deepest sympathy. Skip to question 74 on page 11.**

57. Is your baby living with you now?

- ¹ ☐ Yes → **Go to question 58 on the next page**
² ☐ No → **Skip to question 74 on page 11**



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

- ¹ ☐ I planned to breastfeed only
² ☐ I planned to use formula only
³ ☐ I planned to breastfeed and use formula
⁴ ☐ I was not sure how I would feed my baby

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

- ¹ ☐ Yes
² ☐ No → **Skip to question 62**

60. Are you still feeding your new baby breast milk?

- ¹ ☐ Yes → **Skip to question 62**
² ☐ No

61. How old was your new baby when you stopped feeding them breast milk?

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

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.

62. How old was your new baby when they were 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

63. 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)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

64. How old was your new baby the first time they 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

Now we have some questions about your new baby and how they sleep.

65. In the past 2 weeks, how did you place your new baby to sleep at night and during naps?

	<u>Yes</u>	<u>No</u>
A. On their side.....	¹ ☐	² ☐
B. On their back.....	☐	☐
C. On their stomach.....	☐	☐

66. In the past 2 weeks, when you were sleeping, how often has your new baby slept alone in their own crib or bed?

- ¹ ☐ Always
² ☐ Often
³ ☐ Sometimes
⁴ ☐ Rarely
⁵ ☐ Never → **Skip to question 68 on the next page**

67. In the past 2 weeks, was your baby's crib or bed in the same room where you or another adult slept?

- ¹ ☐ Yes
² ☐ No

68. In the past 2 weeks, where have you placed your new baby to sleep at night or during naps?

	<u>Yes</u>	<u>No</u>
A. In a crib, portable crib, Pack 'n Play, or bassinet.....	1 ☐	2 ☐
B. On a twin or larger mattress or bed.....	☐	☐
C. On a couch, sofa, or armchair.....	☐	☐
D. In an infant car seat.....	☐	☐
E. In a swing, rocker, or other inclined sleeper.....	☐	☐
F. In an in-bed sleeper.....	☐	☐
G. In a baby board or cradle board	☐	☐
H. In a baby carrier, wrap, or sling	☐	☐
I. Other (Please tell us _____)	☐	☐

69. In the past 2 weeks, has your new baby been placed to sleep with the following?

	<u>Yes</u>	<u>No</u>
A. In a sleeping sack or wearable blanket.....	1 ☐	2 ☐
B. In a swaddled blanket.....	☐	☐
C. A baby blanket or any other blanket, comforter, quilt, or non-fitted sheet.....	☐	☐
D. Stuffed toys, cushions, or pillows, including nursing pillows	☐	☐
E. Crib bumper pads (mesh or non-mesh).....	☐	☐
F. Other (Please tell us _____)	☐	☐

70. 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?

1 ☐ Yes

2 ☐ No

71. 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.

1 ☐ Medi-Cal

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

3 ☐ Private insurance (paid for by me, someone else, or through a job)
(**Name of plan:** _____)

4 ☐ Other
(**Name of plan:** _____)

5 ☐ My new baby **does not have** Medi-Cal or any other health insurance to pay for their health care

72. Since your most recent birth, has a medical doctor, dentist, or other health care worker talked with you about the importance of taking care of your new baby's teeth and gums?

1 ☐ Yes

2 ☐ No

73. Since your most recent birth, has a medical doctor, dentist, or other health care worker talked with you about when to schedule your new baby's first dental visit?

1 ☐ Yes

2 ☐ No

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.

74. 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)

75. 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

76. 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:** _____)

77. In what country were you born?

- ¹ ☐ United States → **Skip to question 79**
- ² ☐ Another country

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

79. 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

80. 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?

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

81. 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?

- ¹ ☐ Very often
- ² ☐ Somewhat often
- ³ ☐ Not very often
- ⁴ ☐ 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.*

82. "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?

- ¹ ☐ Often true
- ² ☐ Sometimes true
- ³ ☐ Never true
- ⁴ ☐ Don't know

83. "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?

- ¹ ☐ Often true
- ² ☐ Sometimes true
- ³ ☐ Never true
- ⁴ ☐ Don't know

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

- ¹ ☐ Yes
- ² ☐ No

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

- ¹ ☐ Yes → **Skip to question 88**
- ² ☐ No

86. Why did you not have 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 or online
- ⁶ ☐ It was too difficult to apply
- ⁷ ☐ I used to have WIC but didn't like it
- ⁸ ☐ I did not want to use the WIC Card to shop
- ⁹ ☐ Other (**Please tell us:** _____)

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

- ¹ ☐ Yes
- ² ☐ No → **Skip to question 89 on the next page**

88. 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 baby formula
- ⁴ ☐ WIC food
- ⁵ ☐ Information on health and nutrition
- ⁶ ☐ One on one education or counseling
- ⁷ ☐ Group classes
- ⁸ ☐ Online WIC classes I took on my own
- ⁹ ☐ Information on how to get health care services
- ¹⁰ ☐ Information on community programs
- ¹¹ ☐ Other (**Please tell us:** _____)

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

1	☐	\$0	to	\$9,000
2	☐	\$9,001	to	\$12,000
3	☐	\$12,001	to	\$14,000
4	☐	\$14,001	to	\$16,000
5	☐	\$16,001	to	\$18,000
6	☐	\$18,001	to	\$23,000
7	☐	\$23,001	to	\$28,000
8	☐	\$28,001	to	\$32,000
9	☐	\$32,001	to	\$37,000
10	☐	\$37,001	to	\$46,000
11	☐	\$46,001	to	\$55,000
12	☐	\$55,001	to	\$65,000
13	☐	\$65,001	to	\$69,000
14	☐	\$69,001	to	\$74,000
15	☐	\$74,001	to	\$83,000
16	☐	\$83,001	to	\$92,000
17	☐	\$92,001	to	\$97,000
18	☐	\$97,001	to	\$111,000
19	☐	\$111,001	to	\$130,000
20	☐	\$130,001	to	\$149,000
21	☐	\$149,001 or more		

\$_____ per month

_____ total number of people

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!

[illegible]