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. 23) 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
		TURN TO P. 73, FA5	

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

_____ # OF CHILDREN → TURN TO P. 73, FA5

FA3. (Since W3 IW DATE), have you been pregnant?

1. YES	5. NO → NEXT PAGE, FA4

FA3a. (RB, P. 23) 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

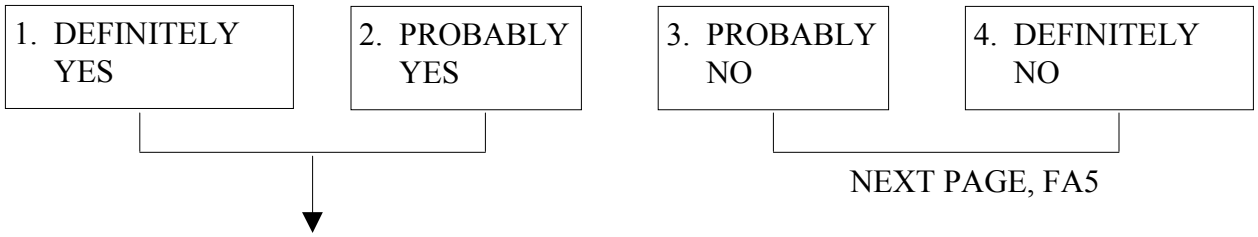
FA3c. How did this pregnancy end? Did it end with a live birth, stillbirth, miscarriage, or an abortion?

6. (1F VOL): R HAD MULTIPLE BIRTHS → NEXT PAGE, FA4

1. LIVE BIRTH ↓ FA3d. What was this baby's birthweight? _____ AND _____ POUNDS OUNCES	2. STILLBIRTH 3. MISCARRIAGE 4. ABORTION 7. (IF VOL): GAVE CHILD UP FOR ADOPTION

NEXT PAGE, FA4

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



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

_____ # OF CHILDREN

FA5. (RB, P. 24) 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?			
b. moderate activities, such as moving a table, pushing a vacuum cleaner or bowling?			
c. lifting or carrying groceries?			
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?

_____ # OF DAYS | 00. NONE → NEXT PAGE, FA9

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 use of alcohol or drugs?

1. YES | 5. NO

FA8. How many days out of the past 30 did you stay in bed more than half the day because of problems with either your physical health, your mental health, or your use of alcohol or drugs?

_____ # OF DAYS | 00. NONE → NEXT PAGE, FA9

FA8a. (Was that/How many of these [NUMBER IN FA8] days were) due to your emotions, nerves, mental health, or use of alcohol or drugs?

01. ONE DAY; "YES" **OR** _____ # OF DAYS

FA9. How many days out of the past 30 were you <u>able</u> 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 → GO TO FA10

FA9a. Were any of these days due to poor physical health?

1. YES

5. NO

FA9b. Were any of these days due to your emotions, nerves, mental health, or use of alcohol or drugs?

1. YES

5. NO

FA10. How many days out of the past 30 did you cut back on the <u>quality</u> of your work or how <u>carefully</u> you worked because of problems with either your physical health, your mental health, or your use of alcohol or drugs?

_____ # OF DAYS

00. NONE → NEXT PAGE, FA11

FA10a. (Was that/How many of these [NUMBER IN FA10] days were) due to your emotions, nerves, mental health, or use of alcohol or drugs?

01. ONE DAY; "YES" **OR** _____ # OF DAYS

FA11. How many days out of the past 30 did it take an extreme effort to perform up to your usual level at work or at your other normal daily activities because of problems with either your physical health, your mental health, or your use of alcohol or drugs?

_____ DAYS

00. NONE → NEXT PAGE FA12

FA11a. (Was that/How many of these [NUMBER IN FA11] days were) due to your emotions, nerves, mental health, or use of alcohol or drugs?

01. ONE DAY; "YES"

OR _____ # OF DAYS

FA12. (Since W3 IW DATE) has a doctor or other health professional told you that you had…

	FA13. Does that problem limit your activities now?
a. [1. YES] [5. NO] heumatism, or bone problems?	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	1. YES 5. NO
e. [5. NO] on or high blood pressure?	1. YES 5. NO
f. diabetes or sugar? 1. YES 5. NO NEXT PAGE, FA14	1. YES 5. NO NEXT PAGE, FA14

FA14. Since (W3 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

FA14a. Are you currently receiving disability benefits for yourself?

1. YES	5. NO

FA15. Since (W3 IW DATE) was there a time when you could not afford to get prescriptions filled?

1. YES	5. NO

FA16. Do you currently smoke?

1. YES	5. NO → NEXT PAGE, FA17

FA16a. How many cigarettes per day do you smoke?

_____ # CIGARETTES **OR** _____ # PACKS

FA16b. How soon after you wake do you smoke your first cigarette?

_____ HOURS **OR** _____ MINUTES

FA16c. 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

FA17. How many hours of sleep do you usually get over a 24 hour period, including naps?

_____ # HOURS

FA18. About how much do you weigh without shoes?

_____ WEIGHT (LBS.)

FA19. 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

FA20. About how many months or years has it been since you had your last Pap smear?

_____ MONTHS **OR** _____ YEARS

96. NEVER HAD PAP SMEAR

FA21. Now I'd like to ask about help that you may have received. We've talked about some of these topics already, but there are a few additional questions that I'd like to ask.

Are you currently taking any prescribed medications to help you with emotional, mental health, or alcohol or drug problems?

1. YES

5. NO → NEXT PAGE FA22

FA21a. What is the name of the medication? (PROBE AO UNTIL R SAYS NO. IF DK, SHOW MEDICATION CARD)

_____ _____ _____

FA22. Have you ever in your lifetime been admitted for an overnight stay in a hospital or other facility to receive help for problems with your emotions, nerves, mental health, or your use of alcohol or drugs?

1. YES

5. NO → TURN TO P.82, FA30

FA23. Was your most recent overnight stay in a hospital or other facility to receive help for problems with your emotions, nerves, mental health, or your use of alcohol or drugs in the past year, or was it more than a year ago?

1. PAST YEAR → GO TO FA 25

5. MORE THAN A YEAR AGO

FA24. How old were you at the time of this admission?

_____ YEARS OLD

FA25. How long did you stay in the hospital during this admission?

_____ DAYS **OR** _____ WEEKS **OR** _____ MONTHS

FA26. Was this stay in the hospital voluntary, that is, you decided to check into the hospital on your own?

1. YES	5. NO

FA27. At the time, were you having problems with your emotions, nerves, or mental health?

1. YES	5. NO

FA28. (At the time,) were you having problems with your use of alcohol?

1. YES	5. NO

FA29. (At the time,) were you having problems with your use of drugs?

1. YES	5. NO

FA30. (RB, Page 25) Which of these places have you ever gone to for professional help with your emotions, nerves, or mental health, your use of alcohol or drugs? (PROBE AO UNTIL R SAYS NO.)

	FA31. When was the last time you went to (PLACE)– in the past 12 months, or more than twelve months ago?
☐ NONE TURN TO P. 84, FA34	
☐ a. SELF-HELP GROUP	1. ~~PAST TWELVE MOS~~ ▶ ☐ 2. MORE THAN 12 MOS (GO TO NEXT PLACE CHECKED OR TURN TO P. 84, FA34)
☐ b. HOSPITAL EMERGENCY DEPARTMENT	1. ~~PAST TWELVE MOS~~ ▶ 2. MORE THAN 12 MOS (GO TO NEXT PLACE CHECKED OR TURN TO P. 84, FA34)
☐ c. PSYCHIATRIC OUTPATIENT CLINIC	1. ~~PAST TWELVE MOS~~ ▶ 2. MORE THAN 12 MOS (GO TO NEXT PLACE CHECKED OR TURN TO P. 84, FA34)
☐ d. DRUG OR ALCOHOL OUTPATIENT CLINIC	1. ~~PAST TWELVE MOS~~ ▶ 2. MORE THAN 12 MOS (GO TO NEXT PLACE CHECKED OR TURN TO P. 84, FA34)
☐ e. SOCIAL SERVICE AGENCY OR DEPARTMENT	1. ~~PAST TWELVE MOS~~ ▶ 2. MORE THAN 12 MOS (GO TO NEXT PLACE CHECKED OR TURN TO P. 84, FA34)
☐ f. PRIVATE DOCTOR'S OR COUNSELOR'S OFFICE	1. ~~PAST TWELVE MOS~~ ▶ 2. MORE THAN 12 MOS (GO TO NEXT PLACE CHECKED OR TURN TO P. 84, FA34)
☐ g. MINISTER (PASTOR), PRIEST, RABBI, OR OTHER CLERGY	1. ~~PAST TWELVE MOS~~ ▶ 2. MORE THAN 12 MOS (GO TO NEXT PLACE CHECKED OR TURN TO P. 84, FA34)
☐ h. OTHER (SPECIFY) _____	1. ~~PAST TWELVE MOS~~ ▶ 2. MORE THAN 12 MOS (GO TO NEXT PLACE CHECKED OR TURN TO P. 84, FA34)

FA32. In the past 12 months, how many times did you go to (PLACE) for problems with emotions, nerves, or mental health, or your use of alcohol or drugs?	FA33. At the time were you having problems with your:
a. _____ # TIMES	1. YES 5. NO Nerves, Mental Health B. Use Of Alcohol 1. YES 5. NO C. Use Of Drugs 1. YES 5. NO
b. _____ # TIMES	1. YES 5. NO Nerves, Mental Health B. Use Of Alcohol 1. YES 5. NO C. Use Of Drugs 1. YES 5. NO
c. _____ # 1. YES 5. NO	ES 5. NO Nerves, Mental Health B. Use Of Alcohol 1. YES 5. NO C. Use Of Drugs
d. _____ # TIMES	1. YES 5.NO Nerves, Mental Health B. Use Of Alcohol 1. YES 5. NO C. Use Of Drugs 1. YES 5. NO
e. _____ # TIMES	1. YES 5.NO Nerves, Mental Health B. Use Of Alcohol 1. YES 5. NO C. Use Of Drugs 1. YES 5. NO
f. _____ # TIMES	1. YES 5.NO Nerves, Mental Health B. Use Of Alcohol 1.YES 5. NO C. Use Of Drugs 1. YES 5. NO
g. _____ # TIMES	1. YES 5.NO Nerves, Mental Health B. Use Of Alcohol 1. YES 5. NO C. Use Of Drugs 1. YES 5. NO
h. _____ # TIMES	1. YES 5.NO Nerves, Mental Health B. Use Of Alcohol 1. YES 5. NO C. Use Of Drugs 1. YES 5. NO

FA34. Was there a time since (W3 IW DATE) when you wanted treatment for emotions, nerves, or mental health, your use of alcohol or drugs and did not get it?

1. YES

5. NO → NEXT PAGE, SECTION FC

FA35. Here are some reasons people have for not seeking help even when they think they might need it. Just tell me "yes" or "no" whether each statement applies to why you did not see a professional.

	YES (1)	NO (5)
a. I thought it would take too much time or be inconvenient.		
b. I was concerned about how much money it would cost.		
c. I had problems with transportation that would have made it hard to get to treatment.		
d. I had problems with childcare, or scheduling that would have made it hard to get to treatment.		
e. I was scared about being put into a hospital against my will.		
f. I was concerned about what people would think if they found out I was in treatment.		
g. I was concerned that I would lose my job.		