SECTION FA: MATERNAL HEALTH

FA1. And now I have some questions about health issues. How would you rate your overall physical health--excellent, very good, good, fair, or poor?

1. EXCELLENT	2. VERY GOOD	3. GOOD	4. FAIR	5. POOR

FA2. Are you currently pregnant?

1. YES	5. NO → NEXT PAGE, FA3

FA2a. (RB, P. 16) Thinking back to just before this pregnancy began, which one of the following statements best represents how you felt about getting pregnant? (READ AND CHECK ONLY ONE; STOP READING CATEGORIES AS SOON AS YOU GET A RESPONSE)

- ☐ 1. I wanted this pregnancy at an earlier time, as well as at that time.
- ☐ 2. I wanted to become pregnant at that time.
- ☐ 3. I did not want to become pregnant at that time, but I wanted another child some time in the future.
- ☐ 4. I did not want to become pregnant at that time, or at any time in the future.

FA2b. During the month before you became pregnant, were you using any kind of birth control?

1. YES	5. NO

FA2c. Do you expect to have more children? Would you say: definitely yes, probably yes, probably no, or definitely no.

1. DEFINITELY YES	2. PROBABLY YES	3. PROBABLY NO	4. DEFINITELY NO

GO TO FA2e

FA2d. How many more children do you expect to have?

_____ # OF CHILDREN

FA2e. How old were you when you had your first child?

_____ AGE IN YEARS

TURN TO P.71, FA5

FA3. Have you been pregnant within the last 5 years?

1. YES	5. NO → NEXT PAGE, FA4

FA3a. (RB, P. 16) Thinking back to just before your last pregnancy, which of the following statements best represents how you felt about getting pregnant? (READ AND CHECK ONLY ONE; STOP READING AS SOON AS YOU GET A RESPONSE)

- ☐ 1. I wanted this pregnancy at an earlier time, as well as at that time.
- ☐ 2. I wanted to become pregnant at that time.
- ☐ 3. I did not want to become pregnant at that time, but I wanted another child some time in the future.
- ☐ 4. I did not want to become pregnant at that time, or at any time in the future.

FA3b. During the month before you became pregnant, were you using any kind of birth control?

1. YES	5. NO

FA3c. How did this pregnancy end? Did it end with a live birth, stillbirth, miscarriage, or an abortion?

6. (1F VOL): R HAD MULTIPLE BIRTHS → GO TO FA4

1. LIVE BIRTH

FA3d. What was this baby's birthweight?

_____ AND _____
POUNDS OUNCES

FA3e. On what date was this baby born?

_____ /_____ /_____
MO DAY YEAR

2. STILLBIRTH

3. MISCARRIAGE

4. ABORTION

7. (IF VOL): GAVE CHILD UP FOR ADOPTION

FA3f. On what date did your last pregnancy end?

_____ /_____ /_____
MO DAY YEAR

FA4. Do you expect to have more children? Would you say: definitely yes, probably yes, probably no, or definitely no.

1. DEFINITELY YES
2. PROBABLY YES
3. PROBABLY NO
4. DEFINITELY NO

GO TO FA4b

FA4a. How many more children do you expect to have?

_____ # OF CHILDREN

FA4b. How old were you when you had your first child?

_____ AGE IN YEARS

FA5. (RB, P. 17) The following items are about activities you might do during a typical day. How much does your health limit you in...

	A LOT (1)	A LITTLE (2)	NOT AT ALL (3)
a. vigorous activities, such as running or lifting heavy objects--a lot, a little, or not at all?			**GO TO FA5c**
b. lifting or carrying groceries?			
c. moderate activities, such as moving a table or pushing a vacuum cleaner?			
d. (How much does your health limit you in) climbing several flights of stairs (a lot, a little, or not at all)?			**GO TO FA5f**
e. climbing one flight of stairs?			
f. bending, kneeling, or stooping?			
g. walking more than one mile?			**GO TO FA5k**
h. walking several blocks?			**GO TO FA5k**
j. walking one block?			
k. sitting or standing for long periods of time?			
m. bathing or dressing yourself?			

FA6. Do you have any chronic health or medical conditions that prevent you from attending work, affect your work performance, or prevent you from doing regular activities?

1. YES	5. NO

FA7. How many days out of the past 30 were you totally unable to work, go to school, or carry out your normal activities?

_____ DAYS

00. NONE	→ GO TO FA8

FA7a. Were any of these days due to poor physical health?

1. YES	5. NO

FA7b. Were any of these days due to your emotions, nerves, mental health, or your use of alcohol or drugs?

1. YES	5. NO

FA8. How many days out of the past 30 were you able to work or go to school, but had to cut back on what you did, or did not get as much done as usual?

_____ DAYS

00. NONE	→ NEXT PAGE, FA9

FA8a. Were any of these days due to poor physical health?

1. YES	5. NO

FA8b. Were any of these days due to your emotions, nerves, mental health, or your use of alcohol or drugs?

1. YES	5. NO

FA9. Has a doctor or other health professional ever told you that you had…

	FA10. Does that problem limit your activities now?
a. arthritis, rheumatism, or bone problems? 1. YES / 5. NO	1. YES / 5. NO
b. a back or neck problem? 1. YES / 5. NO	1. YES / 5. NO
c. breathing problem? 1. YES / 5. NO	1. YES / 5. NO
d. a heart problem? 1. YES / 5. NO	1. YES / 5. NO
e. hypertension or high blood pressure? 1. YES / 5. NO	1. YES / 5. NO
f. diabetes or sugar? 1. YES / 5. NO	1. YES / 5. NO NEXT PAGE, FA11

NEXT PAGE, FA11

FA11. Since (W2 IW DATE) have you applied for disability benefits from the Social Security Disability program, SSI program, Veteran's Administration, Worker's Compensation, State Disability Assistance, or another program for yourself?

1. YES 5. NO

FA11a. Are you currently receiving disability benefits for yourself?

1. YES 5. NO

FA12. Since (W2 IW DATE) was there a time when you could not afford to get prescriptions filled?

1. YES 5. NO

FA13. The next questions are about smoking. Have you smoked more than 100 cigarettes in your lifetime?

1. YES 5. NO → NEXT PAGE, FA14

FA13a. Do you currently smoke?

1. YES 5. NO → NEXT PAGE, FA14

FA13b. How many cigarettes per day do you smoke?

_____ # CIGARETTES OR _____ # PACKS

FA13c. How soon after you wake do you smoke your first cigarette?

_____ HOURS OR _____ MINUTES

FA13d. Do you find it difficult to refrain from smoking in places where it is forbidden--such as in church, at the library, at the movies, or at work?

1. YES 5. NO

FA14. How many hours of sleep do you usually get over a 24 hour period, including naps?

_____ # HOURS

FA15. About how much do you weigh without shoes?

_____ WEIGHT (LBS.)

FA15a. About how tall are you without shoes?

_____ FEET / _____ INCHES

FA16. About how many months or years has it been since you last visited a doctor for a general checkup?

_____ MONTHS OR _____ YEARS

96. NEVER HAD CHECKUP

FA17. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?

1. YES

5. NO → GO TO FA18

FA17a. About how many months or years has it been since you had your last Pap smear?

_____ MONTHS OR _____ YEARS

FA18. During the past 12 months, have you had sexual intercourse?

1. YES

5. NO → NEXT PAGE, FA19

FA18a. Was a condom used the last time you had sexual intercourse?

1. YES

5. NO

FA19. (RB, P. 18) How often do you use a seat belt when driving or riding in a vehicle – all of the time, most of the time, some of the time, rarely, or never?

1. ALL OF THE TIME	2. MOST OF THE TIME	3. SOME OF THE TIME	4. RARELY	5. NEVER

FA20. Now, I am going to read a list of opinions people have about their health. After I read each one I want you to tell me if you agree or disagree with the statement.

	AGREE (1)	DISAGREE (5)
a. No matter what I do, if I am going to get sick, I will get sick. Do you agree or disagree?		
b. Having regular contact with my physician is the best way for me to avoid illness.		
c. Whenever I don't feel well, I should consult a medically trained professional.		
d. Health professionals control my health.		
e. My good health is largely a matter of good fortune (agree or disagree?).		
f. The main thing which affects my health is what I myself do.		
g. If I take care of myself, I can avoid illness.		
h. If it's meant to be, I will stay healthy.		
j. If I take the right actions, I can stay healthy.		

FA21. Have you ever had a concern about having a mental health problem?

1. YES

5. NO → NEXT PAGE, FA25

FA22. Now I am going to ask you a few questions about mental health services. Services might include a stay in the hospital, treatment center, or halfway house. It could also consist of seeing a counselor, participating in a support group, or receiving medication. Have you received any services since (W2 IW DATE)?

1. YES

5. NO → NEXT PAGE, FA25

FA22a. What type of care have you received? (CHECK ALL THAT APPLY)

- A. HOSPITAL, TREATMENT CENTER, HALFWAY HOUSE
- B. EMERGENCY TREATMENT
- C. MEDICATION
- D. INDIVIDUAL OR GROUP THERAPY
- Z. OTHER CARE

FA22b. Overall, would you say your treatment has helped a lot, somewhat, a little, not at all, or has it made things worse?

1. A LOT	2. SOMEWHAT	3. A LITTLE	4. NOT AT ALL	5. MADE THINGS WORSE

FA23. Are you currently receiving mental health services?

1. YES

5. NO

FA24. Was there a time since (W2 IW DATE) when you wanted treatment and didn't get it?

1. YES	5. NO

FA25. Now I want to ask you about periods of feeling sad, empty or depressed. In your lifetime, have you ever had two weeks or longer where nearly every day you felt sad, empty or depressed for most of the day?

1. YES	5. NO

FA26. In your lifetime, have you ever had two weeks or longer when you lost interest in most things like work, hobbies, and other things you usually enjoyed?

1. YES	5. NO

FA27. INTERVIEWER CHECKPOINT

SEE FA25 AND FA26

☐ 1. "YES" TO FA25 **OR** FA26

☐ 2. ALL OTHERS → NEXT PAGE, SECTION FB

FA28. How old were you the first time you had a period of two weeks or more when you (felt sad, empty or depressed /[and]lost interest in things)?

_____ AGE OF ONSET