

MULTI-SITE
BEHAVIOR IN PREGNANCY STUDY
(MS BIPS)
INTERVIEW PACKET - TIME 5
(October 13, 1999)

PRIVILEGED COMMUNICATION - DO NOT DISTRIBUTE WITHOUT THE PERMISSION OF
DR. C. DUNKEL-SCHETTER, (310) 206-8116, DUNKEL@PSYCH.UCLA.EDU

C. Sandman, Ph.D. (P.I.)
Professor
Dept. of Psychiatry & Human
Behavior
University of California, Irvine
101 City Drive, South
Orange, CA 92668

C. Hobel, M.D. (Co-P.I.)
Professor of OB/GYN
University of California, Los Angeles
Director of Maternal-Fetal Medicine
Dept. of Obstetrics & Gynecology
Cedars-Sinai Medical Center
8635 West Third Street
Suite 160W
Los Angeles, CA 90048

C. Dunkel-Schetter, Ph.D. (Co-P.I.)
Professor
Department of Psychology
University of California, Los Angeles
405 Hilgard Avenue
Los Angeles, CA 90095

PARTICIPANT NUMBER:

--	--	--	--	--

5 0 0 0 0

7 1 1 1 1

2 2 2 2

3 3 3 3

4 4 4 4

5 5 5 5

6 6 6 6

7 7 7 7

8 8 8 8

9 9 9 9

INTERVIEWER INITIALS:

NEEDS REVIEW **DATE OF INTERVIEW:**

<u>MONTH</u>		<u>DAY</u>		<u>YEAR</u>
0	0	0	0	1998
1	1	1	1	1999
	2	2	2	2000
	3	3	3	2001
	4		4	2002
	5		5	2003
	6		6	
	7		7	
	8		8	
	9		9	

PREFACE**FIND RESPONDENT AND INTRODUCE SELF:**

Hi/ Hello, my name is (YOUR FIRST AND LAST NAME), and I am an Interviewer for the Multi-Site Behavior In Pregnancy Study that we are conducting here at Cedars-Sinai/UCI. We really appreciate your willingness to take the time to help us on this project. I will be interviewing you today. If you will come with me, we can move to a room where I can interview you in private.

MOVE TO INTERVIEW ROOM.**IF PARTNER PRESENT:**

It is important that we talk to each woman in our study privately. I will bring her back here in about 60 minutes. Thank you.

IF NECESSARY:

I'm sorry but my instructions are that I cannot conduct the interview with anyone else present, not even a husband or partner. Thank you for your cooperation.

IF OLDER CHILDREN PRESENT, SEE IF ANOTHER RESEARCH ASSOCIATE OR STAFF MEMBER CAN ASSIST. IF NOT, MAKE THE BEST OF IT. INFANTS OKAY.

ONCE SEATED:

The interview today should take about 60 minutes, including a few questionnaires that I need you to fill out. This interview is concerned with your labor and delivery, your baby, how you feel about being a new mother, your relationship with the baby's father and others, and the events that occurred in your life since your last study visit. I want to remind you that your answers today are completely voluntary and confidential. Let's get started.

TIME
STARTED: _____:_____

PART 1 - POSTPARTUM QUESTIONS

1. How is the baby?

FINE1
 NOT FINE (PROBE AND RECORD REASON VERBATIM).....2

CODE ONE:

BOY1
 GIRL.....2

2. How much did the baby weigh? _____ lb. _____ oz.

3. How did the birth go?

UNCOMPLICATED1
 COMPLICATED (PROBE AND RECORD REASON VERBATIM).....2

4. How many hours were you in labor? _____ HOURS

5. Was anyone with you during labor and delivery?

NO1
 BABY'S FATHER2
 BABY'S FATHER AND OTHERS (SPECIFY: _____) ...3
 OTHER (SPECIFY: _____)....4

6. Overall, how satisfied were you with your labor and delivery? Would you say. . .

not at all satisfied1 (ASK Q6A)
 a little satisfied,2 (SKIP TO Q7)
 moderately satisfied,3 (SKIP TO Q7)
 very satisfied, or.4 (SKIP TO Q7)
 completely satisfied?.....5 (SKIP TO Q7)

6A. IF "NOT AT ALL": Why did you feel this way? (RECORD VERBATIM)

7. Did you attend childbirth preparation classes for this or any previous pregnancies?

YES, THIS PREGNANCY1
 YES, PREVIOUS PREGNANCY2
 YES, BOTH THIS AND PREVIOUS PREGNANCY3
 NO4 (SKIP TO Q9)

IF YES:

7A. What type of classes?

GROUP CLASS1
 ↓
 LAMAZE 1
 READ 2
 OTHER (SPECIFY: _____) 3
 INDIVIDUAL COACH 2

7B. How many classes in all did you attend this pregnancy?

0 1 2 3 4 5 6 MORE THAN 6
 ↓
 IF 0, SKIP TO Q9.

8. Did anyone accompany you to class?

NO0 (SKIP TO Q9)
 YES1 (ASK Q8A)

8A. IF "YES": Who? _____

9. How many nights were you hospitalized after the birth?

0 1 2 3 4 5 6 7 8 9 10+

10. Did your baby receive any special treatments or special care at birth?
 (RECORD VERBATIM)

11. Did your baby go home with you when you were discharged from the hospital?

NO.....0 (ASK Q11A)
 YES1 (SKIP TO Q12)

11A. IF "NO": Was the baby in the intensive care unit (ICU)?

NO0 (SKIP TO Q12)
 YES1 (ASK Q11B AND Q11C)

IF "YES":

11B. For how many days? _____ DAYS

11C. Tell me briefly about the baby's complications. (RECORD VERBATIM)

CODE:

LOW BIRTH WEIGHT1
 MECONIUM ASPIRATION2
 RESPIRATORY DISTRESS3
 JAUNDICE4
 SUSPECTED OR DOCUMENTED INFECTION.....5
 BIRTH INJURY6
 ABNORMAL PHYSICAL EXAM7
 DRUG EXPOSURE.....8
 HYPOGLYCEMIA9
 ANEMIA/POLYCYTHEMIA
 (TOO FEW/TOOMANY RED BLOOD CELLS)10
 BIRTH DEFECT11

12. Was your baby born early?

NO.....0 (SKIP TO Q13)
 YES1 (ASK Q12A AND Q12B)

IF "YES":

12A. How many weeks early? _____ WEEKS

12B. Was your baby preterm (less than 37 weeks gestation at delivery)?

NO.....0 (SKIP TO Q13)
 YES1 (ASK Q12C AND Q12D)

12C. Are you concerned about your baby's health?

NO0
 YES1

12D. Are you concerned about your baby's appearance?

NO0
 YES1

13. In the first two weeks after you delivered your baby, did you have any of the following:

	NO	YES
bleeding or spotting?.....	0	1
contractions?	0	1
fever?.....	0	1
mastitis?	0	1
other infection? (SPECIFY: _____)	0	1
any other complications?	0	1
IF OTHER, SPECIFY: _____		

14. Have you breastfed this baby?

NO0 (SKIP TO Q14B)
 YES, STILL BREASTFEEDING1 (SKIP TO Q15)
 YES, BUT STOPPED.....2 (ASK Q14A)

14A. IF YES, BUT STOPPED:

For how long did you breastfeed? _____ WEEKS (SKIP TO Q15)

NOTE: CODE '0' FOR LESS THAN 1 WEEK

14B. IF NO, RECORD VERBATIM ANY REASONS GIVEN.

CODE ONE:

PREFERS NOT TO BREASTFEED1
 OTHER REASON2

15. We're interested in whether your partner got involved in the decision to breastfeed or bottlefeed the baby, and how much he encouraged or wanted you to do one or the other. Would you say that your partner...

preferred that you breastfeed the baby,1
preferred that you bottlefeed the baby, or2
didn't express a preference one way or the other?.....3

PART 1A - YOUR BABY'S BEHAVIOR

Now I will be reading you a list of statements that describe infant behavior. Using this card (HAND CARD N), please rate each statement as to how true it is for your baby. Please give the answer that best seems to describe your baby.

CARD N

NOT AT ALL TRUE	1
SLIGHTLY TRUE	2
SOMEWHAT TRUE	3
VERY TRUE.....	4
COMPLETELY TRUE	5

	Not at all true	Slightly true	Somewhat true	Very true	Completely true
1. My baby is often fussy and irritable.	1	2	3	4	5
2. My baby is difficult to soothe.	1	2	3	4	5
3. My baby seems more relaxed when he or she hears voices or sees me or others.	1	2	3	4	5
4. My baby's cry is often unpleasant to hear.	1	2	3	4	5
5. My baby is easy to care for.	1	2	3	4	5
6. My baby looks at the things around him or her.	1	2	3	4	5
7. It is difficult to know what is bothering my baby when he or she cries or fusses.	1	2	3	4	5
8. My baby smiles when he or she is around other people.	1	2	3	4	5
9. On the average, my baby cries more than 3 hours a day.	1	2	3	4	5
10. My baby is not very responsive yet.	1	2	3	4	5
11. My baby is easily calmed with a pacifier, or easily calms himself or herself.	1	2	3	4	5

	Not at all true	Slightly true	Somewhat true	Very true	Completely true
12. My baby gets gas, stomach cramps, or colic.	1	2	3	4	5
13. My baby cries more than other babies do.	1	2	3	4	5

14. Approximately how many hours at a time does your baby sleep at night right now?

(CIRCLE ONE)

1 2 3 4 5 6 7 8 9 10+

PART 1B - BEING A NEW MOTHER

In this section, I will read you a list of statements about experiences and problems that new mothers face. Please rate the following statements as to how TRUE they are for you. Give the answer which best seems to describe your experience with your newborn.

CARD N

NOT AT ALL TRUE	1
SLIGHTLY TRUE	2
SOMEWHAT TRUE	3
VERY TRUE.....	4
COMPLETELY TRUE	5

<i>SINCE YOUR BABY WAS BORN...</i>	Not at all true	Slightly true	Somewhat true	Very true	Completely true
1. you have felt overwhelmed by the demands of infant care.	1	2	3	4	5
2. you have had a significant increase in expenses.	1	2	3	4	5
3. you've had difficulties finding needed child care.	1	2	3	4	5
4. you usually get enough sleep or rest.	1	2	3	4	5
5. you can usually relax with your baby.	1	2	3	4	5
6. you are frustrated with having little control over your time because of the baby's needs	1	2	3	4	5
7. your baby is gaining enough weight.	1	2	3	4	5
8. you feel fatigued much of the time.	1	2	3	4	5
9. you are concerned that it is taking longer than expected to love your baby.	1	2	3	4	5
10. you feel that you are coping well with the new demands of the baby.	1	2	3	4	5
11. you feel like a good mother.	1	2	3	4	5

<i>SINCE YOUR BABY WAS BORN...</i>	Not at all true	Slightly true	Somewhat true	Very true	Completely true
12. you are worried that you might accidentally hurt the baby.	1	2	3	4	5
13. there are things about being a new mother that you find frustrating.	1	2	3	4	5
14. you are feeling happy about the baby.	1	2	3	4	5
15. your income or your partner's income has decreased significantly.	1	2	3	4	5
16. you are feeling guilty about any feelings toward the baby.	1	2	3	4	5
17. your baby has needed extra attention because he or she is not healthy.	1	2	3	4	5
18. you are having or have had problems feeding your baby.	1	2	3	4	5

Do you have any other children?

NO.....0 (SKIP TO PART 2)

YES.....1

Now I'd like to ask you a few questions about your other children

<i>SINCE YOUR BABY WAS BORN...</i>	Not at all true	Slightly true	Somewhat true	Very true	Completely true	N/a
19. your other children are adjusting well to the new baby.	1	2	3	4	5	6
20. you find it difficult to spend enough time with your other children.	1	2	3	4	5	6

PART 2 -- RELATIONSHIP WITH BABY'S FATHER

This next set of questions is an update for our records on your relationship with the baby's father.

IF NO IDEA WHO BF IS CODE:

DOESN'T KNOW 1

THEN ASK:

What is your marital status currently?

Never married 1

Married 2

Separated 3

Divorced 4

Widowed 5

THEN SKIP TO Q3

1. Which of the following statements best describes your situation?

You are legally married to the baby's father,1 (SKIP TO Q2)

You are legally married to the baby's father, but you are
separated from him now,2 (SKIP TO Q2)

Are you separated for a practical reason such as job or school?

MARITAL DISCORD1

JOB/SCHOOL

(DESCRIBE: _____) .2

INCARCERATION3

OTHER (SPECIFY: _____).....4

You were legally married to the baby's father, but are
divorced from him now,3 (SKIP TO Q2)

You are not legally married to the baby's father, but
you live with him, or4

You are neither legally married to nor living with the baby's father? .5

1A. Which of the following statements best describes your situation?

You plan to marry the baby's father in the future1

You do not plan to marry the baby's father
in the future2

You do not know yet whether you'll marry the
baby's father in the future.....3

2. How often have you seen the baby's father since the birth of the baby? Would you say...

- every day, 1 (SKIP TO Q3 OR NEXT PART)
 several times a week, 2 (SKIP TO Q3 OR NEXT PART)
 several times during the month, but not every week, . 3 (SKIP TO Q3 OR NEXT PART)
 once during the month, or 4 (SKIP TO Q3 OR NEXT PART)
 never? 5

RECORD ANY COMMENTS:

2A. Have you had any contact with the baby's father by telephone or mail in the past month?

- NO 0
 YES 1

ASK Q3-4 ONLY IF NOT MARRIED TO OR LIVING WITH BF (FROM Q1) AND NOT PLANNING TO MARRY HIM (FROM Q1A) (OR IF DOESN'T KNOW WHO BF IS).

3. Is there someone else whom you think of as the baby's father, or who does the things he would usually do?

- NO 0 (SKIP TO NEXT PART)
 YES 1

4. Is this person your partner, a relative, or a friend?

- PARTNER/SIGNIFICANT OTHER 1
 PARENT 2
 SIBLING 3
 FRIEND (NON-ROMANTIC) 4
 OTHER 5

PART 3 -- YOUR RELATIONSHIP

IN ASKING THE NEXT SET OF QUESTIONS, YOU WILL BE ASKING ABOUT THE RESPONDENT'S MARITAL OR RELATIONSHIP PARTNER. IF SHE HAS NO RELATIONSHIP WITH THE BF OR ANYONE RIGHT NOW, SKIP TO PART 5.

The next set of questions is about your relationship with your partner. Please answer them with how you are feeling at present and since the baby's birth.

1. We are interested in how you feel about your marriage at present (IF NOT MARRIED: in your relationship with your partner at present). On a scale of 1 to 7, with 1 being "Very Unhappy" and 7 being "Perfectly Happy", what is the number that best describes the degree of happiness, everything considered, of your marriage (relationship).

_____ (CIRCLE ONE)
1 2 3 4 5 6 7

2. We are also interested in the amount of emotional closeness and intimacy in your marriage at present (IF NOT MARRIED: in your relationship with your partner at present). On a scale of 1 to 7, with 1 being "Almost no emotional closeness and intimacy" and 7 being "A great deal of emotional closeness and intimacy", what is the number that best describes the closeness and intimacy in your marriage (relationship)?

_____ (CIRCLE ONE)
1 2 3 4 5 6 7

3. Do you confide in your partner at present?

Would you say...

never or almost never, 1
in some things, 2
in most things, or 3
in everything? 4

4. Relationships often go through a lot of tension, conflict, or stress following a birth. How much would you say this is true of your relationship with your partner?

Would you say it's...

not at all true, 1 (SKIP TO Q5)
slightly true, 2
somewhat true, 3
very much true, or 4
completely true? 5

- 4A. In your own words, what are the main sources of this stress, tension, or conflict?
(RECORD VERBATIM)

5. Despite the extra stress that many couples experience after a birth, some couples find time to be together and enjoy each other's company (with or without the baby). To what extent is this true of you?

Would you say it's...

- not at all true,1
 slightly true,2
 somewhat true,3
 very much true, or4
 completely true?5

Now I will be reading you a list of statements that describe your relationship with your husband or partner since your baby was born. Using this card (HAND CARD N), please rate each statement as to how true it is.

<i>SINCE YOUR BABY WAS BORN...</i>	Not at all true	Slightly true	Somewhat true	Very true	Completely true	N/A
6. your husband or partner helps you as much you would like.	1	2	3	4	5	6
7. you are receiving enough support or attention from husband or partner.	1	2	3	4	5	6
8. there has been strain in your relationship with your husband or partner.	1	2	3	4	5	6
9. you can't give enough time to your husband or partner.	1	2	3	4	5	6
10. you are having conflicts with your husband or partner about infant care.	1	2	3	4	5	6
11. your sexual relations are disrupted.	1	2	3	4	5	6

PART 4 - QUESTIONNAIRE

At this point, we would like you to complete this questionnaire packet, and I have a few questions left afterwards. (OPEN THE QUESTIONNAIRE TO THE GENERAL INSTRUCTIONS.) Before you begin, I'd like to go over the general instructions with you. (READ INSTRUCTIONS IN QUESTIONNAIRE PACKET TO HER). I will be here in case you need to ask me something.

<p>This packet includes a couple of different questionnaires. Please be sure to read the instructions for each separate section. Answer each question as quickly, but carefully, as possible; do not go back over your answers. Please remember that your responses are completely confidential. If at any time you have any questions, feel free to ask the Interviewer.</p>

AFTERWARDS, CHECK FOR COMPLETENESS, THANK HER, AND RESUME INTERVIEW:

Now I have some more questions, but on a topic different from the ones I asked before.

PART 5 -- YOUR FEELINGS IN THE LAST WEEK

The next set of questions also asks you about your feelings and thoughts during the **last 7 days**. You will be asked to indicate **how often** you felt or thought a certain way. Please use this card to respond. (HAND CARD G)

CARD G

NEVER	1
ALMOST NEVER	2
SOMETIMES	3
OFTEN	4
ALMOST ALWAYS	5

During the last 7 days...

	Neve r	Almos t never	Som e- time s	Ofte n	Almos t alway s
1. How often have you been upset because of something that happened unexpectedly?	1	2	3	4	5
2. How often have you felt that you were able to control the important things in your life?	1	2	3	4	5
3. How often have you felt nervous and "stressed"?	1	2	3	4	5
4. How often have you dealt successfully with day-to-day problems and hassles?	1	2	3	4	5
5. How often have you felt that you were coping well or effectively handling the important changes that were occurring in your life?	1	2	3	4	5
6. How often have you felt confident about being able to handle your personal problems?	1	2	3	4	5
7. How often have you felt that things were going well?	1	2	3	4	5
8. How often have you found that you could not cope with all the things that you had to do?	1	2	3	4	5

During the last 7 days...

	Neve r	Almos t never	Som e- time s	Ofte n	Almos t alway s
9. How often have you been able to control irritations in your life?	1	2	3	4	5
10. How often have you felt that you were on top of things?	1	2	3	4	5
11. How often have you been angered because of things that happened that were outside of your control?	1	2	3	4	5
12. How often have you felt that your difficulties were so overwhelming that you could not overcome them?	1	2	3	4	5

PART 6 -- LIFE EVENTS (POSTPARTUM)

This next set of questions concerns events that may have occurred since the birth of your baby and in the last month of your pregnancy.

ASK ALL: In the last month of your pregnancy and since the birth of your baby...	IF YES: Did this event have a sudden beginning or did it start gradually?	IF SUDDEN: In what month did this event begin?	Did this event have a specific ending?	How negative or undesirable was this event or experience for <u>you personally</u> ?
1. have you had a change in where you live or who you live with? NO 0 YES 1 BRIEF DESCRIPTION:	SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3	CIRCLE 1: JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC CIRCLE 1: 1998 1999 2000 2001	NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether?	not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5 (CARD H)
2. has anyone important to you moved away? NO 0 YES 1 BRIEF DESCRIPTION:	SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3	CIRCLE 1: JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC CIRCLE 1: 1998 1999 2000 2001	NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether?	not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5 (CARD H)

ASK ALL:	IF YES:	IF SUDDEN:		
<p>In the last month of your pregnancy and since the birth of your baby...</p>	<p>Did this event have a sudden beginning or did it start gradually?</p>	<p>In what month did this event begin?</p>	<p>Did this event have a specific ending?</p>	<p>How negative or undesirable was this event or experience for <u>you personally</u>?</p>
<p>3. have you lived apart from your partner or spouse for practical reasons (such as he works somewhere far away or he has to live somewhere else)?</p> <p>NO 0 YES1</p> <p>BRIEF DESCRIPTION:</p>	<p>SUDDEN 1 GRADUAL 2</p> <p>BEGAN BEFORE THIS TIME PERIOD..... 3</p>	<p><u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC</p> <p><u>CIRCLE 1:</u> 1998 1999 2000 2001</p>	<p>NO 0 YES 1</p> <p>IF YES: In what month did it end? _____</p> <p>IF NO: Is it still ongoing or did it end gradually? _____</p> <p>ONGOING .. 1 GRADUAL ENDING .. 2</p> <p>IF GRADUAL: How many months was it altogether?</p>	<p>not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?.....5</p> <p>(CARD H)</p>
<p>4. have you had extra-heavy home or family responsibilities (such as housework or caring for an older relative or a child)?</p> <p>NO 0 YES1</p> <p>BRIEF DESCRIPTION:</p>	<p>SUDDEN 1 GRADUAL 2</p> <p>BEGAN BEFORE THIS TIME PERIOD..... 3</p>	<p><u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC</p> <p><u>CIRCLE 1:</u> 1998 1999 2000 2001</p>	<p>NO 0 YES 1</p> <p>IF YES: In what month did it end? _____</p> <p>IF NO: Is it still ongoing or did it end gradually? _____</p> <p>ONGOING .. 1 GRADUAL ENDING .. 2</p> <p>IF GRADUAL: How many months was it altogether?</p>	<p>not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?.....5</p> <p>(CARD H)</p>

ASK ALL:	IF YES:	IF SUDDEN:		
<p>In the last month of your pregnancy and since the birth of your baby...</p>	<p>Did this event have a sudden beginning or did it start gradually?</p>	<p>In what month did this event begin?</p>	<p>Did this event have a specific ending?</p>	<p>How negative or undesirable was this event or experience for <u>you personally</u>?</p>
<p>5. have you had pressures or problems at work? NO 0 YES 1 BRIEF DESCRIPTION:</p>	<p>SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3</p>	<p><u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC <u>CIRCLE 1:</u> 1998 1999 2000 2001</p>	<p>NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether?</p>	<p>not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5 (CARD H)</p>
<p>6. have you lost your apartment, home, car or something else you value? NO 0 YES 1 BRIEF DESCRIPTION:</p>	<p>SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3</p>	<p><u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC <u>CIRCLE 1:</u> 1998 1999 2000 2001</p>	<p>NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether?</p>	<p>not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5 (CARD H)</p>

ASK ALL:	IF YES:	IF SUDDEN:		
<p>In the last month of your pregnancy and since the birth of your baby...</p>	<p>Did this event have a sudden beginning or did it start gradually?</p>	<p>In what month did this event begin?</p>	<p>Did this event have a specific ending?</p>	<p>How negative or undesirable was this event or experience for <u>you personally</u>?</p>
<p>7. did you or someone close to you lose a job or experience a lay-off from work? NO0 YES YOU.....1 YES SOMEONE CLOSE..2 SPECIFY WHO: _____ BRIEF DESCRIPTION:</p>	<p>SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3</p>	<p><u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC <u>CIRCLE 1:</u> 1998 1999 2000 2001</p>	<p>NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether?</p>	<p>not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5 (CARD H)</p>
<p>8. did you have serious problems with money (such as a major loss of income or a debt that cannot be repaid)? NO 0 YES1 BRIEF DESCRIPTION:</p>	<p>SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3</p>	<p><u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC <u>CIRCLE 1:</u> 1998 1999 2000 2001</p>	<p>NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether?</p>	<p>not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5 (CARD H)</p>

ASK ALL:	IF YES:	IF SUDDEN:		
In the last month of your pregnancy and since the birth of your baby...	Did this event have a sudden beginning or did it start gradually?	In what month did this event begin?	Did this event have a specific ending?	How negative or undesirable was this event or experience for <u>you personally</u> ?
<p>9. have you had serious arguments several times with any one person?</p> <p>NO 0</p> <p>YES1</p> <p>BRIEF DESCRIPTION:</p>	<p>SUDDEN 1</p> <p>GRADUAL 2</p> <p>BEGAN BEFORE THIS TIME PERIOD..... 3</p>	<p><u>CIRCLE 1:</u></p> <p>JAN</p> <p>FEB</p> <p>MAR</p> <p>APRIL</p> <p>MAY</p> <p>JUNE</p> <p>JULY</p> <p>AUG</p> <p>SEPT</p> <p>OCT</p> <p>NOV</p> <p>DEC</p> <p><u>CIRCLE 1:</u></p> <p>1998</p> <p>1999</p> <p>2000</p> <p>2001</p>	<p>NO 0</p> <p>YES 1</p> <p>IF YES: In what month did it end?</p> <p>_____</p> <p>IF NO: Is it still ongoing or did it end gradually?</p> <p>ONGOING .. 1</p> <p>GRADUAL ENDING .. 2</p> <p>IF GRADUAL: How many months was it altogether?</p>	<p>not at all,..... 1</p> <p>slightly, 2</p> <p>somewhat, 3</p> <p>very much,4</p> <p>or extremely?....5</p> <p>(CARD H)</p>
<p>10. have you and your partner (or spouse) had any problems in your relationship?</p> <p>NO 0</p> <p>YES1</p> <p>BRIEF DESCRIPTION:</p>	<p>SUDDEN 1</p> <p>GRADUAL 2</p> <p>BEGAN BEFORE THIS TIME PERIOD..... 3</p>	<p><u>CIRCLE 1:</u></p> <p>JAN</p> <p>FEB</p> <p>MAR</p> <p>APRIL</p> <p>MAY</p> <p>JUNE</p> <p>JULY</p> <p>AUG</p> <p>SEPT</p> <p>OCT</p> <p>NOV</p> <p>DEC</p> <p><u>CIRCLE 1:</u></p> <p>1998</p> <p>1999</p> <p>2000</p> <p>2001</p>	<p>NO 0</p> <p>YES 1</p> <p>IF YES: In what month did it end?</p> <p>_____</p> <p>IF NO: Is it still ongoing or did it end gradually?</p> <p>ONGOING .. 1</p> <p>GRADUAL ENDING .. 2</p> <p>IF GRADUAL: How many months was it altogether?</p>	<p>not at all,..... 1</p> <p>slightly, 2</p> <p>somewhat, 3</p> <p>very much,4</p> <p>or extremely?....5</p> <p>(CARD H)</p>

ASK ALL:	IF YES:	IF SUDDEN:		
<p>In the last month of your pregnancy and since the birth of your baby...</p>	<p>Did this event have a sudden beginning or did it start gradually?</p>	<p>In what month did this event begin?</p>	<p>Did this event have a specific ending?</p>	<p>How negative or undesirable was this event or experience for <u>you personally</u>?</p>
<p>11. have you had serious problems in your sexual relationship? NO 0 YES 1 BRIEF DESCRIPTION:</p>	<p>SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3</p>	<p><u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC <u>CIRCLE 1:</u> 1998 1999 2000 2001</p>	<p>NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether?</p>	<p>not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5 (CARD H)</p>
<p>12. have you or has someone close to you separated or divorced from a partner or spouse? NO0 YES YOU.....1 YES SOMEONE CLOSE...2 SPECIFY WHO: _____ BRIEF DESCRIPTION:</p>	<p>SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3</p>	<p><u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC <u>CIRCLE 1:</u> 1998 1999 2000 2001</p>	<p>NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether?</p>	<p>not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5 (CARD H)</p>

ASK ALL: In the last month of your pregnancy and since the birth of your baby...	IF YES: Did this event have a sudden beginning or did it start gradually?	IF SUDDEN: In what month did this event begin?	Did this event have a specific ending?	How negative or undesirable was this event or experience for <u>you personally</u> ?
<p>13. have you or has someone close to you had problems with use of alcohol or drugs? NO0 YES YOU.....1 YES SOMEONE CLOSE..2 SPECIFY WHO: _____ BRIEF DESCRIPTION:</p>	<p>SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3</p>	<p><u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC</p> <p><u>CIRCLE 1:</u> 1998 1999 2000 2001</p>	<p>NO 0 YES 1</p> <p>IF YES: In what month did it end? _____</p> <p>IF NO: Is it still ongoing or did it end gradually? _____</p> <p>ONGOING .. 1 GRADUAL ENDING .. 2</p> <p>IF GRADUAL: How many months was it altogether? _____</p>	<p>not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5</p> <p>(CARD H)</p>
<p>14. have you or has someone close to you had nervous or emotional problems (other than any associated with drinking or drug use)? NO0 YES YOU.....1 YES SOMEONE CLOSE..2 SPECIFY WHO: _____ BRIEF DESCRIPTION:</p>	<p>SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3</p>	<p><u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC</p> <p><u>CIRCLE 1:</u> 1998 1999 2000 2001</p>	<p>NO 0 YES 1</p> <p>IF YES: In what month did it end? _____</p> <p>IF NO: Is it still ongoing or did it end gradually? _____</p> <p>ONGOING .. 1 GRADUAL ENDING .. 2</p> <p>IF GRADUAL: How many months was it altogether? _____</p>	<p>not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5</p> <p>(CARD H)</p>

ASK ALL: In the last month of your pregnancy and since the birth of your baby...	IF YES: Did this event have a sudden beginning or did it start gradually?	IF SUDDEN: In what month did this event begin?	Did this event have a specific ending?	How negative or undesirable was this event or experience for <u>you personally</u> ?
<p>15. have you or has someone close to you had a serious injury, illness, or hospitalization? NO0 YES YOU.....1 YES SOMEONE CLOSE..2 SPECIFY WHO: _____ BRIEF DESCRIPTION:</p>	<p>SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3</p>	<p><u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC <u>CIRCLE 1:</u> 1998 1999 2000 2001</p>	<p>NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether?</p>	<p>not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5 (CARD H)</p>
<p>16. have you or has someone close to you been mugged or personally attacked? NO0 YES YOU.....1 YES SOMEONE CLOSE..2 SPECIFY WHO: _____ BRIEF DESCRIPTION:</p>	<p>SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3</p>	<p><u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC <u>CIRCLE 1:</u> 1998 1999 2000 2001</p>	<p>NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether?</p>	<p>not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5 (CARD H)</p>

ASK ALL:	IF YES:	IF SUDDEN:		
In the last month of your pregnancy and since the birth of your baby...	Did this event have a sudden beginning or did it start gradually?	In what month did this event begin?	Did this event have a specific ending?	How negative or undesirable was this event or experience for <u>you personally</u> ?
17. has anyone close to you died? NO 0 YES1 BRIEF DESCRIPTION:	SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3	<u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC <u>CIRCLE 1:</u> 1998 1999 2000 2001	NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether?	not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5 (CARD H)
18. have you been in a serious motor vehicle accident? NO 0 YES1 BRIEF DESCRIPTION:	SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3	<u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC <u>CIRCLE 1:</u> 1998 1999 2000 2001	NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether?	not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5 (CARD H)

ASK ALL:	IF YES:	IF SUDDEN:		
<p>In the last month of your pregnancy and since the birth of your baby...</p>	<p>Did this event have a sudden beginning or did it start gradually?</p>	<p>In what month did this event begin?</p>	<p>Did this event have a specific ending?</p>	<p>How negative or undesirable was this event or experience for <u>you personally</u>?</p>
<p>19. have you or has someone close to you been arrested by the police, had problems with the law or immigration, or been in jail? NO0 YES YOU.....1 YES SOMEONE CLOSE..2 SPECIFY WHO: _____ BRIEF DESCRIPTION:</p>	<p>SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3</p>	<p><u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC <u>CIRCLE 1:</u> 1998 1999 2000 2001</p>	<p>NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether? _____</p>	<p>not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5 (CARD H)</p>
<p>20. have you been threatened with physical harm by anyone? NO 0 YES1 BRIEF DESCRIPTION:</p>	<p>SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3</p>	<p><u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC <u>CIRCLE 1:</u> 1998 1999 2000 2001</p>	<p>NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether? _____</p>	<p>not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5 (CARD H)</p>

ASK ALL: In the last month of your pregnancy and since the birth of your baby...	IF YES: Did this event have a sudden beginning or did it start gradually?	IF SUDDEN: In what month did this event begin?	Did this event have a specific ending?	How negative or undesirable was this event or experience for <u>you personally</u> ?
21. have you been robbed or burglarized? NO 0 YES 1 BRIEF DESCRIPTION:	SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3	<u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC <u>CIRCLE 1:</u> 1998 1999 2000 2001	NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether?	not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5 (CARD H)
22. have you experienced sexual harassment or discrimination? (IF YES, SPECIFY WHICH BY CIRCLING) NO 0 YES 1 BRIEF DESCRIPTION:	SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3	<u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC <u>CIRCLE 1:</u> 1998 1999 2000 2001	NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether?	not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5 (CARD H)

ASK ALL:	IF YES:	IF SUDDEN:		
<p>In the last month of your pregnancy and since the birth of your baby...</p>	<p>Did this event have a sudden beginning or did it start gradually?</p>	<p>In what month did this event begin?</p>	<p>Did this event have a specific ending?</p>	<p>How negative or undesirable was this event or experience for <u>you personally</u>?</p>
<p>23. have you experienced racial discrimination or prejudice? NO 0 YES1 BRIEF DESCRIPTION:</p>	<p>SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3</p>	<p><u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC <u>CIRCLE 1:</u> 1998 1999 2000 2001</p>	<p>NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether?</p>	<p>Not at all 1 Slightly 2 Somewhat 3 Very much4 Extremely5 (CARD H)</p>
<p>24. have you been in an earthquake, fire, flood, mud slide, or other major disaster? NO 0 YES1 BRIEF DESCRIPTION:</p>	<p>SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3</p>	<p><u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC <u>CIRCLE 1:</u> 1998 1999 2000 2001</p>	<p>NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether?</p>	<p>Not at all 1 Slightly 2 Somewhat 3 Very much4 Extremely5 (CARD H)</p>

ASK ALL:	IF YES:	IF SUDDEN:		
	Did this event have a sudden beginning or did it start gradually?	In what month did this event begin?	Did this event have a specific ending?	How negative or undesirable was this event or experience for <u>you personally</u> ?
25. have you had any medical problems or complications in this pregnancy (late in pregnancy and since delivery)? NO 0 YES1 BRIEF DESCRIPTION:	SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3	<u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC <u>CIRCLE 1:</u> 1998 1999 2000 2001	NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether? _____	not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5 (CARD H)
26. have any other events or problems come up for you or anyone close to you during this time period (late in pregnancy and since delivery) that we have not mentioned? NO 0 YES YOU.....1 YES SOMEONE CLOSE..2 BRIEF DESCRIPTION:	SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3	<u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC <u>CIRCLE 1:</u> 1998 1999 2000 2001	NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether? _____	not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5 (CARD H)

FOR SUBSEQUENT OCCURENCES OF EVENTS OCCURRING MORE THAN ONE TIME:

IF SUDDEN:

	Did this event have a sudden beginning or did it start gradually?	In what month did this event begin?	Did this event have a specific ending?	How negative or undesirable was this event or experience for <u>you personally</u> ?
27. Event # _____ Occurrence number _____ Occurred: TO PARTICIPANT.....1 TO SOMEONE CLOSE.....2 BRIEF DESCRIPTION:	SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3	<u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC <u>CIRCLE 1:</u> 1998 1999 2000 2001	NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether?	not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5 (CARD H)
28. Event # _____ Occurrence number _____ Occurred: TO PARTICIPANT.....1 TO SOMEONE CLOSE.....2 BRIEF DESCRIPTION:	SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3	<u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC <u>CIRCLE 1:</u> 1998 1999 2000 2001	NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether?	not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5 (CARD H)

IF SUDDEN:

	Did this event have a sudden beginning or did it start gradually?	In what month did this event begin?	Did this event have a specific ending?	How negative or undesirable was this event or experience for <u>you personally</u> ?
29. Event # _____ Occurrence number _____ Occurred: TO PARTICIPANT.....1 TO SOMEONE CLOSE.....2 BRIEF DESCRIPTION:	SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3	<u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC <u>CIRCLE 1:</u> 1998 1999 2000 2001	NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether?	not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5 (CARD H)
30. Event # _____ Occurrence number _____ Occurred: TO PARTICIPANT.....1 TO SOMEONE CLOSE.....2 BRIEF DESCRIPTION:	SUDDEN 1 GRADUAL 2 BEGAN BEFORE THIS TIME PERIOD..... 3	<u>CIRCLE 1:</u> JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC <u>CIRCLE 1:</u> 1998 1999 2000 2001	NO 0 YES 1 IF YES: In what month did it end? _____ IF NO: Is it still ongoing or did it end gradually? ONGOING .. 1 GRADUAL ENDING .. 2 IF GRADUAL: How many months was it altogether?	not at all,..... 1 slightly, 2 somewhat, 3 very much,4 or extremely?....5 (CARD H)

LIFE EVENTS COMMENTS (E.G., INSTANCES OF DOUBLE CODING, ETC.):

PART 7 - RECEIVED SUPPORT

Some women receive a little help or support after their baby is born, some receive a lot, and others receive none at all. The next set of questions is about whether or not you have received help or support since the birth of your baby. I'll be asking you about different kinds of help or support you've received from you partner (OR SUBSTITUTE) and others, for instance, from your parents, brothers or sisters, friends, or anyone else you spend time with. For each type of support, I'll ask you how often you've received that it and then how satisfied you are with it.

When rating your satisfaction, please consider whether you received each type of support and, if you did, the way in which it was given. (HAND CARDS C AND M.)

SPECIAL INSTRUCTIONS (IF NEVER SEES BF AND HAS NO SUBSTITUTE):

Some women receive a little help or support after their baby is born, some receive a lot, and others receive none at all. The next set of questions is about whether or not you have received help or support from other people since the birth of your baby. This might include parents, brothers or sisters, friends, or anyone else you spend time with. I'll be asking you about different kinds of help or support and, for each one, I'll ask you how often you've received that type of support and then how satisfied you are with it. When rating your satisfaction, please consider whether you received each type of support and, if you did, the way in which it was given. (HAND CARDS C AND M)

CARD C

NEVER	1
RARELY	2
SOMETIMES	3
OFTEN	4
ALWAYS	5

CARD M

NOT AT ALL SATISFIED	1
A LITTLE SATISFIED	2
MODERATELY SATISFIED	3
VERY SATISFIED	4
COMPLETELY SATISFIED	5

- 1A. Since the birth of your baby, how often has your partner (OR SUBSTITUTE) assisted you with things you had to do, such as errands, household chores, or transportation? CARD C

NEVER	1
RARELY	2
SOMETIMES	3
OFTEN	4
ALWAYS	5

1B. Overall, how satisfied are you with that? CARD M

IF ANSWER TO Q1A WAS "NEVER," TELL JER THAT SHE SHOULD RATE HOW SATISFIED SHE IS WITH NOT RECEIVING THAT SUPPORT.

NOT AT ALL SATISFIED.....1
 A LITTLE SATISFIED2
 MODERATELY SATISFIED3
 VERY SATISFIED4
 COMPLETELY SATISFIED5

1C. How often has anyone other than your partner (BF SUBSTITUTE) assisted you with things you had to do since the birth of your baby?

NEVER1 (SKIP TO Q2A)
 RARELY.....2
 SOMETIMES3
 OFTEN.....4
 ALWAYS.....5

1D. Who in particular did this? (IF MENTIONED, CIRCLE 1 AND PERSON/PEOPLE MENTIONED; OTHERWISE CIRCLE 0)

MOTHER/FATHER.....0 1
 MOTHER-IN-LAW/FATHER-IN-LAW0 1
 SISTER/BROTHER0 1
 SISTER-IN-LAW/BROTHER-IN-LAW.....0 1
 GRANDMOTHER/GRANDFATHER.....0 1
 AUNT/UNCLE0 1
 OTHER RELATIVE (SPECIFY: _____).....0 1
 FRIEND0 1
 OTHER (_____)......0 1

2A. Since the birth of your baby, how often has your partner (OR SUBSTITUTE) given you emotional support? By emotional support I mean that he showed interest in and concern for your well-being.

NEVER1
 RARELY.....2
 SOMETIMES3
 OFTEN.....4
 ALWAYS.....5

2B. Overall, how satisfied are you with that?

NOT AT ALL SATISFIED.....1
 A LITTLE SATISFIED2
 MODERATELY SATISFIED3
 VERY SATISFIED.....4
 COMPLETELY SATISFIED5

2C. How often has anyone other than your partner (BF SUBSTITUTE) given you emotional support of this type since the birth of your baby?

NEVER1 (SKIP TO Q3)
 RARELY.....2
 SOMETIMES3
 OFTEN.....4
 ALWAYS.....5

2D. Who in particular did this? (IF MENTIONED, CIRCLE 1 AND PERSON/PEOPLE MENTIONED; OTHERWISE CIRCLE 0)

MOTHER/FATHER.....0 1
 MOTHER-IN-LAW/FATHER-IN-LAW0 1
 SISTER/BROTHER0 1
 SISTER-IN-LAW/BROTHER-IN-LAW0 1
 GRANDMOTHER/GRANDFATHER.....0 1
 AUNT/UNCLE0 1
 OTHER RELATIVE (SPECIFY: _____).....0 1
 FRIEND0 1
 OTHER (_____).....0 1

3. Taking care of a newborn involves a lot of daily tasks and activities. I'm going to read you a list of childcare tasks. For each one, please tell me how often your partner (OR SUBSTITUTE) does this task using this card (CARD C)

How often does your partner...	NEVER	RARELY	SOME-TIMES	OFTEN	ALWAYS
A. feed the baby	1	2	3	4	5
B. change the baby's diapers	1	2	3	4	5
C. soothe the baby when he/she is fussy	1	2	3	4	5
D. get up in the middle of the night with the baby	1	2	3	4	5

4A. In general, would you say that your partner (OR SUBSTITUTE) does...

- a lot less infant and child care than you expected,1
- a little less infant and child care than you expected,2
- exactly what you expected,3
- a little more infant and child care than you expected, or4
- a lot more infant and child care than you expected?5

4B. How satisfied are you with the amount of infant and child care your partner does? Would you say...

- not at all satisfied,1
- a little satisfied,2
- moderately satisfied,3
- very satisfied, or4
- completely satisfied?5

4C. Has anyone other than your partner (BF SUBSTITUTE) helped you care for the baby?

- NO0 (SKIP TO NEXT PART)
- YES1

4D. Who in particular did this? (IF MENTIONED, CIRCLE 1 AND PERSON/PEOPLE MENTIONED; OTHERWISE CIRCLE 0)

- MOTHER/FATHER0 1
- MOTHER-IN-LAW/FATHER-IN-LAW0 1
- SISTER/BROTHER0 1
- SISTER-IN-LAW/BROTHER-IN-LAW0 1
- GRANDMOTHER/GRANDFATHER0 1
- AUNT/UNCLE0 1
- OTHER RELATIVE (SPECIFY: _____)0 1
- FRIEND0 1
- OTHER (_____)0 1

PART 8 – PRENATAL CARE

This next set of questions is about how you've been treated during your pregnancy by health care providers. We're interested in your perceptions of whether you've been treated better or worse than others during the course of care.

1. During this pregnancy, did you ever feel that any health care provider treated you differently from others because of the source of payment for your medical care?

NO.....0 (SKIP TO Q2)
 YES.....1

- A. IF "YES": Do you feel you were treated better or worse than others?

BETTER0
 WORSE.....1

- B. In what way? (RECORD VERBATIM)

- C. How often did you feel this way?

only once,.....1
 a few times2
 several times, or3
 almost always?4

2. During this pregnancy, did you ever feel that any health care provider treated you differently from others because of your level of education?

NO.....0 (SKIP TO Q3)
 YES.....1

- A. IF "YES": Do you feel you were treated better or worse than others?

BETTER0
 WORSE.....1

- B. In what way? (RECORD VERBATIM)

C. How often did you feel this way?

- only once,1
 a few times2
 several times, or3
 almost always?4

3. During this pregnancy, did you ever feel that any health care provider treated you differently from others because of your socioeconomic status or social class?

NO0 (SKIP TO Q4)
 YES1

A. IF "YES": Do you feel you were treated better or worse than others?

- BETTER0
 WORSE1

B. In what way? (RECORD VERBATIM)

C. How often did you feel this way?

- only once,1
 a few times2
 several times, or3
 almost always?4

4. During this pregnancy, did you ever feel that any health care provider treated you differently from others because of your marital status?

NO0 (SKIP TO Q5)
 YES1

A. IF "YES": Do you feel you were treated better or worse than others?

- BETTER0
 WORSE1

B. In what way? (RECORD VERBATIM)

C. How often did you feel this way?

- only once,1
 a few times2
 several times, or3
 almost always?4

5. During this pregnancy, did you ever feel that any health care provider treated you differently from others because of your race or ethnicity?

- NO0 (SKIP TO PART 10)
 YES1

A. IF "YES": Do you feel you were treated better or worse than others?

- BETTER0
 WORSE1

B. In what way? (RECORD VERBATIM)

C. How often did you feel this way?

- only once,1
 a few times2
 several times, or3
 almost always?4

PART 9 -- EMPLOYMENT UPDATE

This last set of questions is about your employment status.

1. Did you work for pay during this last pregnancy?

NO.....0 (SKIP TO Q2)
 YES.....1

IF YES:

1A. How many weeks or months did you work all together during your pregnancy?

_____ WEEKS/MONTHS (CIRCLE ONE)

2. Are you currently working?

NO.....0
 IF WORKED DURING PREGNANCY, SKIP TO Q8.
 IF DID NOT WORK DURING PREGNANCY, ASK Q15 THEN SKIP
 TO END.

YES1
 IF WORKED DURING PREGNANCY, ASK Q3.
 IF DID NOT WORK DURING PREGNANCY, SKIP TO Q5.

3. Did you receive paid or unpaid maternity leave from your work?

PAID LEAVE1
 UNPAID LEAVE2
 BOTH PAID AND UNPAID LEAVE.....3
 NO MATERNITY LEAVE4

4. How many weeks of leave did you take?

_____ WEEKS PAID LEAVE
 _____ WEEKS UNPAID LEAVE

5. What is your current work status? Would you say...

working full-time,1
 working part-time,2
 performing day work as it comes up, or3
 something else?.....4

IF SOMETHING ELSE, SPECIFY:

6. How soon after the birth of this baby did you return to work?

_____ WEEKS/MONTHS (CIRCLE ONE)

[FOR DATA ENTRY CONVERT TO WEEKS: 1 MONTH = 4 WEEKS]

7. Some women return to work because they need the money, but others return to work because they want to, or for other reasons. Why did you decide to go back to work?

MONEY1 (SKIP TO Q14)
 OTHER2 (SPECIFY BELOW)
 NOT SURE3 (SKIP TO Q14)

IF OTHER, SPECIFY, THEN SKIP TO Q16:

8. Are you on leave or did you stop or quit working?

ON LEAVE1 (ASK Q9)
 STOP/QUIT WORKING2 (SKIP TO Q11)

9. Is your leave paid or unpaid?

PAID1
 UNPAID2
 BOTH PAID AND UNPAID3

10. How many weeks of leave do you have?

_____ WEEKS PAID LEAVE
 _____ WEEKS UNPAID LEAVE

11. Do you intend to return to work?

NO0 (SKIP TO Q15)
 YES1 (ASK Q12)

12. How soon after birth will you return to work?

_____ WEEKS/MONTHS (CIRCLE ONE)

[FOR DATA ENTRY CONVERT TO WEEKS: 1 MONTH = 4 WEEKS]

13. What will your work status be? Would you say...

- working full-time,1
- working part-time,2
- performing day work as it comes up, or3
- something else?.....4

IF SOMETHING ELSE, SPECIFY:

ASK IF CURRENTLY WORKING OR PLANNING TO RETURN TO WORK:

To what extent is the following statement true for you?

14. You have felt upset that you have or will have to work after the baby was born. Would you say this is...

- not at all true,1
- slightly true,2
- somewhat true,3
- very true, or4
- completely true?.....5

IF CURRENTLY WORKING, SKIP TO END

IF NOT CURRENTLY WORKING, ASK Q15

ASK IF NOT CURRENTLY WORKING:

15. Please tell me how true the following statement is for you: You feel confined or trapped staying at home. Would you say this is...

- not at all true,1
- slightly true,2
- somewhat true,3
- very true, or4
- completely true?.....5

IF DID NOT WORK DURING PREGNANCY, SKIP TO END

IF DID WORK DURING PREGNANCY, ASK Q16

16. Please tell me how true the following statement is for you: You miss working and your previous activities at work. Would you say this is...

- not at all true,1
- slightly true,2
- somewhat true,3
- very true, or4
- completely true?.....5

GENERAL INTERVIEW CLOSING

ASK RESPONDENT: Have you been examined yet today, or are you about to be examined?
(CIRCLE ONE)

- INTERVIEWED BEFORE (NOT YET EXAMINED).....1
 INTERVIEWED AFTER (EXAMINED EARLIER).....2
 INTERVIEWED IN MIDDLE OF EXAMINATION3

That is all I need to ask you today. Thank you very much for your time and willingness to answer these questions.

Do you have any other questions or comments about these questions? (RECORD VERBATIM)

Was there anything unclear or confusing? (RECORD VERBATIM)

Can we contact you by mail in a few months to see how you and the baby are doing?

- NO.....0**
YES.....1

Thank you again.

INTERVIEWER NOTES

INTERVIEWER NOTES

REFER TO SPECIFIC PAGES OF INTERVIEW FOR EACH COMMENT, IF POSSIBLE.

LANGUAGE PROBLEMS? YES NO
EXPLAIN IN DETAIL:

EMOTIONAL DISTRESS? YES NO
EXPLAIN IN DETAIL:

PINK SHEET? YES NO

TIME ENDED:

____:____

REMINDER: REVIEW INTERVIEW AND BE SURE IT'S COMPLETE.