



MATERNAL INTERVIEW FORM

BEGINNING THE INTERVIEW

Interviewer Instructions:

The first 1 to 15 minutes of the home visit will usually be used to develop rapport with the mother, to thank her for allowing the visit, and to explain the program. Once a comfortable atmosphere has been achieved, the best way to begin the interview is to ask the mother to describe in her own words how she and the child are doing since the delivery. The interviewer should call the child by his/her name, if given.

It is important to remain sensitive to the mother's need to expound on or digress from any particular event that generates strong feelings and to give her time to recall details and relate her experiences in her own words. The standardized questionnaire can follow when the mother is able.

"My name is (*Interviewer's name*). I want to thank you for participating in the FIMR/HIV and congenital syphilis project to help us study systems of care for women with HIV or congenital syphilis and their families in our community so that we can work to improve the services you use and find additional ways to help families such as yours in the future.

This interview should take about 90 minutes. I will be taking notes as we are talking because I want to capture all of your comments. Please don't be distracted by this.

Before we start, I want to remind you that your participation today is voluntary and you may refuse to answer any questions that you do not wish to answer or end the interview at any time without any consequences to you or your family and that all information that identifies you, your family or your health care providers will be removed before the interview questionnaire is reviewed. Also, there are no right or wrong answers in this discussion. We are interested in knowing what you think, so please feel free to be frank and to share your point of view. It is very important that we hear your opinion

Do you have any questions about what I've just gone over? Let's get started."

PART A: INFORMATION ON MOTHER

“I would like to first start out by asking you some questions about you. This will help us know more about you and your background.”

A1. What is your age?

_____ Age
 98 = Refuse to say

A2. Do you consider yourself: *(Read and select only one)*

- 0 = Not Hispanic or Latino
- 1 = Hispanic or Latino
- 77 = Don't know
- 98 = Refuse to say

A3. Do you consider yourself: <i>(Read and check all that apply)</i>	0 No	1 Yes	77 Don't Know	98 Refuse to say
			<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>		
Asian	<input type="checkbox"/>	<input type="checkbox"/>		
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>		
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>		
White	<input type="checkbox"/>	<input type="checkbox"/>		

A4. During most or all of your pregnancy, what was your marital status? *(select only one)*

- 1 = Single, not married
- 2 = Married
- 3 = Living as married (common law)
- 4 = Separated
- 5 = Divorced
- 6 = Widowed
- 76 = Other
(specify): _____
- 77 = Don't know
- 98 = Refuse to say

A5. What is the highest level of schooling that you completed? (select only one)

- 1 = No schooling
- 2 = Less than 8th grade
- 3 = Between 8th grade and 12th grade with no high school diploma
- 4 = High school graduate or GED
- 5 = Some college
- 6 = Technical school
- 7 = Associates Degree
- 8 = Bachelor's degree
- 9 = Advanced college degree
- 77 = Don't know
- 98 = Refuse to say

A6. Where were you born?

- 1 = Inside the continental United States (50 states), (skip to A9)
- 2 = Outside the United States
- 77 = Don't know
- 98 = Refuse to say

IF "1= IN THE UNITED STATES", SKIP TO A9

A7. In what country were you born? _____

- 77 = Don't know
- 98 = Refuse to say

A8. About how old were you when you first moved to the US?

- _____ Age (Enter zero if less than 1 year old)
- 77 = Don't know
 - 98 = Refuse to say

A9. What language do you speak most of the time at home? (Select only one)

- 1 = English (Skip to A11)
 - 2 = Spanish
 - 3 = Creole
 - 4 = French
 - 5 = Italian
 - 6 = Russian
 - 7 = Polish
 - 8 = Vietnamese
 - 9 = Mandarin/Cantonese
 - 76 = Other
- (specify): _____
- 77 = Don't know
 - 98 = Refuse to say

IF "1 = ENGLISH", SKIP TO A11

“I’d like to ask you a few more questions about language and language services that you may have used”

A10. Were interpretation or translation services offered to you during pregnancy at any of the following settings? (Read and check all that apply)	0 NO	1 YES	77 DON'T KNOW <input type="checkbox"/>	98 REFUSE TO SAY <input type="checkbox"/>
During prenatal care	<input type="checkbox"/>	<input type="checkbox"/>		
At an emergency room	<input type="checkbox"/>	<input type="checkbox"/>		
At the hospital when you delivered	<input type="checkbox"/>	<input type="checkbox"/>		
At the hospital after you delivered	<input type="checkbox"/>	<input type="checkbox"/>		
At the pediatrician’s visit	<input type="checkbox"/>	<input type="checkbox"/>		
At the family planning visit	<input type="checkbox"/>	<input type="checkbox"/>		

“Now I would like to ask you about how you paid for health care before, during and after you delivered.”

A11. How did you pay for health care in the year before this pregnancy? Check all that apply	A12. How did you pay for health care during this pregnancy? Check all that apply	A13. How did you pay for health care since your delivery? Check all that apply
<input type="checkbox"/> Private insurance	<input type="checkbox"/> Private insurance	<input type="checkbox"/> Private insurance
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicare
<input type="checkbox"/> CHAMPUS/Military insurance	<input type="checkbox"/> CHAMPUS/Military insurance	<input type="checkbox"/> CHAMPUS/Military insurance
<input type="checkbox"/> Self-pay, but eligible for Medicaid	<input type="checkbox"/> Self-pay, but eligible for Medicaid	<input type="checkbox"/> Self-pay, but eligible for Medicaid
<input type="checkbox"/> Self-pay	<input type="checkbox"/> Self-pay	<input type="checkbox"/> Self-pay
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Did not receive care	<input type="checkbox"/> Did not receive care	<input type="checkbox"/> Did not receive care
<input type="checkbox"/> Don’t know	<input type="checkbox"/> Don’t know	<input type="checkbox"/> Don’t know
<input type="checkbox"/> Refuse to say	<input type="checkbox"/> Refuse to say	<input type="checkbox"/> Refuse to say

A14. Is there anything else about your background that you’d like to share with me or think I should know?

- 77 = Don’t know
- 98 = Refuse to say

PART B: INFORMATION ON MOTHER’S EMPLOYMENT

“Now, I would like to focus on your work history during your pregnancy.”

B1. During your pregnancy, did you have a job at any time?

- 0 = No, (Skip to part C)
- 1 = Yes
- 77 = Don’t know (Skip to part C)
- 98 = Refuse to say (Skip to part C)

IF "No", "Don't know", "Refuse to say", SKIP TO PART C

B2. (If yes) Did you work during: <i>(Read and check all that apply)</i>	0 No	1 Yes	77 Don't know	98 Refuse to say
First three months of pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second three months of pregnancy	<input type="checkbox"/>	<input type="checkbox"/>		
Third three months of pregnancy	<input type="checkbox"/>	<input type="checkbox"/>		

B3. Please describe briefly the type of work you were doing?

- 77 = Don't know
- 98 = Refuse to say

B4. Did you continue to work right up to your delivery date?

- 0 = No
- 1 = Yes
- 77 = Don't know
- 98 = Refuse to say

B5. Did you get maternity leave?

- 0 = No *(Skip to B7)*
- 1 = Yes
- 77 = Don't know *(Skip to B7)*
- 98 = Refuse to say *(Skip to B7)*

IF "No", "Don't know" or "Refuse to say", SKIP TO B7

B6. (If yes) Was the leave paid?

- 0 = No
- 1 = Yes
- 77 = Don't know
- 98 = Refuse to say

B7. Is there anything else about your work status during your pregnancy that you'd like to share with me or think I should know?

- 77 = Don't know
- 98 = Refuse to say

PART C: INFORMATION ON MOTHER'S LIVING SITUATION

“Now, I would like to ask about your living situation during your recent pregnancy. Think about your earnings, where you lived, your expenses, and any challenges you had financially.

C1. To the best of your knowledge, what was the total yearly income for your household before [CHILD'S NAME] birth? Would you say it was: (Read and select only one)

- 1 = Less than \$8,000
- 2 = More than \$8,000, but less than \$12,000
- 3 = More than \$12,000, but less than 20,000
- 4 = More than \$20,000, but less than \$30,000
- 5 = More than \$30,000, but less than \$40,000
- 6 = More than \$40,000, but less than \$60,000
- 7 = \$60,000 or more
- 77 = Don't know
- 98 = Refuse to say

C2. During your pregnancy, did you stay for more than 24 hours in any of the following places? (Read and check all that apply)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Prison/Correctional Facility (jail)	<input type="checkbox"/>	<input type="checkbox"/>		
Mental Health Facilities	<input type="checkbox"/>	<input type="checkbox"/>		
Drug treatment center	<input type="checkbox"/>	<input type="checkbox"/>		
Battered women's shelter	<input type="checkbox"/>	<input type="checkbox"/>		
Homeless shelter	<input type="checkbox"/>	<input type="checkbox"/>		
Home for pregnant teens	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				
None of these facilities (skip to C5)	<input type="checkbox"/>	<input type="checkbox"/>		

IF C2 = "NONE", SKIP TO C5

C3. While you stayed there, did you get help with (read and check all that apply):	0 No	1 Yes	77 Don't Know <input type="checkbox"/>	98 Refuse to Say <input type="checkbox"/>
Prenatal care	<input type="checkbox"/>	<input type="checkbox"/>		
General medical care	<input type="checkbox"/>	<input type="checkbox"/>		
Did not receive help getting care (Skip to C5)	<input type="checkbox"/>	<input type="checkbox"/>		

IF "Did not receive help getting care", SKIP TO C5

C4. Please tell me BOTH the place and type of assistance received.

- 77 = Don't know
- 98 = Refuse to say

“The next questions focus on persons that lived with you.”

C5. During your pregnancy, not counting yourself, how many adults lived with you?

_____ Number of adults (Enter 0 if none)

- 77 = Don't know
- 98 = Refuse to say

C6. During your pregnancy, how many children, including those that may not be your own, lived with you?

_____ Number of children (Enter 0 if none)

- 77 = Don't know
- 98 = Refuse to say

“Now, let's talk about changes you may have had in living situation.”

C7. During your pregnancy and since delivery, how many times did you move?

- 1 = None
- 2 = Once only
- 3 = 2 to 3 times
- 4 = 4 to 5 times
- 5 = More than 5 times
- 77 = Don't know
- 98 = Refuse to say

C8. At any time during your pregnancy, did you feel unsafe in the place where you were living?

- 0 = No (*skip to C10*)
- 1 = Yes
- 77 = Don't know (*skip to C10*)
- 98 = Refuse to say (*skip to C10*)

IF “No”, “Don't know” or “Refuse to say”, SKIP TO C10

C9. (If yes) Please tell me a little more about it:

- 77 = Don't know
- 98 = Refuse to say

“We recognize that these are difficult economic times and that people may have a hard time making ends meet.”

C10. During your pregnancy or since your delivery, did you ever have trouble paying for housing-related costs, like your rent, mortgage, or basic utilities (gas, water, electricity)?

- 0 = No
- 1 = Yes
- 77 = Don't know
- 98 = Refuse to say

C11. Is there anything else about your living situation that you'd like to share with me or think I should know?

- 77 = Don't know
- 98 = Refuse to say

PART D: PRECONCEPTION HEALTH INFORMATION

“Now, I want to start with asking you some questions about the time before the start of your most recent pregnancy.”

D1. Were you ever told you had any health problems <i>before</i> you became pregnant? (Check all that apply. Prompt with examples if needed.)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>		
Heart Disease/ Conditions	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>		
Seizures/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>		
Depression or other mental health diagnosis	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				
Anemia	<input type="checkbox"/>	<input type="checkbox"/>		
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>		
HIV	<input type="checkbox"/>	<input type="checkbox"/>		
Other Viruses/Infections	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				
Tooth Decay/Gum Disease	<input type="checkbox"/>	<input type="checkbox"/>		
Kidney problems or frequent bladder infections	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				

D1. Were you ever told you had any health problems <i>before</i> you became pregnant? (Check all that apply. Prompt with examples if needed.)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Thyroid disease (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>		
Respiratory diseases like Asthma, Tuberculosis (TB) or emphysema (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>		
Hepatitis A, B, or C (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>		
Other sexually transmitted infection (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>		
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>		
None (Skip to D3)	<input type="checkbox"/>	<input type="checkbox"/>		

IF "None", GO TO D3

D2. (If yes) Specify the disease and what treatment was provided.

- 77 = Don't know
 98 = Refuse to say

D3. In the year before this pregnancy, did a doctor or nurse talk with you about contraception or family planning?

- 0 = No
 1 = Yes
 77 = Don't know
 98 = Refuse to say

D4. When you got pregnant this last time, what kind of birth control, if any, were you using? (Check all that apply)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Pill	<input type="checkbox"/>	<input type="checkbox"/>		
Diaphragm	<input type="checkbox"/>	<input type="checkbox"/>		
Condom	<input type="checkbox"/>	<input type="checkbox"/>		
Foam, Jelly or Cream	<input type="checkbox"/>	<input type="checkbox"/>		
Rhythm	<input type="checkbox"/>	<input type="checkbox"/>		
Depo-Provera	<input type="checkbox"/>	<input type="checkbox"/>		
IUD	<input type="checkbox"/>	<input type="checkbox"/>		
Withdrawal (Pulling Out)	<input type="checkbox"/>	<input type="checkbox"/>		
Contraceptive patch	<input type="checkbox"/>	<input type="checkbox"/>		
Contraceptive vaginal ring	<input type="checkbox"/>	<input type="checkbox"/>		

Other	<input type="checkbox"/>	<input type="checkbox"/>	
(specify): _____			
None (Answer D5)	<input type="checkbox"/>	<input type="checkbox"/>	

IF ANY D4 is = to ANY ITEM OTHER THAN "None", Skip to D6

D5. (If None) What are the reasons that you were not using birth control right before you got pregnant this last time?(Check all that apply)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Wanted to get pregnant	<input type="checkbox"/>	<input type="checkbox"/>		
Did not think she was going to sex	<input type="checkbox"/>	<input type="checkbox"/>		
Did not think she could get pregnant	<input type="checkbox"/>	<input type="checkbox"/>		
Did not like using birth control	<input type="checkbox"/>	<input type="checkbox"/>		
Had trouble getting birth control	<input type="checkbox"/>	<input type="checkbox"/>		
Was having side effects	<input type="checkbox"/>	<input type="checkbox"/>		
Partner did not like using condoms	<input type="checkbox"/>	<input type="checkbox"/>		
Partner does not believe in birth control	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				

D6. How do you remember feeling about being pregnant? (read and select one)

- 1 = Wanted to get pregnant sooner
 2 = Wanted to get pregnant later
 3 = Wanted to be pregnant then
 4 = Did not want to be pregnant then or at any time in the future
 76 = Other
(specify): _____
 77 = Don't know
 98 = Refuse to say

D7. Is there anything else about your experiences or the care you received in the time just before your pregnancy that you'd like to share with me or think I should know?

- 77 = Don't know
 98 = Refuse to say

PART E: GENERAL PRENATAL CARE

"In the next set of questions, I will ask you about the general prenatal care you received."

E1. How many weeks were you when you learned that you were pregnant?

(Interviewer: If participant provides months, convert months into weeks)

- _____ Weeks
 77 = Don't know
 98 = Refuse to say

E2. During this pregnancy, other than a prenatal care provider, where else did you go for any health care you needed? (Check all that apply).	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Emergency room	<input type="checkbox"/>	<input type="checkbox"/>		
Labor and delivery unit at a different time <i>before</i> you were admitted to deliver	<input type="checkbox"/>	<input type="checkbox"/>		
Infectious disease consult	<input type="checkbox"/>	<input type="checkbox"/>		
General practitioner	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				
Did not go elsewhere for care (Skip to E4)	<input type="checkbox"/>	<input type="checkbox"/>		

IF "DID NOT GO ELSEWHERE FOR CARE", SKIP TO E4

E3. Why did you go to each of these places or providers?

- 77 = Don't know
- 98 = Refuse to say

E4. Did you receive any prenatal care from a doctor, nurse-midwife, or nurse practitioner during this pregnancy?

- 0 = No (Skip to E11)
- 1 = Yes
- 77 = Don't know (Skip to E11)
- 98 = Refuse to say (Skip to E11)

IF "No", "Don't know", or "Refuse to say", SKIP TO E11

E5. How many weeks pregnant were you at your first visit for prenatal care?

(Interviewer: convert months to weeks. Don't count a visit that was only for a pregnancy test, sonogram, or WIC appointment.)

- _____ Weeks
- 77 = Don't know
 - 98 = Refuse to say

E6. Where did you go for your first prenatal visit? (Check only one)

- 1 = Private Provider's Office (OB/Gyn, Midwife)
- 2 = County Health Department
- 3 = Clinic in a hospital
- 4 = Clinic at work or at school
- 5 = Hospital emergency room or as needed
- 6 = Community Health Center
- 7 = Correctional facility (jail, prison, detention center)
- 76 = Other

(specify): _____

- 77 = Don't know
- 98 = Refuse to say

E7. Did you have to change your prenatal care provider during this pregnancy?

- 0 = No (Skip to E10)
- 1 = Yes
- 77 = Don't know (Skip to E10)
- 98 = Refuse to say (Skip to E10)

IF "No", "Don't know", or "Refuse to say", SKIP TO E10

E8. (If yes) Why did you have to change providers? (Check all that apply)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Provider would not accept Medicaid	<input type="checkbox"/>	<input type="checkbox"/>		
Provider would not insurance	<input type="checkbox"/>	<input type="checkbox"/>		
Could not pay	<input type="checkbox"/>	<input type="checkbox"/>		
Moved	<input type="checkbox"/>	<input type="checkbox"/>		
Referred to specialist	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				
Other	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				

E9. If you had to change prenatal care providers, where did you receive the rest of your prenatal care? (Check all that apply)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Private provider's office (OB/Gyn, Midwife)	<input type="checkbox"/>	<input type="checkbox"/>		
County health department	<input type="checkbox"/>	<input type="checkbox"/>		
Clinic in a hospital	<input type="checkbox"/>	<input type="checkbox"/>		
Clinic at work or at school	<input type="checkbox"/>	<input type="checkbox"/>		
Hospital emergency room	<input type="checkbox"/>	<input type="checkbox"/>		
Community health center	<input type="checkbox"/>	<input type="checkbox"/>		
Correctional facility (jail, prison, detention center)	<input type="checkbox"/>	<input type="checkbox"/>		
Did not get any more prenatal care	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				

E10. When you received prenatal care during this pregnancy, did a doctor, nurse or any other health worker talk to you about: (Read and check all that apply)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Medicines and drugs that could affect your pregnancy	<input type="checkbox"/>	<input type="checkbox"/>		

E10. When you received prenatal care during this pregnancy, did a doctor, nurse or any other health worker talk to you about: (Read and check all that apply)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Signs and symptoms of premature labor	<input type="checkbox"/>	<input type="checkbox"/>		
Signs and symptoms that mean you should call the doctor/hospital immediately	<input type="checkbox"/>	<input type="checkbox"/>		
Avoiding smoking during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>		
Avoiding alcohol during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>		
Avoiding illegal drugs during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>		
Taking vitamins or iron during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>		
Benefits of your own dental care and hygiene	<input type="checkbox"/>	<input type="checkbox"/>		
Getting tested for HIV (the virus that causes AIDS)	<input type="checkbox"/>	<input type="checkbox"/>		
How to avoid getting or transmitting sexually transmitted diseases	<input type="checkbox"/>	<input type="checkbox"/>		
What you should eat during your pregnancy	<input type="checkbox"/>	<input type="checkbox"/>		
Avoiding and reducing stress at home, work, school, etc.	<input type="checkbox"/>	<input type="checkbox"/>		
Finding a doctor or nurse practitioner to care for your baby	<input type="checkbox"/>	<input type="checkbox"/>		
What to do if you were depressed	<input type="checkbox"/>	<input type="checkbox"/>		
Safe Sleep/SIDS Risk Reduction Activities	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				

E11. Tell me about any challenges that you had in getting or in trying to get prenatal care? (Use prompts if needed. Check all that apply.)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Worried about pressure to have an HIV test	<input type="checkbox"/>	<input type="checkbox"/>		
Worried about a drug test	<input type="checkbox"/>	<input type="checkbox"/>		
Had alcohol or drug problem	<input type="checkbox"/>	<input type="checkbox"/>		
Don't like to have blood drawn or to have pelvic exams	<input type="checkbox"/>	<input type="checkbox"/>		
Bad experience with prenatal care in past	<input type="checkbox"/>	<input type="checkbox"/>		
Did not feel she needed the care	<input type="checkbox"/>	<input type="checkbox"/>		
Worried about being reported to child welfare agency	<input type="checkbox"/>	<input type="checkbox"/>		
Had legal or criminal problems	<input type="checkbox"/>	<input type="checkbox"/>		
Worried about legal/immigration status	<input type="checkbox"/>	<input type="checkbox"/>		
Couldn't get time off work or school	<input type="checkbox"/>	<input type="checkbox"/>		
Couldn't find a place in neighborhood to get medical care	<input type="checkbox"/>	<input type="checkbox"/>		
Unable to get appointment (provider not available; fully booked)	<input type="checkbox"/>	<input type="checkbox"/>		
Hours the clinic was open were inconvenient	<input type="checkbox"/>	<input type="checkbox"/>		
Wait list/time to be seen was too long	<input type="checkbox"/>	<input type="checkbox"/>		
Time with staff (doctor or nurse) was too short	<input type="checkbox"/>	<input type="checkbox"/>		
Staff doesn't listen or act respectful	<input type="checkbox"/>	<input type="checkbox"/>		
Appropriate translation/language services not available	<input type="checkbox"/>	<input type="checkbox"/>		
Disliked or did not trust the staff	<input type="checkbox"/>	<input type="checkbox"/>		
Did not have childcare	<input type="checkbox"/>	<input type="checkbox"/>		
Had no transportation or unreliable transportation	<input type="checkbox"/>	<input type="checkbox"/>		
Did not have money or couldn't afford the visit	<input type="checkbox"/>	<input type="checkbox"/>		
Did not have insurance	<input type="checkbox"/>	<input type="checkbox"/>		
Did not know where to go	<input type="checkbox"/>	<input type="checkbox"/>		
No problems	<input type="checkbox"/>	<input type="checkbox"/>		

E11. Tell me about any challenges that you had in getting or in trying to get prenatal care? (Use prompts if needed. Check all that apply.)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>		

IF PRENATAL CARE WAS RECEIVED, SKIP TO E13

E12. What were the reasons you did not receive prenatal care? (Read and check all that apply)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Never had prenatal care with other pregnancies	<input type="checkbox"/>	<input type="checkbox"/>		
Did not know she was pregnant	<input type="checkbox"/>	<input type="checkbox"/>		
Did not plan to become pregnant	<input type="checkbox"/>	<input type="checkbox"/>		
Did not want to become pregnant	<input type="checkbox"/>	<input type="checkbox"/>		
Avoiding alcohol during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>		
Used alternative medicines	<input type="checkbox"/>	<input type="checkbox"/>		
Did not need or want care	<input type="checkbox"/>	<input type="checkbox"/>		
Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>		

E13. Were any of the following health problems identified <u>while</u> you were pregnant? (Read and check all that apply)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>		
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>		
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>		
Anemia	<input type="checkbox"/>	<input type="checkbox"/>		
Depression or other mental health diagnosis (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>		
Viruses/Infections (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>		
Seizures/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>		
Other Sexually Transmitted Infections (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>		
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>		
Folic Acid deficiency	<input type="checkbox"/>	<input type="checkbox"/>		
Vaginal bleeding (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>		
I did not have any of these problems (Skip to E15)	<input type="checkbox"/>	<input type="checkbox"/>		

IF "I did not have any of these problems", GO TO E15

E14. (If yes) What was the disease or condition and what treatment was provided?

- 77 = Don't know
- 98 = Refuse to say

E15. Is there anything else about your prenatal care and pregnancy that you'd like to share with me or think I should know?

- 77 = Don't know
- 98 = Refuse to say

PART F: Syphilis CARE BEFORE & DURING PREGNANCY

“These next questions are about how you learned about your syphilis infection, your care before and during pregnancy and how your prenatal care and syphilis care were related.”

F1. When you were diagnosed with syphilis, was it: (Read and check only one)

- 1 = Before this pregnancy
- 2 = During your first trimester
- 3 = During your second trimester
- 4 = During your third trimester, but before delivery
- 5 = At the time of your delivery
- 6 = After [CHILD'S NAME] birth
- 77 = Don't know
- 98 = Refuse to say

F2. Where did you receive your first test that showed that you had syphilis? (Read and check only one)

- 1 = Community health center
- 2 = HIV testing organization
- 3 = STD clinic
- 4 = Primary or general medical care clinic
- 5 = Family planning clinic
- 6 = County/local health department clinic
- 7 = Health fair
- 8 = Primary care provider's office
- 9 = Prenatal care provider's office
- 10 = Emergency room
- 76 = Other

(specify): _____

- 77 = Don't know
- 98 = Refuse to say

F3. Were you tested for syphilis again after this first test?

- 0 = No
 - 1 = Yes, (If yes, where?):
 - 2 = Community health center
 - 3 = STD clinic
 - 4 = Primary or general medical care clinic
 - 5 = Family planning clinic
 - 6 = County/local health department clinic
 - 7 = Health fair
 - 8 = Primary care provider's office
 - 9 = Prenatal care provider's office
 - 10 = Emergency room
 - 76 = Other
- (specify): _____
- 77 = Don't know
 - 98 = Refuse to say
- 77 = Don't know
 - 98 = Refuse to say

F4.

How do you think you got syphilis ? Allow me to read this list before you answer (read list). Now, given the list I just read, how do you think you got syphilis? (Check all that apply)

- 1 = Having sex with someone who had syphilis
 - 2 = Having sex with someone who had syphilis to try to get pregnant
 - 3 = Having sex with someone who had syphilis and also had sex with men
 - 4 = Having sex with someone who had syphilis and had also been incarcerated
 - 5 = Using injection drugs
 - 6 = Born with it
 - 76 = Other
- (specify): _____
- 77 = Don't know
 - 98 = Refuse to say

IF F1 = "BEFORE PREGNANCY" GO TO F5
IF F1 = "DURING YOUR FIRST, SECOND OR THIRD TRIMESTER", SKIP TO F8
IF F1 = "AT TIME OF DELIVERY" or "AFTER [CHILD'S NAME] BIRTH", SKIP TO PART G

F5. If you were diagnosed with syphilis BEFORE your most recent pregnancy, did you complete treatment?

- 0 = No
- 1 = Yes, 1 shot (Skip to F7)
- 2 = Yes, 3 shots- 1/week (Skip to F7)
- 77 = Don't know
- 98 = Refuse to say

IF F5 = "YES", SKIP TO F7

F6. (If no) Why did you not complete treatment for syphilis BEFORE that pregnancy? (Check all that apply)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Was not going to a doctor before this pregnancy	<input type="checkbox"/>	<input type="checkbox"/>		
Did not know where to go	<input type="checkbox"/>	<input type="checkbox"/>		
Couldn't afford the doctor visit	<input type="checkbox"/>	<input type="checkbox"/>		
Could not afford to pay for the medicine	<input type="checkbox"/>	<input type="checkbox"/>		
Could not get to provider's office/clinic	<input type="checkbox"/>	<input type="checkbox"/>		
Did not know she had syphilis	<input type="checkbox"/>	<input type="checkbox"/>		
Had too many other things to do (not a priority)	<input type="checkbox"/>	<input type="checkbox"/>		
Was not offered medicine	<input type="checkbox"/>	<input type="checkbox"/>		
Declined treatment	<input type="checkbox"/>	<input type="checkbox"/>		
Going to care made her sad, depressed, upset	<input type="checkbox"/>	<input type="checkbox"/>		
Don't like to have blood drawn or to have pelvic exams	<input type="checkbox"/>	<input type="checkbox"/>		
Long waits (for appointments or to see the doctor)	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				

F7. BEFORE your pregnancy, were you given information about? (Read list and check all that apply)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Using condoms to avoid spreading HIV and STIs to a sexual partner	<input type="checkbox"/>	<input type="checkbox"/>		
Importance of partner testing and treatment	<input type="checkbox"/>	<input type="checkbox"/>		
Going to a follow-up appt. after your treatment	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				
None	<input type="checkbox"/>	<input type="checkbox"/>		

F8. DURING your pregnancy, were you tested for syphilis?

- 0 = No (Skip to F13)
- 1 = Yes, during your first trimester
- 2 = During your second trimester
- 3 = During your third trimester, but before delivery
- 77 = Don't know (Skip to F13)
- 98 = Refuse to say (Skip to F13)

IF F8 = "NO" "DON'T KNOW", OR "REFUSED TO ANSWER", SKIP TO F13

F9. DURING your pregnancy, was the syphilis testing and/or treatment site located at a different address or facility than your prenatal care?

- 0 = No
- 1 = Yes
- 77 = Don't know
- 98 = Refuse to say
- 99 Did not receive prenatal care

F10. Was the prenatal provider the same person that you saw for syphilis treatment?

- 0 = No
- 1 = Yes
- 77 = Don't know
- 98 = Refuse to say
- 99 Did not receive prenatal care

F11. DURING your pregnancy, did you complete treatment for syphilis?

- 0 = No
- 1 = Yes, 1 shot (*Skip to F13*)
- 2 = Yes, 3 shots- 1/week (*Skip to F13*)
- 77 = Don't know
- 98 = Refuse to say

IF F11 = "YES", SKIP TO F13

F12. Why did you not complete treatment for syphilis during your most recent pregnancy? (Check all that apply)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Was not going to a doctor during this pregnancy	<input type="checkbox"/>	<input type="checkbox"/>		
Was not offered medicine	<input type="checkbox"/>	<input type="checkbox"/>		
Was not tested	<input type="checkbox"/>	<input type="checkbox"/>		
Could not afford to pay for the testing and/or treatment	<input type="checkbox"/>	<input type="checkbox"/>		
Did not know she had syphilis	<input type="checkbox"/>	<input type="checkbox"/>		
Declined the treatment	<input type="checkbox"/>	<input type="checkbox"/>		
Doctor's office/clinic not convenient to where I live	<input type="checkbox"/>	<input type="checkbox"/>		
Could not find the time in my schedule to go to the doctor	<input type="checkbox"/>	<input type="checkbox"/>		
Worried about costs	<input type="checkbox"/>	<input type="checkbox"/>		
Don't like to have blood drawn or to have pelvic exams	<input type="checkbox"/>	<input type="checkbox"/>		
Long waits (for appointments or to see the doctor)	<input type="checkbox"/>	<input type="checkbox"/>		
Bad experience with prenatal care in past	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				
Other	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				

F13. During your pregnancy, were you given information about?: <i>(Read list and check all that apply)</i>	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Using condoms to avoid spreading HIV and STIs to a sexual partner	<input type="checkbox"/>	<input type="checkbox"/>		
Explanation of what syphilis is and how the treatment will help.	<input type="checkbox"/>	<input type="checkbox"/>		
Medicines that you would take to help protect your baby from getting syphilis	<input type="checkbox"/>	<input type="checkbox"/>		
Importance of partner testing and treatment	<input type="checkbox"/>	<input type="checkbox"/>		
Going to a follow-up appt. after your treatment.	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		
<i>(specify):</i> _____				
None	<input type="checkbox"/>	<input type="checkbox"/>		

F14. Is there anything else about your syphilis care during your most recent pregnancy that you'd like to share with me or think I should know?

- 77 = Don't know
- 98 = Refuse to say

PART G: NUTRITION AND OTHER HEALTH HABITS

"In this section, I'll ask you about your nutrition and overall health habits during your pregnancy."

G1. Did your prenatal care provider tell you that you gained too much or too little weight during pregnancy?

- 0 = No
- 1 = Yes, too much
- 1 = Yes, too little
- 77 = Don't know
- 98 = Refuse to say

G2. During your pregnancy, were you receiving services from WIC?

- 0 = No
- 1 = Yes *(Skip to G4)*
- 77 = Don't know
- 98 = Refuse to say

IF "Yes", SKIP TO G4

G3. (If no) Why did you not receive WIC services? <i>(Check all that apply)</i>	0 No	1 Yes	77 Don't Know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Did not need assistance	<input type="checkbox"/>	<input type="checkbox"/>		
Did not qualify	<input type="checkbox"/>	<input type="checkbox"/>		
Did not know how or where to access services	<input type="checkbox"/>	<input type="checkbox"/>		
There was a long waiting list	<input type="checkbox"/>	<input type="checkbox"/>		
Other reason	<input type="checkbox"/>	<input type="checkbox"/>		
<i>(specify):</i> _____				

IF G2 IS EQUAL TO "No", "Don't know" or "Refuse to say", SKIP TO G5

G4. Which of the following services did the WIC office offer? <i>(Check all that apply)</i>	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Testing for HIV	<input type="checkbox"/>	<input type="checkbox"/>		
Referrals for prenatal care	<input type="checkbox"/>	<input type="checkbox"/>		
Other health care referral	<input type="checkbox"/>	<input type="checkbox"/>		
Information about breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>		
Food supplements	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		
<i>(specify):</i> _____				
No services/information given	<input type="checkbox"/>	<input type="checkbox"/>		

"The next questions are similar to the ones I previously asked you, but focus on after your delivery."

G5. Since your delivery, have you enrolled in or are you still receiving WIC services?

- 0 = No *(skip to G8)*
- 1 = Yes
- 77 = Don't know *(skip to G8)*
- 98 = Refuse to say *(skip to G8)*

IF "No", "Don't know", "Refuse to say", SKIP TO G8

G6. (If yes) Has WIC provided formula or food for your baby?

- 0 = No
- 1 = Yes
- 77 = Don't know
- 98 = Refuse to say
- 99 Does not apply; mother does not have custody of baby

G7. Since your delivery, has/does WIC provide food for you?

- 0 = No
- 1 = Yes
- 77 = Don't know
- 98 = Refuse to say

G8. During pregnancy or since your delivery, have you had challenges getting enough or appropriate food for yourself? (Check all that apply)	0 No	1 Yes	77 Don't Know <input type="checkbox"/>	98 Refuse to Say <input type="checkbox"/>
No <i>(Skip to G10)</i>	<input type="checkbox"/>	<input type="checkbox"/>		
Yes, during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>		
Yes, since delivery	<input type="checkbox"/>	<input type="checkbox"/>		
Don't know <i>(Skip to G10)</i>	<input type="checkbox"/>	<input type="checkbox"/>		
Refuse to say <i>(Skip to G10)</i>	<input type="checkbox"/>	<input type="checkbox"/>		

IF "No", "Don't know", "Refuse to say", SKIP TO G10

G9. (If yes) Please tell me a bit more about the challenges and how you dealt with them:

- 77 = Don't know
- 98 = Refuse to say

G10. Since your delivery, have you had challenges getting enough formula or food for your baby?

- 0 = No *(Skip to G12)*
- 1 = Yes
- 77 = Don't know *(Skip to G12)*
- 98 = Refuse to say *(Skip to G12)*
- 99 Does not apply; mother does not have custody of baby *(Skip to G17)*

IF "No", "Don't know", "Refuse to say", SKIP TO G12

G11. (If yes) please tell me a bit more about the challenges:

- 77 = Don't know
- 98 = Refuse to say

G12. Did you ever breastfeed [CHILD'S NAME]?

- 0 = No (Skip to G14)
- 1 = Yes
- 77 = Don't know (Skip to G14)
- 98 = Refuse to say (Skip to G14)

IF "No", "Don't know", "Refuse to say", SKIP TO G14

G13. (If yes) Why did you decide to breastfeed? (Check all that apply)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Doctor or nurse encouraged breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>		
Really wanted to breastfeed my baby	<input type="checkbox"/>	<input type="checkbox"/>		
Did not have formula or enough formula	<input type="checkbox"/>	<input type="checkbox"/>		
Thought that breastfeeding was good for the baby	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				

G14. Sometimes people chew food and then give it to their baby. Have you ever pre-chewed food or medicine for [CHILD'S NAME]?

- 0 = No (Skip to G16)
- 1 = Yes
- 77 = Don't know (Skip to G16)
- 98 = Refuse to say (Skip to G16)
- 99 Does not apply; mother does not have custody of baby (Skip to G16)

IF "No", "Don't know", "Refuse to say", or "Does not apply" SKIP TO G16

G15. (If yes) Please tell me a bit more about when and how often you've done this.

- 77 = Don't know
- 98 = Refuse to say

"These next questions are about smoking, alcohol, and drug use. Please remember that all your answers will be kept private and that this information will not be reported with your name."

G16. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.) (select one)

- 1 = None (0 cigarettes)
- 2 = Less than 1 cigarette
- 3 = 1 to 5 cigarettes
- 4 = about half a pack
- 5 = about 1 pack
- 6 = about 1 ½ packs
- 7 = about 2 packs or more
- 77 = Don't know
- 98 = Refuse to say

G17. In the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week? (select one)

- Didn't drink then
- Less than one drink per week
- 1 to 3 drinks
- 4 to 6 drinks
- 7 to 13 drinks
- 14 or more drinks per week
- 77 = Don't know
- 98 = Refuse to say

G18. During your pregnancy, what over-the-counter medications did you take, such as vitamins or allergy medications? (Check all that apply)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Vitamins	<input type="checkbox"/>	<input type="checkbox"/>		
Diet pills	<input type="checkbox"/>	<input type="checkbox"/>		
Sleeping pills or tranquilizers	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				
Antidepressants or mood regulators	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				
Demerol, Morphine	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				
Pain killers	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				
Steroids	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				
Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				
Anti-seizure	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				
Hormones	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				
Allergy medications	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				
Any other medications	<input type="checkbox"/>	<input type="checkbox"/>		

G18. During your pregnancy, what over-the-counter medications did you take, such as vitamins or allergy medications? (Check all that apply)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
<i>(specify):</i> _____				

“Now, I am going to ask you a few questions about drugs used for recreational or other reasons. Some women tell us that they use drugs because they feel stressed about their pregnancy or because they want to relax or feel good. Remember all your answers are private and will not be reported with your name.”

G19. During your pregnancy, which drugs did you use? (Read and check all that apply)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Crack	<input type="checkbox"/>	<input type="checkbox"/>		
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>		
Crystal meth (methamphetamine)	<input type="checkbox"/>	<input type="checkbox"/>		
Heroin	<input type="checkbox"/>	<input type="checkbox"/>		
Opiates	<input type="checkbox"/>	<input type="checkbox"/>		
Benzodiazepine	<input type="checkbox"/>	<input type="checkbox"/>		
Marijuana or hashish	<input type="checkbox"/>	<input type="checkbox"/>		
PCP, angel dust, LSD	<input type="checkbox"/>	<input type="checkbox"/>		
Speed/Uppers	<input type="checkbox"/>	<input type="checkbox"/>		
Methadone	<input type="checkbox"/>	<input type="checkbox"/>		
Drug used but type unknown	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		
<i>(specify):</i> _____				
None	<input type="checkbox"/>	<input type="checkbox"/>		

G20. During your pregnancy, how often did you inject drugs?

- 1 = Not at all
- 2 = Once
- 3 = 2 to 3 times
- 4 = 4 or more times
- 77 = Don't know
- 98 = Refuse to say

G21. Please tell me about any drug treatment or professional help to reduce drug use.

- 1 = None

- 77 = Don't know
- 98 = Refuse to say

G22. Is there anything else about your nutrition, smoking, alcohol, or drug use that you'd like to share with me or think I should know?

- 77 = Don't know
- 98 = Refuse to say

PART H: DELIVERY OF BABY

"I now want to ask you some questions about the delivery of [CHILD'S NAME]."

H1. Did you deliver [CHILD'S NAME] in a hospital?

- 0 = No
- 1 = Yes (*Skip to H3*)
- 77 = Don't know (*Skip to H3*)
- 98 = Refuse to say (*Skip to H3*)

IF H1 IS NOT EQUAL TO "NO", SKIP TO H3

H2. (If no) Where did you deliver [CHILD'S NAME]?

- 77 = Don't know
- 98 = Refuse to say

H3. What delivery method did you and your provider plan on for [CHILD'S NAME]? (Read and check all that apply)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Vaginal birth	<input type="checkbox"/>	<input type="checkbox"/>		
C-section	<input type="checkbox"/>	<input type="checkbox"/>		
A plan was not made	<input type="checkbox"/>	<input type="checkbox"/>		
You did not see a provider during this pregnancy	<input type="checkbox"/>	<input type="checkbox"/>		

IF H1 IS EQUAL TO "NO" (Did not deliver in a hospital), SKIP TO H10

H4. Did you have someone (like a partner, family member, or friend) present in the labor and delivery room when you gave birth?

- 0 = No
- 1 = Yes
- 77 = Don't know
- 98 = Refuse to say

H5. Did you have trouble getting to the hospital?

- 0 = No (*Skip to H7*)
- 1 = Yes
- 77 = Don't know (*Skip to H7*)
- 98 = Refuse to say (*Skip to H7*)

IF "No", "Don't know", "Refuse to say", SKIP TO H7

H6. (If yes) Tell me about the trouble you had.

- 77 = Don't know
- 98 = Refuse to say

H7. When you were admitted to the hospital to give birth, were you tested for syphilis?

- 0 = No
- 1 = Yes
- 77 = Don't know
- 98 = Refuse to say

CHECK BOX BELOW IF FETAL DEATH, STILL BIRTH OR NEONATAL DEATH IN THE HOSPITAL AND SKIP TO H14

- FETAL DEATH, STILL BIRTH OR NEONATAL DEATH IN THE HOSPITAL

"The next questions are about information provided by a doctor, nurse or any other health worker after your delivery when in the hospital."

H8. Did they talk to you about...? (Read and check all that apply)	0 NO	1 YES	77 DON'T KNOW	98 REFUSE TO SAY
Having a follow-up appointment for yourself for syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraception and family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The importance of taking the baby to the doctor to get care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The importance of taking the baby to the doctor for follow-up for syphilis testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nothing was discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H9. Before you left the hospital, did someone help you make follow-up appointments for (read and select all that apply):	0 No	1 Yes	77 DON'T KNOW <input type="checkbox"/>	98 REFUSE TO SAY <input type="checkbox"/>
Your follow-up appointment for syphilis	<input type="checkbox"/>	<input type="checkbox"/>		
[CHILD'S NAME]	<input type="checkbox"/>	<input type="checkbox"/>		
Your post-partum gyn care	<input type="checkbox"/>	<input type="checkbox"/>		

H10. Did [CHILD'S NAME] have (i.e., was taken for) a follow-up appointment to check his weight and general health?

- 0 = No
- 1 = Yes (Skip to H12)
- 77 = Don't know (Skip to H12)
- 98 = Refuse to say (Skip to H12)

IF H10 "Yes", "Don't know", "Refuse to say", SKIP TO H12

H11. (If no) Why wasn't the baby taken for a follow-up appointment?

- 77 = Don't know
- 98 = Refuse to say

H12. Did you go to a postpartum GYN care appointment?

- 0 = No
- 1 = Yes (Skip to H14)
- 77 = Don't know (Skip to H14)
- 98 = Refuse to say (Skip to H14)

IF H12 "Yes", "Don't know", "Refuse to say", SKIP TO H14

H13. (If no) Why didn't you go to a postpartum care appointment?

- 77 = Don't know
- 98 = Refuse to say

H14. Did you go to a syphilis follow-up appointment?

- 0 = No
- 1 = Yes (Skip to H16)
- 77 = Don't know (Skip to H16)
- 98 = Refuse to say (Skip to H16)

IF H14 "Yes", "Don't know", "Refuse to say", SKIP TO H16

H15. (If no) Why didn't you go the appointment?

- 77 = Don't know
- 98 = Refuse to say

H16. Is there anything else about the delivery of your baby that you'd like to share with me or think I should know?

- 77 = Don't know
- 98 = Refuse to say

PART I: OTHER CHILDREN

"In this section, I'll ask you about your other children."

11. Not counting your most recent pregnancy, how many other children have you given birth to?

Number of children (Enter 0 if none and Skip to Part J)

- 77 = Don't know
- 98 = Refuse to say

IF "0", SKIP TO PART J

"Now, I would like to focus on your living situation."

12. How many of these children live with you now?

Number of children (Enter 0 if none)

- 77 = Don't know
- 98 = Refuse to say

13. Are there situations when your children live most or some of the time with other family or friends?

- 0 = No (Skip to 15)
- 1 = Yes
- 77 = Don't know (Skip to 15)
- 98 = Refuse to say (Skip to 15)

IF 13 "No", "Don't know", "Refuse to say", SKIP TO 15

14. (If yes) Please tell me about it.

- 77 = Don't know
- 98 = Refuse to say

15. Have any of your children ever been placed in foster care or have been adopted?

- 0 = No (*Skip to 17*)
- 1 = Yes
- 77 = Don't know (*Skip to 17*)
- 98 = Refuse to say (*Skip to 17*)

IF 15 "No", "Don't know", "Refuse to say", SKIP TO 17

16. (If yes) Please tell me about it.

- 77 = Don't know
- 98 = Refuse to say

"These next questions are about your other children."

17. Have any of your other children been treated for syphilis?

- 0 = No (*Skip to 19*)
- 1 = Yes
- 77 = Don't know (*Skip to 19*)
- 98 = Refuse to say (*Skip to 19*)

IF "Yes", "Don't know", "Refuse to say", SKIP TO 19

18. (If yes) Tell me a little more (e.g. when were they treated, which children).

- 77 = Don't know
- 98 = Refuse to say

Instructions to the interviewer:

Provide resources for Syphilis testing of other children at the end of the interview.

19. Is there anything else about your other children that you'd like to share with me or think I should know?

- 77 = Don't know
- 98 = Refuse to say

PART J: POSTPARTUM REPRODUCTIVE HEALTH

CHECK BOX BELOW IF PATIENT IS UNABLE TO HAVE FUTURE CHILDREN AND SKIP TO PART K

NO LONGER ABLE TO HAVE CHILDREN

“Now I want to ask you about your current or future pregnancy intentions.”

J1. Do you want to get pregnant again any time in the future?

- 0 = No (*Skip to J3*)
- 1 = Yes
- 77 = Don't know
- 98 = Refuse to say

IF “No”, SKIP TO J3

J2. By when would you like to get pregnant?

- 1 = Immediately, already trying
- 2 = Within 1 year
- 3 = Between 1-2 years
- 4 = In 2 or more years
- 77 = Don't know
- 98 = Refuse to say

J3. Since you were diagnosed with syphilis, has a health care provider (physician, nurse, counselor, etc.) ever spoken with you about being tested and treated for syphilis before your next pregnancy?

- 0 = No
- 1 = Yes
- 77 = Don't know
- 98 = Refuse to say

J4. Since your delivery, has a health care provider (physician, nurse, counselor, etc.) ever talked to you about birth control (i.e., contraception) or family planning?

- 0 = No
- 1 = Yes
- 77 = Don't know
- 98 = Refuse to say

J5. Since you delivered, what are all the different methods of birth control (i.e., contraception) that you have used or are currently using? (Check all that apply)	0 No	1 Yes	2 Currently Using	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Male condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
The “pill” (oral contraceptive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Diaphragm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intrauterine devices "IUD" or Mirena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injection (Depo-Provera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Morning after pill"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rhythm method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Female condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Implant (Implanon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contraceptive cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contraceptive patch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contraceptive vaginal ring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contraceptive sponge or foam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have had my "tubes tied" (tubal ligation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
My partner has had a vasectomy (male sterilization)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(specify): _____				
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
None, currently pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

J6. Do you know your HIV status?

- 0 = No
- 1 = Yes
- 77 = Don't know
- 98 = Refuse to say

J7. Do you know your current partner's HIV Status?

- 0 = No
- 1 = Yes
- 77 = Don't know
- 98 = Refuse to say
- Not applicable; does not have a current partner

*Instructions to the interviewer:
Provide resources for HIV testing at the end of the interview*

J8. Is there anything else about your feelings toward and plans for future pregnancy that you'd like to share with me or think I should know?

- 77 = Don't know
- 98 = Refuse to say

PART K: INFORMATION ON BIOLOGICAL FATHER

"The questions in this section will help us learn more about [CHILD'S NAME]'s biological father and his background." By biological, I mean the man who fathered your baby.

K1. What is your current relationship with the biological father? (select one)

- 1= Husband or common law husband
- 2 = Boyfriend who you live with, but you don't consider a husband
- 3 = Boyfriend you do not live with
- 4 = Friend
- 5 = Ex-husband, ex-boyfriend, or other kind of ex-sexual partner
- 6 = Acquaintance or someone you know only casually
- 7= Stranger
- 8 = Not sure who the father is
- Other
(specify): _____
- 77 = Don't know
- 98 = Refuse to say

IF "DON'T KNOW" OR "NOT SURE WHO THE FATHER" OR "A STRANGER", THEN SKIP TO PART L

K2. What is the highest level of schooling that the biological father completed? (Read and select only one)

- 1 = No schooling
- 2 = Less than 8th grade
- 3 = Between 8th grade and 12th grade with no high school diploma
- 4 = High school graduate or GED
- 5 = Some college
- 6 = Technical school
- 7 = Associates Degree
- 8 = Bachelor's degree
- 9 = Advanced college degree
- 77 = Don't know
- 98 = Refuse to say

"The next few questions are about your relationship with biological father."

K3. How would you describe your relationship with the biological father during your pregnancy? (Read and select only one)

- 1 = Non-existent (had no contact with him)
- 2 = Not good at all
- 3 = Poor
- 4 = Fair
- 5 = Good
- 6 =Excellent
- 77 = Don't know
- 98 = Refuse to say

"Now I am going to talk about some issues that the biological father may have had during your pregnancy."

K4. During your pregnancy, did the baby's father have any of the following: (Read and check all that apply)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Work or employment problems	<input type="checkbox"/>	<input type="checkbox"/>		
Problems with drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>		
Money problems	<input type="checkbox"/>	<input type="checkbox"/>		
Housing problems	<input type="checkbox"/>	<input type="checkbox"/>		
Emotional problems	<input type="checkbox"/>	<input type="checkbox"/>		
A death in the family	<input type="checkbox"/>	<input type="checkbox"/>		
Problems with children or other relatives	<input type="checkbox"/>	<input type="checkbox"/>		
Problems with the law	<input type="checkbox"/>	<input type="checkbox"/>		
Health problems	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				
None	<input type="checkbox"/>	<input type="checkbox"/>		

K5. How did the biological father help you during your pregnancy?

K6. Overall, how would you describe your relationship with the biological father now? (Read and select only one)

- 1 = Non-existent (no longer have contact with him)
- 2 = Not good at all
- 3 = Poor
- 4 = Fair
- 5 = Good
- 6 = Excellent
- 77 = Don't know
- 98 = Refuse to say

K7. Did the biological father of your baby have syphilis? (Select one)

- 0 = No (skip to K9)
- 1 = Yes
- 77 = Don't know (skip to K9)
- 98 = Refuse to say (skip to K9)

IF "No", "Don't Know", "Refuse to say", SKIP TO K9

K8. When did you learn that the baby's biological father was diagnosed with syphilis (Select one)?

- 0 = Status never disclosed
- 1 = Prior to the pregnancy
- 2 = During the pregnancy
- 3 = After the pregnancy
- 77 = Don't know
- 98 = Refuse to say

K9. Do you know the HIV status of your baby’s biological father? (Select one)

- 0 = No (skip to K11)
- 1 = Yes, HIV-positive
- 2 = Yes, HIV-negative
- 77 = Don’t know (skip to K11)
- 98 = Refuse to say (skip to K11)

IF “No”, “Don’t Know”, “Refuse to say”, SKIP TO K11

K10. When did the baby’s biological father disclose his HIV status to you?

- 0 = Status never disclosed
- 1 = Prior to the pregnancy
- 2 = During the pregnancy
- 3 = After the pregnancy
- 77 = Don’t know
- 98 = Refuse to say

K11. Is there anything else about your baby’s biological father that you’d like to share with me or think I should know?

- 77 = Don’t know
- 98 = Refuse to say

PART L: Syphilis DISCLOSURE

“Some women may find it difficult to tell family, friends or loved ones that they have syphilis. I would like hear about your experience after you found out about your syphilis diagnosis.”

L1. How did you feel about being diagnosed with syphilis?

L2. Have you told anyone that you have or had syphilis?

- 0 = No (Skip to L6)
- 1 = Yes
- 77 = Don’t know (Skip to L6)
- 98 = Refuse to say (Skip to L6)

IF “No”, “Don’t Know”, “Refuse to say”, SKIP TO L6

L3. (If yes) Did you tell... that you have syphilis? (Read and check all that apply)	0 No	1 Yes	77 Don’t know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Family members	<input type="checkbox"/>	<input type="checkbox"/>		
Friends	<input type="checkbox"/>	<input type="checkbox"/>		
A sexual partner who is not the biological father	<input type="checkbox"/>	<input type="checkbox"/>		

The biological father	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	
(specify): _____			

L4. After you told others that you have/had syphilis, did you get any support from them?

- 0 = No (Skip to L6)
- 1 = Yes
- 77 = Don't know (Skip to L6)
- 98 = Refuse to say (Skip to L6)

IF "No", "Don't know", Refuse to say", SKIP TO L6

L5. If yes, what kind of support did you get?

L6. Have you had any negative experiences after others learned that you have syphilis?

- 0 = No
- 1 = Yes
- 77 = Don't know
- 98 = Refuse to say

L7. What experiences, either positive or negative, did you have after others learned that you had syphilis?

- 77 = Don't know
- 98 = Refuse to say

L8. Does your health care provider know that you had syphilis while you were pregnant?

- 0 = No
- 1 = Yes (Skip to L10)
- 77 = Don't know
- 98 = Refuse to say

IF "Yes", SKIP TO Interviewer Instructions and L10

L9. (If no) What are the reasons that your current provider does not know that you had syphilis during your pregnancy?

- 77 = Don't know
- 98 = Refuse to say

Instructions to the interviewer:

Say: "At the end of the interview, I will talk with you more about how we can help you disclose your status."

After completion of the interview discuss referral to PCRS.

L10. Is there anything else about telling others about your previous syphilis diagnosis that you'd like to share with me or think I should know?

- 77 = Don't know
- 98 = Refuse to say

PART M: SOCIAL SERVICES

"Now, I have some questions about social services. I will read a list of services to you. Please tell me whether you have used any of these services."

Instructions to the interviewer:

Offer appropriate and available referrals at the end of the interview.

	M1. Did you use _____ services during your pregnancy or since delivery?	M2. Would you have liked to have used _____?
Social work or case management	<input type="checkbox"/> 0 = No (<i>Go to M2</i>) → <input type="checkbox"/> 1 = Yes (<i>Skip M2</i>) <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say	<input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say
Assistance with registering for Medicaid or Welfare	<input type="checkbox"/> 0 = No (<i>Go to M2</i>) → <input type="checkbox"/> 1 = Yes (<i>Skip M2</i>) <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say	<input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say
Home nursing visit	<input type="checkbox"/> 0 = No (<i>Go to M2</i>) → <input type="checkbox"/> 1 = Yes (<i>Skip M2</i>) <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say	<input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say
Dental care	<input type="checkbox"/> 0 = No (<i>Go to M2</i>) → <input type="checkbox"/> 1 = Yes (<i>Skip M2</i>) <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say	<input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say
Child care	<input type="checkbox"/> 0 = No (<i>Go to M2</i>) → <input type="checkbox"/> 1 = Yes (<i>Skip M2</i>) <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say	<input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say
Transportation	<input type="checkbox"/> 0 = No (<i>Go to M2</i>) → <input type="checkbox"/> 1 = Yes (<i>Skip M2</i>) <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say	<input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say

	M1. Did you use _____ services during your pregnancy or since delivery?	M2. Would you have liked to have used _____?
Food bank	<input type="checkbox"/> 0 = No (<i>Go to M2</i>) <input type="checkbox"/> 1 = Yes (<i>Skip M2</i>) <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say	<input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say
Housing	<input type="checkbox"/> 0 = No (<i>Go to M2</i>) <input type="checkbox"/> 1 = Yes (<i>Skip M2</i>) <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say	<input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say
Partner services (Health department contact you offering support or treatment to your sexual partner(s))	<input type="checkbox"/> 0 = No (<i>Go to M2</i>) <input type="checkbox"/> 1 = Yes (<i>Skip M2</i>) <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say	<input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say
Other	<input type="checkbox"/> 0 = No (<i>Go to M2</i>) <input type="checkbox"/> 1 = Yes (<i>Skip M2</i>) <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say	<input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say
<i>Specify:</i>		

M3. Is there anything else about social services that you'd like to share with me or think I should know?

- 77 = Don't know
 98 = Refuse to say

PART N: MATERNAL POST-DELIVERY CARE AND SYPHILIS MEDICATION

“Now I am going to ask you some questions about your syphilis care since your delivery.”

N1. Since your delivery, have you had any medical conditions that required attention from a health provider?

- 0 = No (*Skip to N3*)
 1 = Yes
 77 = Don't know (*Skip to N3*)
 98 = Refuse to say (*Skip to N3*)

IF “No”, “Don't know”, “Refuse to say”, SKIP TO N3

N2. (If yes) Tell me more about what happened?

- 77 = Don't know
 98 = Refuse to say

N3. Have you received any syphilis testing since you delivered?

- 0 = No
- 1 = Yes (*Skip to N5*)
- 77 = Don't know (*Skip to N5*)
- 98 = Refuse to say (*Skip to N5*)

IF "Yes", "Don't know", "Refuse to say", SKIP TO N5

N4. (If no) What are the reasons you did not have a syphilis test after you delivered? (Check all that apply)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Provider did not recommend a test	<input type="checkbox"/>	<input type="checkbox"/>		
Have no transportation or unreliable transportation	<input type="checkbox"/>	<input type="checkbox"/>		
Have no money or insurance	<input type="checkbox"/>	<input type="checkbox"/>		
Have no one to watch your children	<input type="checkbox"/>	<input type="checkbox"/>		
Doesn't know where to go	<input type="checkbox"/>	<input type="checkbox"/>		
Has no free time	<input type="checkbox"/>	<input type="checkbox"/>		
Can't get an appointment	<input type="checkbox"/>	<input type="checkbox"/>		
The wait is too long when she does have an appointment	<input type="checkbox"/>	<input type="checkbox"/>		
The staff doesn't listen to her	<input type="checkbox"/>	<input type="checkbox"/>		
No one on staff speaks her language	<input type="checkbox"/>	<input type="checkbox"/>		
Doesn't like or trust the staff	<input type="checkbox"/>	<input type="checkbox"/>		
Could not get a doctor or nurse to take her as a patient	<input type="checkbox"/>	<input type="checkbox"/>		
Doesn't need or want care	<input type="checkbox"/>	<input type="checkbox"/>		
Doesn't think it helps her	<input type="checkbox"/>	<input type="checkbox"/>		
Doesn't want to take medicine	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				

N5. Did you complete treatment for syphilis?

- 0 = No (*Skip to N7*)
- 1 = Yes
- 77 = Don't know (*Skip to N7*)
- 98 = Refuse to say (*Skip to N7*)

IF "No", "Don't know", "Refuse to say", SKIP TO N7

N6. (If no) Why did you not complete treatment for syphilis during your most recent pregnancy? (Check all that apply)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Was not going to a doctor during this pregnancy	<input type="checkbox"/>	<input type="checkbox"/>		
Was not offered medicine	<input type="checkbox"/>	<input type="checkbox"/>		
Was not tested	<input type="checkbox"/>	<input type="checkbox"/>		
Could not afford to pay for the testing and/or treatment	<input type="checkbox"/>	<input type="checkbox"/>		
Did not know she had syphilis	<input type="checkbox"/>	<input type="checkbox"/>		
Declined the treatment	<input type="checkbox"/>	<input type="checkbox"/>		
Doctor's office/clinic not convenient to where I live	<input type="checkbox"/>	<input type="checkbox"/>		
Could not find the time in my schedule to go to the doctor	<input type="checkbox"/>	<input type="checkbox"/>		

Worried about costs	<input type="checkbox"/>	<input type="checkbox"/>	
Don't like to have blood drawn or to have pelvic exams	<input type="checkbox"/>	<input type="checkbox"/>	
Long waits (for appointments or to see the doctor)	<input type="checkbox"/>	<input type="checkbox"/>	
Bad experience with prenatal care in past	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	
<i>(specify):</i> _____			

N7. Thinking about medications prescribed to you by your doctor(s) for syphilis treatment, please answer the following questions. (Read and check all that apply)

- 1 = Did you receive injections?
- 2 = Did you receive pills?
Describe pills _____
- 76 = Other _____
(specify) _____
- 77 = Don't know
- 98 = Refuse to say

N8. Is there anything else about care you received since your delivery that you'd like to share with me or think I should know?

77 = Don't know
 98 = Refuse to say

PART O: LIFE CHANGES AND SOCIAL SUPPORTS

“Pregnancy can become a difficult time for any woman. The next questions are about some common stresses or problems women have told us happened to them during pregnancy.”

O1. Do you feel that you were ever treated differently or unfairly in getting social services or healthcare because of ...? (Read list and check all that apply.)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Your race	<input type="checkbox"/>	<input type="checkbox"/>		
Your age	<input type="checkbox"/>	<input type="checkbox"/>		
Your culture	<input type="checkbox"/>	<input type="checkbox"/>		
Being female	<input type="checkbox"/>	<input type="checkbox"/>		
Your citizenship	<input type="checkbox"/>	<input type="checkbox"/>		
Your height or weight	<input type="checkbox"/>	<input type="checkbox"/>		
Your physical appearance (how you looked or dressed)	<input type="checkbox"/>	<input type="checkbox"/>		
The type of insurance you had	<input type="checkbox"/>	<input type="checkbox"/>		
Your partner	<input type="checkbox"/>	<input type="checkbox"/>		
Your syphilis diagnosis	<input type="checkbox"/>	<input type="checkbox"/>		
Your sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		
<i>specify):</i> _____				
Did not experience different or unfair treatment	<input type="checkbox"/>	<input type="checkbox"/>		

“Now I will ask you about things that could have caused stress during different times related to your pregnancy.”

O2. Were there things that happened during your pregnancy or since delivery that caused additional stress, such as someone close to you getting very sick or you and your husband/partner arguing? Tell me about them.

- 77 = Don't know
- 98 = Refuse to say

“These next few questions are about support you received.”

O3. During your pregnancy or since delivery, was there someone who...(Read and check all that apply)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Could help take care of you if you were sick in bed?	<input type="checkbox"/>	<input type="checkbox"/>		
Could run errands for you or watch your children if you needed help?	<input type="checkbox"/>	<input type="checkbox"/>		
You could turn to if you needed to borrow some money?	<input type="checkbox"/>	<input type="checkbox"/>		
You could confide in if you needed to talk to someone?	<input type="checkbox"/>	<input type="checkbox"/>		

O4. Was there ever a time during your pregnancy or since delivery that the support you needed was not available?

- 0 = No *(Skip to O6)*
- 1 = Yes
- 77 = Don't know *(Skip to O6)*
- 98 = Refuse to say *(Skip to O6)*

IF “No”, “Don't know”, “Refuse to say”, SKIP TO O6

O5. (If yes) Please tell me a little more about what kind of support or help you needed:

- 77 = Don't know
- 98 = Refuse to say

“Sometimes women experience violence. Talking about this can be painful and difficult. Because we want to improve our response to women’s health and safety, we have some questions about violence. We appreciate you responding to these sensitive questions.”

	Before this pregnancy	During this pregnancy	Since your delivery
06. Has anyone threatened to hurt or kill you, prevent you from leaving or entering your house, or prevent you from seeing friends or making phone calls? <i>(Read and check one for each reference period)</i>	<input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say	<input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say	<input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say
07. Did anyone hit, slap, kick, punch, push or physically hurt you? <i>(Read and check one for each reference period.)</i>	<input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say	<input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say	<input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say
08. Did anyone ever force you to have sex when you did not want to have sex? <i>(Read and check one for each reference period)</i>	<input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say	<input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say	<input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 77 = Don't know <input type="checkbox"/> 98 = Refuse to say

IF "No" to ALL questions in O6-O8, SKIP TO O10

09. What kind of help did you receive?

1= none

77 = Don't know

98 = Refuse to say

Instructions for the interviewer:

If violence disclosed, say: "At the end of the interview, I will talk with you more about how we can help you with this."

010. Since your delivery, how often have you felt depressed? (select one)

1 = Never

2 = Rarely

3 = Sometimes

4 = Often

5 = Always or almost always

77 = Don't know

98 = Refuse to say

011. Since your delivery, has a health care provider diagnosed you as being depressed or having other mental health problems?

0 = No *(Skip to O12)*

1 = Yes

77 = Don't know *(Skip to O12)*

98 = Refuse to say *(Skip to O12)*

IF "No", "Don't know", or "Refuse to say", SKIP TO O13

012. (If yes) **What did your health care provider tell you?**

- 77 = Don't know
 98 = Refuse to say

013. **Were there any other events during your pregnancy or since delivery that caused additional stress or is there anything else about common stresses or support in general that you'd like to share with me?**

- 77 = Don't know
 98 = Refuse to say

PART P. CHILD'S HEALTH AND SYPHILIS CARE

CHECK BOX BELOW IF FETAL DEATH, STILL BIRTH OR NEONATAL DEATH IN THE HOSPITAL AND SKIP TO PART Q

- FETAL DEATH, STILL BIRTH OR NEONATAL DEATH IN THE HOSPITAL**

"I will now shift the interview to focus on [CHILD'S NAME] and the health care he/she received after leaving the hospital."

P1. After leaving the hospital, did [CHILD'S NAME] live with you at least some of the time?

- 0 = No *(Skip to Part Q, Closing)*
 1 = Yes
 77 = Don't know *(Skip to Part Q, Closing)*
 98 = Refuse to say *(Skip to Part Q, Closing)*

IF "No", "Don't know" or "Refuse to say", End interview and got to PART Q: Closing

P2. (If yes) Do you take care of most of [CHILD'S NAME] day-to-day needs?

- 0 = No
 1 = Yes *(Skip to P4)*
 77 = Don't know *(Skip to P4)*
 98 = Refuse to say *(Skip to P4)*

IF "Yes" "Don't know", "Refuse to say", SKIP TO P4

P3. (If no) Who is responsible for taking care of [CHILD'S NAME] day-to-day needs?

- 77 = Don't know
 98 = Refuse to say

P4. Have you ever had a problem paying for any medical care for [CHILD'S NAME]?

- 0 = No
- 1 = Yes
- 77 = Don't know
- 98 = Refuse to say

P5. How did you pay for [CHILD'S Name] care? Check all that apply	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Private insurance	<input type="checkbox"/>	<input type="checkbox"/>		
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>		
Medicare	<input type="checkbox"/>	<input type="checkbox"/>		
SCHIP (CHIP/Children's Health Insurance Program)	<input type="checkbox"/>	<input type="checkbox"/>		
CHAMPUS/Military insurance	<input type="checkbox"/>	<input type="checkbox"/>		
Self-pay, but eligible for Medicaid	<input type="checkbox"/>	<input type="checkbox"/>		
Self-pay	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>		

P6. What things, if any, keep [CHILD'S NAME] from getting routine care? (Keep open-ended and check all appropriate responses)

- 1 = No transportation or unreliable transportation
- 2 = No money for doctor's visits
- 3 = No insurance for [CHILD'S NAME]
- 4 = No childcare
- 5 = Did not know where to go
- 6 = No time
- 7 = Unable to get an appointment for [CHILD'S NAME]
- 8 = Wait time or wait list for an appointment was too long
- 9 = Staff doesn't listen to her
- 10 = Language services not available
- 11 = Staff not liked or trusted
- 12 = Unable to get a doctor or nurse to take [CHILD'S NAME] as a patient
- 13 = Doesn't think it helps [CHILD'S NAME]
- 14 = Other
- 15 = (specify): _____
- 16 = No problems
- 77 = Don't know
- 98 = Refuse to say

"I would like to ask you about illnesses or injuries that [CHILD'S NAME] developed after leaving the hospital?"

P7. After leaving the hospital, how many times was [CHILD'S NAME] seen for any illness or injury by a doctor?

_____ times (*Enter zero if not seen by a doctor for illness or injury*)

- 77 = Don't know
- 98 = Refuse to say

IF "0", SKIP TO P9

P8. (If greater than zero) Why was [CHILD'S NAME] seen by a doctor?

- 77 = Don't know
- 98 = Refuse to say

P9. After leaving the hospital, how many times was [CHILD'S NAME] hospitalized overnight?

- 0 = 0/None (*Skip to P11*)
- 1 = One time
- 2 = Two times
- 3 = Three times or more
- 77 = Don't know
- 98 = Refuse to say

IF P9 IS "0/NONE", SKIP TO P11

P10. Why was [CHILD'S NAME] hospitalized? (*Ask reason for each time hospitalized*).

- 77 = Don't know
- 98 = Refuse to say

P11. Is there anything else about [CHILD'S NAME], their health or general care that you'd like to share with me or think I should know?

- 77 = Don't know
- 98 = Refuse to say

"Now I'm going to ask you some questions about [CHILD'S NAME]'s syphilis diagnosis and treatment."

P12. What has [CHILD'S NAME]'s doctor/nurse said about [his/her] congenital syphilis diagnosis?

-
- 77 = Don't know
 - 98 = Refuse to say

P13. During the first six weeks of [CHILD'S NAME] life, did he/she receive follow-up syphilis testing ?

- 0 = No
- 1 = Yes
- 77 = Don't know
- 98 = Refuse to say

P14. What things, if any, kept [CHILD'S NAME] from getting follow-up testing? (ask open-ended and check all that apply)

- 1 = No transportation or unreliable transportation
- 2 = No money for doctor's visits
- 3 = No insurance for [CHILD'S NAME]
- 4 = No childcare
- 5 = Did not know where to go
- 6 = No time
- 7 = Unable to get an appointment for [CHILD'S NAME]
- 8 = Wait time or wait list for an appointment was too long
- 9 = Staff doesn't listen to her
- 10 = Language services not available
- 11 = Staff not liked or trusted
- 12 = Unable to get a doctor or nurse to take [CHILD'S NAME] as a patient
- 13 = Doesn't think it helps [CHILD'S NAME]
- 14 = Other,
- 15 = (specify): _____
- 16 = No problems
- 77 = Don't know
- 98 = Refuse to say

P15. Has the [CHILD'S NAME] needed treatment for syphilis more than once since bringing him/her home from the hospital?

- 0 = No (Skip to P17)
- 1 = Yes
- 77 = Don't know (Skip to P17)
- 98 = Refuse to say (Skip to P17)

IF "No", "Don't know", "Refuse to say", SKIP TO P17

P16. (If yes) Why?

- 77 = Don't know
- 98 = Refuse to say

P17. Did [CHILD'S NAME] complete treatment for syphilis?

- 0 = No
- 1 = Yes (*Skip to P19*)
- 77 = Don't know
- 98 = Refuse to say

IF P17 = "YES", SKIP TO P19

P18. Why did [CHILD'S NAME] not complete treatment for syphilis? <i>(Check all that apply)</i>	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Was not going to a doctor during	<input type="checkbox"/>	<input type="checkbox"/>		
Was not offered medicine	<input type="checkbox"/>	<input type="checkbox"/>		
Was not tested	<input type="checkbox"/>	<input type="checkbox"/>		
Could not afford to pay for the testing and/or treatment	<input type="checkbox"/>	<input type="checkbox"/>		
Did not know she had syphilis	<input type="checkbox"/>	<input type="checkbox"/>		
Declined the treatment	<input type="checkbox"/>	<input type="checkbox"/>		
Doctor's office/clinic not convenient to where I live	<input type="checkbox"/>	<input type="checkbox"/>		
Could not find the time in my schedule to go to the doctor	<input type="checkbox"/>	<input type="checkbox"/>		
Worried about costs	<input type="checkbox"/>	<input type="checkbox"/>		
Long waits (for appointments or to see the doctor)	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		
Specify _____				

P19. At any time, do you feel that [CHILD'S NAME] was ever treated differently or unfairly in getting any support services or seeing any providers? <i>(Read and check all that apply)</i>	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Race	<input type="checkbox"/>	<input type="checkbox"/>		
Culture or ethnic background	<input type="checkbox"/>	<input type="checkbox"/>		
Citizenship status	<input type="checkbox"/>	<input type="checkbox"/>		
Syphilis diagnosis	<input type="checkbox"/>	<input type="checkbox"/>		
Mother and biological father's marital status	<input type="checkbox"/>	<input type="checkbox"/>		
Type of insurance	<input type="checkbox"/>	<input type="checkbox"/>		
Ability to pay for services	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		
<i>(specify):</i> _____				

P20. Did [CHILD'S NAME] receive any health program assistance or social services? (Read and check all that apply)	0 No	1 Yes	77 Don't know <input type="checkbox"/>	98 Refuse to say <input type="checkbox"/>
Public health nursing home visits or care	<input type="checkbox"/>	<input type="checkbox"/>		
Respite/day care	<input type="checkbox"/>	<input type="checkbox"/>		
County/state funded medical care, treatments or equipment	<input type="checkbox"/>	<input type="checkbox"/>		
Infant child health program	<input type="checkbox"/>	<input type="checkbox"/>		
Social Security	<input type="checkbox"/>	<input type="checkbox"/>		
WIC	<input type="checkbox"/>	<input type="checkbox"/>		
CHIP/Medicaid health insurance	<input type="checkbox"/>	<input type="checkbox"/>		
Case management/social worker assistance	<input type="checkbox"/>	<input type="checkbox"/>		
Developmental or physically disabled child program	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		
(specify): _____				

P21. Is there anything else about [CHILD'S NAME] care that you'd like to share with me or think I should know?

- 77 = Don't know
 98 = Refuse to say

PART Q: CLOSING

"I have asked all of these questions so that I can understand more about you and your experiences before, during and since your recent pregnancy. We are almost finished with the interview. I only have a few more questions for you. Your ideas are very important to us and may be helpful to make improvements."

Q1. Is there anything else you'd like to tell me about your experiences since your pregnancy that you feel is important for me to know or that you want to share?

- 77 = Don't know
 98 = Refuse to say

Q2. Thinking back on your entire pregnancy experience, was there anything about the care you or [CHILD'S NAME] received that you think was not helpful?

- 77 = Don't know

98 = Refuse to say

Q3. What in your pregnancy experience did you find to be really helpful or supportive for you and/or [CHILD'S NAME]?

77 = Don't know
 98 = Refuse to say

Q4. Based on your experiences, what do you think can be done to better help women with syphilis and their children?

77 = Don't know
 98 = Refuse to say

“This is the end of the interview. I have no further questions for you. Thank you very much for sharing your opinions and experiences.”

Instructions to the interviewer: Provide appropriate informational materials, resources, and referrals. Please use space below to document any additional information, including pertinent details elicited by the interview but not recorded elsewhere, description of surroundings during the interview, etc.

Q5. Comments:
