

**Maternity Experiences Survey, 2006
Questionnaire**

TABLE OF CONTENTS

Survey introduction	1
Conception of baby	1
Prenatal care	3
Procedures and tests	7
Height and weight	8
Health problems during pregnancy	10
Stressful events	11
Information on pregnancy, labour and birth	14
Labour	18
Caesarean	22
Vaginal birth	23
Birth of baby	27
Pain management	28
Postpartum care	33
Breastfeeding	40
Baby at home	46
Mother at home	48
Information on the postpartum period	56
Edinburgh Postnatal Depression Scale	59
Smoking	61
Alcohol	63
Drugs	65
Reproductive history	66
Abuse and violence	70
Socio-demographic information	75
Work activities	80
Permission to Share	85

**Maternity Experiences Survey, 2006
Questionnaire**

Section: Survey introduction (IS)

INT_BEG Beginning of Section

INT_R01 This survey will collect information on the maternity experiences of women in Canada. Results from the survey will be used to help improve the health care information available to women during this time of their lives.

INT_R02 Your answers will be kept strictly confidential and used only for statistical purposes.

While participation in this survey is voluntary, your cooperation is important to ensure that the information collected in this survey is as accurate and as comprehensive as possible.

INT_END End of Section

Section: Conception of baby (CB)

CB_BEG Beginning of Section

CB_R01A This survey is about your pregnancy, labour, and early motherhood experiences with your baby.

CB_R01B I will start with the events around the time of your baby's conception.

CB_Q01 How many weeks pregnant with baby's name were you when you realized you were pregnant?

INTERVIEWER: If response given in months, probe for an answer in weeks. If response is given in weeks and a decimal or fraction is given, round down to the nearest week. For example 3 and ¾ weeks become 3 weeks.

____ (2 spaces) [Min: 1 Max: 42]
DK, RF

Coverage: All respondents

CB_Q02 Thinking back to just before you became pregnant, would you say that you wanted to be pregnant...?

INTERVIEWER: We are referring to the respondent's pregnancy with her baby. Read categories to respondent.

- 1 Sooner
 - 2 Later
 - 3 Then
 - 4 Not at all
- DK, RF

Coverage: All respondents

**Maternity Experiences Survey, 2006
Questionnaire**

CB_Q03 **When you first realized you were pregnant, what was your reaction? Were you...?**

INTERVIEWER: Read categories to respondent.

- 1 Very happy
- 2 Somewhat happy
- 3 Neither happy nor unhappy
- 4 Somewhat unhappy
- 5 Very unhappy
- DK, RF

Coverage: *All respondents*

CB_Q04 **In the 3 months before you got pregnant with ^baby's name, did you take a multivitamin containing folic acid or a folic acid supplement?**

- 1 Yes
- 2 No(Go to CB_Q06)
- DK, RF(Go to CB_Q06)

Coverage: *All respondents*

CB_Q05 **Did you take it every day?**

- 1 Yes
- 2 No
- DK, RF

Coverage: *Respondents who took a multivitamin containing folic acid or a folic acid supplement in the 3 months before they got pregnant*

CB_Q06 **During the first 3 months of your pregnancy with ^baby's name, did you take a multivitamin containing folic acid or a folic acid supplement?**

- 1 Yes
- 2 No(Go to CB_Q08)
- DK, RF(Go to CB_Q08)

Coverage: *All respondents*

CB_Q07 **Did you take it every day?**

- 1 Yes
- 2 No
- DK, RF

Coverage: *Respondents who took a multivitamin containing folic acid or a folic acid supplement during the first 3 months of their pregnancy*

**Maternity Experiences Survey, 2006
Questionnaire**

CB_Q08 Before your pregnancy with ^baby's name, did you know that taking folic acid before pregnancy can help prevent some birth defects?

- 1 Yes
- 2 No
DK, RF

Coverage: All respondents

CB_C09 If CB_Q02 = 1 or 2 or 3(Go to CB_Q09)
Else.....(Go to CB_END)

CB_Q09 Did you use any fertility medications or medical procedures to help you get pregnant with your baby?

- 1 Yes
- 2 No
DK, RF

Coverage: Respondents who when thinking back to just before they became pregnant said that they wanted to be pregnant, sooner, later or then

CB_END End of Section

Section: Prenatal care (PC)

PC_BEG Beginning of Section

PC_R01 I would like to ask you about your visits to a doctor, nurse or other healthcare provider for check-ups and advice on your pregnancy before ^baby's name was born. I will refer to these visits as prenatal care.

PC_Q01 How many weeks pregnant with ^baby's name were you when you had your first visit for prenatal care? This includes the first time your pregnancy was confirmed by a healthcare provider.

INTERVIEWER: If response given in months, probe for an answer in weeks. If response is given in weeks and a decimal or fraction is given, round down to the nearest week. For example 3 and 3/4 weeks become 3 weeks.

Enter 94 if respondent did not have prenatal care visits.

____(2 spaces) [Min: 1 Max: 94]
DK, RF

Coverage: All respondents

PC_C02 If PC_Q01 = 94..... (Go to PC_Q07A)
Else.....(Go to PC_Q02)

**Maternity Experiences Survey, 2006
Questionnaire**

PC_Q02 Did you receive prenatal care as early as you wanted?

INTERVIEWER: We are referring to the prenatal care the respondent received while pregnant with her baby.

- 1 Yes.....(Go to PC_Q04)
- 2 No
DK, RF(Go to PC_Q04)

Coverage: Respondents who had prenatal care visits

PC_Q03 What prevented you from getting prenatal care as early as you wanted?

INTERVIEWER: We are referring to the prenatal care the respondent received while pregnant with her baby. Mark all that apply.

- 01 Doctor/ healthcare provider unavailable
- 02 Doctor/ healthcare provider would not start care earlier
- 03 Respondent didn't know she was pregnant
- 04 Respondent didn't have child care
- 05 Respondent was too busy
- 06 Respondent didn't have transportation
- 07 Respondent couldn't take time off work
- 08 Other - Specify.....(Go to PC_S03)
DK, RF

Default: (Go to PC_Q04)

Coverage: Respondents who had prenatal care visits, but did not receive prenatal care as early as they wanted

PC_S03 What prevented you from getting prenatal care as early as you wanted?

INTERVIEWER: Specify:

____(80 spaces)

Coverage: Respondents who reported another reason that prevented them from getting prenatal care as early as they wanted

PC_Q04 How many prenatal care visits did you have?

INTERVIEWER: If respondent is having difficulty remembering, ask for best estimate. We are referring to the prenatal care the respondent received while pregnant with her baby.

____(2 spaces) [Min: 1 Max: 42]

DK, RF

Coverage: Respondents who had prenatal care visits

**Maternity Experiences Survey, 2006
Questionnaire**

PC_Q05A **From which type of healthcare provider, such as an obstetrician, family doctor or midwife, did you receive most of this care?**

- 01 Obstetrician
- 02 Gynaecologist
- 03 OBGYN
- 04 Family doctor
- 05 General practitioner / GP
- 06 Doctor (Go to PC_Q05B)
- 07 Midwife
- 08 Nurse or nurse practitioner
- 09 Other
- DK, RF

Default: (Go to PC_Q06)

Coverage: *Respondents who had prenatal care visits*

PC_Q05B **What type of doctor was this?**

INTERVIEWER: Read categories to respondent.

- 1 Obstetrician
- 2 Gynaecologist
- 3 Family doctor
- 4 General practitioner
- 5 Other doctor
- DK, RF

Coverage: *Respondents who had prenatal care visits, and received most of their care from a doctor (unspecified)*

PC_Q06 **In which province or territory did you receive most of your prenatal care?**

INTERVIEWER: We are referring to the prenatal care the respondent received while pregnant with her baby.

- 10 Newfoundland and Labrador
- 11 Prince Edward Island
- 12 Nova Scotia
- 13 New Brunswick
- 24 Quebec
- 35 Ontario
- 46 Manitoba
- 47 Saskatchewan
- 48 Alberta
- 59 British Columbia
- 60 Yukon
- 61 Northwest Territories
- 62 Nunavut
- 76 United States
- 77 Other country (Outside Canada and the United States)
- DK, RF

Coverage: *Respondents who had prenatal care visits*

**Maternity Experiences Survey, 2006
Questionnaire**

PC_Q07A **During your pregnancy with ^baby's name, did you attend prenatal or childbirth education classes?**

INTERVIEWER: Only classes attended during the pregnancy with her baby will be included for this question.

- 1 Yes
- 2 No(Go to PC_Q08)
- DK, RF(Go to PC_Q08)

Coverage: *All respondents*

PC_Q07B **Did you attend these classes in...?**

INTERVIEWER: Read categories to respondent.

- 1 A hospital
- 2 A health clinic
- 3 A community centre
- 4 Privately, such as with a midwife or doula
- 5 Other
- DK, RF

Coverage: *Respondents who attended prenatal or childbirth education classes*

PC_Q08 **What was the expected or due date for the birth of ^baby's name?**

INTERVIEWER: If respondent is having difficulty remembering, please probe for an approximate date. Probe by asking if the baby was born before, on or after the due date.
DK, RF

Note: Call date block.

Coverage: *All respondents*

PC_C08 If PC_Q08.DATY = RF, DK(Go to PC_C09)

PC_C09 If PC_Q01 = 94.....(Go to PC_END)
 Else.....(Go to PC_Q09)

PC_Q09 **At any time during your pregnancy, before your labour or the birth, did you request a caesarean from your healthcare provider?**

INTERVIEWER: We are referring to the pregnancy with her baby.

- 1 Yes
- 2 No
- DK, RF

Coverage: *Respondents who had prenatal care visits*

**Maternity Experiences Survey, 2006
Questionnaire**

PC_Q10 **At any time during your pregnancy, before your labour or the birth, did your healthcare provider recommend a caesarean?**

INTERVIEWER: We are referring to a recommendation made before the respondent went into labour or gave birth to her baby.

- 1 Yes
- 2 No
- DK, RF

Coverage: *Respondents who had prenatal care visits*

PC_END End of Section

Section: **Procedures and tests (PT)**

PT_BEG Beginning of Section

PT_C01 If PC_Q01 = 94..... (Go to PT_END)
Else..... (Go to PT_Q01)

PT_Q01 **How many ultrasounds did you have during your pregnancy with ^baby's name?**

INTERVIEWER: If respondent is having difficulty remembering, ask for best estimate.

____(2 spaces) [Min: 0 Max: 30]
DK, RF

Coverage: *Respondents who had prenatal care visits*

PT_C02 If PT_Q01 = 0..... (Go to PT_Q02)
Else..... (Go to PT_Q03)

PT_Q02 **Were you offered an ultrasound during your pregnancy with ^baby's name?**

- 1 Yes
- 2 No
- DK, RF

Default: (Go to PT_Q04)

Coverage: *Respondents who had prenatal care visits but did not have an ultrasound*

**Maternity Experiences Survey, 2006
Questionnaire**

PT_Q03 How many weeks pregnant were you when you had your first ultrasound?

INTERVIEWER: If response given in months, probe for an answer in weeks. If response is given in weeks and a decimal or fraction is given, round down to the nearest week. For example 3 and ¾ weeks become 3 weeks.

____(2 spaces) [Min: 1 Max: 42]
DK, RF

Coverage: Respondents who had prenatal care visits and at least one ultrasound

PT_Q04 During your pregnancy with ^baby's name, did you have a blood test for HIV, the virus that causes AIDS?

- 1 Yes
- 2 No
- DK..... (Go to PT_END)
- RF

Coverage: Respondents who had prenatal care visits

PT_Q05 How involved were you in deciding whether or not to have a test for HIV?

INTERVIEWER: Read categories to respondent

- 1 Very involved
- 2 Somewhat involved
- 3 Not involved
- DK, RF

Coverage: Respondents who had prenatal care visits

PT_END End of Section

Section: Height and weight (HW)

HW_BEG Beginning of section

HW_R01 The next few questions ask about your height and the changes in your weight related to the pregnancy.

HW_Q01A How tall are you without shoes on?

INTERVIEWER: Was that in feet and inches or in centimetres?

- 1 Centimetres (Go to HW_Q01B)
- 2 Feet and inches (Go to HW_Q01C)
- DK, RF (Go to HW_Q02A)

Coverage: All respondents

**Maternity Experiences Survey, 2006
Questionnaire**

HW_Q01B INTERVIEWER: Enter the number of centimetres. 1 metre = 100 centimetres.
____(3 spaces) [Min: 90 Max: 300]
DK, RF

Default: (Go to HW_Q02A)

Coverage: Respondents whose height was measured in centimetres

HW_Q01C INTERVIEWER: Enter the number of feet in this screen and inches in the next.
____(2 spaces) [Min: 0 Max: 7]
DK, RF

Coverage: Respondents whose height was measured in feet and inches

HW_Q01D INTERVIEWER: Enter the number of inches.
____(2 spaces) [Min: 0 Max: 95]
DK, RF

Coverage: Respondents whose height was measured in feet and inches

HW_Q02A **Just before your pregnancy with ^baby s name, how much did you weigh?**

INTERVIEWER: Enter amount only: Weight

____(3 spaces) [Min: 0 Max: 575]

DK, RF (Go to HW_Q03A)

Coverage: All respondents

HW_Q02B INTERVIEWER: Was that in pounds or kilograms?

- 1 Pounds
 - 2 Kilograms
- DK, RF

Coverage: All respondents

HW_Q03A **How much weight did you gain during your pregnancy with ^baby's name?**

INTERVIEWER: Enter amount only: Weight

If respondent reports losing weight during pregnancy, then enter '0'.

____(3 spaces) [Min: 0 Max: 100]

DK, RF (Go to HW_Q04A)

Coverage: All respondents

HW_C03 If HW_Q03A > 0 (Go to HW_Q03B)
Otherwise..... (Go to HW_Q04A)

**Maternity Experiences Survey, 2006
Questionnaire**

HW_Q03B INTERVIEWER: Was that in pounds or kilograms?

- 1 Pounds
- 2 Kilograms
DK, RF

Coverage: *Respondents who gained weight during their pregnancy*

HW_Q04A **How much do you weigh now?**

INTERVIEWER: Enter amount only: Weight

____(3 spaces) [Min: 0 Max: 575]

DK, RF (Go to HW_END)

Coverage: *All respondents*

HW_Q04B INTERVIEWER: Was that in pounds or kilograms?

- 1 Pounds
- 2 Kilograms
DK, RF

Coverage: *All respondents*

HW_END End of section

Section: Health problems during pregnancy (HP)

HP_BEG Beginning of section

HP_R01 **The next section deals with health problems that you may have had during your pregnancy with ^baby's name.**

HP_Q01 **Before your pregnancy, did you have any medical conditions or health problems that required you to take medication for more than 2 weeks, have special care, or extra tests during your pregnancy?**

- 1 Yes
- 2 No
DK, RF

Coverage: *All respondents*

**Maternity Experiences Survey, 2006
Questionnaire**

HP_Q02 **During your pregnancy, did you develop any new medical conditions or health problems that required you to take medication for more than 2 weeks, have special care, or extra tests?**

INTERVIEWER: Including morning sickness if it required respondent to take medication for more than 2 weeks, have special care, or extra tests.

- 1 Yes
- 2 No
- DK, RF

Coverage: *All respondents*

HP_Q03 **During your pregnancy, before your labour and the birth, did you stay in a hospital overnight?**

INTERVIEWER: We are referring to the respondent's pregnancy with her baby.

- 1 Yes
- 2 No(Go to HP_END)
- DK, RF(Go to HP_END)

Coverage: *All respondents*

HP_Q04 **(Before your labour and the birth,) how many nights in total did you stay in a hospital during your pregnancy with ^baby's name?**

INTERVIEWER: If respondent is having difficulty remembering, ask for best estimate.

____(3 spaces) [Min: 1 Max: 270]
DK, RF

Coverage: *Respondents who during their pregnancy, before their labour and the birth, stayed in a hospital overnight*

HP_END End of section

Section: **Stressful events (SE)**

SE_BEG Beginning of Section

SE_R01 **The next section deals with experiencing stress in the 12 months before ^baby's name was born. That is, from about 3 months before your pregnancy until the birth.**

**Maternity Experiences Survey, 2006
Questionnaire**

SE_Q01 **Thinking about the amount of stress in your life during the 12 months before ^baby's name was born, would you say that most days were...?**

INTERVIEWER: Read categories to respondent.

- 1 Not stressful
- 2 Somewhat stressful
- 3 Very stressful
- DK, RF

Coverage: *All respondents*

SE_R02 **Now I'm going to read you a list of things that might happen to people in their lives. Please tell me if any of the following events happened to you in the 12 months before ^baby's name was born. If you feel a question does not apply to you answer 'no'.**

SE_Q02 **In the 12 months before ^baby's name was born...**

...a close family member was very sick and had to go into the hospital?

- 1 Yes
- 2 No
- DK, RF

Coverage: *All respondents*

SE_Q03 **In the 12 months before ^baby's name was born...**

...you got separated or divorced from your husband or partner?

- 1 Yes
- 2 No
- DK, RF

Coverage: *All respondents*

SE_Q04 **In the 12 months before ^baby's name was born...**

...you moved to a new address?

- 1 Yes
- 2 No
- DK, RF

Coverage: *All respondents*

SE_Q05 **In the 12 months before ^baby's name was born...**

...you were homeless?

- 1 Yes
- 2 No
- DK, RF

Coverage: *All respondents*

**Maternity Experiences Survey, 2006
Questionnaire**

SE_Q06 In the 12 months before ^baby's name was born...

...your husband or partner lost his job?

- 1 Yes
- 2 No
DK, RF

Coverage: All respondents

SE_Q07 In the 12 months before ^baby's name was born...

...you lost your job even though you wanted to go on working?

- 1 Yes
- 2 No
DK, RF

Coverage: All respondents

SE_Q08 In the 12 months before ^baby's name was born...

...you and your husband or partner argued more than usual?

- 1 Yes
- 2 No
DK, RF

Coverage: All respondents

SE_Q09 In the 12 months before ^baby's name was born...

...your husband or partner said he did not want you to be pregnant?

- 1 Yes
- 2 No
DK, RF

Coverage: All respondents

SE_Q10 In the 12 months before ^baby's name was born...

...you had a lot of bills you couldn't pay?

- 1 Yes
- 2 No
DK, RF

Coverage: All respondents

**Maternity Experiences Survey, 2006
Questionnaire**

SE_Q11 In the 12 months before ^baby's name was born...

...you were involved in a physical fight?

- 1 Yes
- 2 No
DK, RF

Coverage: *All respondents*

SE_Q12 In the 12 months before ^baby's name was born...

...you or your husband or partner went to jail or a detention centre?

- 1 Yes
- 2 No
DK, RF

Coverage: *All respondents*

SE_Q13 In the 12 months before ^baby's name was born...

...someone very close to you had a bad problem with drinking or drugs?

- 1 Yes
- 2 No
DK, RF

Coverage: *All respondents*

SE_Q14 In the 12 months before ^baby's name was born...

...someone very close to you died?

- 1 Yes
- 2 No
DK, RF

Coverage: *All respondents*

SE_END End of Section

Section: **Information on pregnancy, labour and birth (SI)**

SI_BEG Beginning of Section

SI_R01 **The next few questions are about information you had during your pregnancy.**

**Maternity Experiences Survey, 2006
Questionnaire**

SI_Q01 During your pregnancy with ^baby's name, before your labour and the birth, did you have enough information about the following topics...

... about physical changes to your body during pregnancy such as water retention, backache or indigestion?

- 1 Yes
 - 2 No
- DK, RF

Coverage: All respondents

SI_Q02 During your pregnancy with ^baby's name, before your labour and the birth, did you have enough information...

... about emotional changes some women experience during pregnancy such as feeling insecure or afraid?

- 1 Yes
 - 2 No
- DK, RF

Coverage: All respondents

SI_Q03 During your pregnancy with ^baby's name, before your labour and the birth, did you have enough information...

... about warning signs of complications during pregnancy, such as headaches and high fevers?

- 1 Yes
 - 2 No
- DK, RF

Coverage: All respondents

SI_Q04 During your pregnancy with ^baby's name, before your labour and the birth, did you have enough information...

... about how taking medication could affect your baby?

INTERVIEWER: Includes prescription and over the counter medication.

- 1 Yes
 - 2 No
- DK, RF

Coverage: All respondents

**Maternity Experiences Survey, 2006
Questionnaire**

SI_Q05 During your pregnancy with ^baby's name, before your labour and the birth, did you have enough information...

... about what to expect during labour and the birth?

- 1 Yes
- 2 No
DK, RF

Coverage: All respondents

SI_Q06 During your pregnancy with ^baby's name, before your labour and the birth, did you have enough information...

...about what your husband or partner could do to support you during labour and the birth?

- 1 Yes
- 2 No
DK, RF

Coverage: All respondents

SI_Q07 During your pregnancy with ^baby's name, before your labour and the birth, did you have enough information...

... about the use of medication-free pain management techniques during labour and the birth such as breathing exercises or massage?

- 1 Yes
- 2 No
DK, RF

Coverage: All respondents

SI_Q08 During your pregnancy with ^baby's name, before your labour and the birth, did you have enough information...

... about potential side effects of the use of pain medication and anaesthesia during labour and the birth?

- 1 Yes
- 2 No
DK, RF

Coverage: All respondents

**Maternity Experiences Survey, 2006
Questionnaire**

SI_Q09 During your pregnancy with ^baby's name, before your labour and the birth, did you have enough information...

... about medical tests or procedures that may be required during pregnancy such as ultrasound or amniocentesis?

- 1 Yes
- 2 No
- DK, RF

Coverage: All respondents

SI_Q10 During your pregnancy with ^baby's name, who or what was your most useful source of information about pregnancy, labour and birth?

INTERVIEWER: If respondent says 'doctor', probe to find out what type of doctor.

- 01 Previous pregnancy
- 02 Family or friends
- 03 Obstetrician/gynaecologist
- 04 Family doctor/general practitioner
- 05 Midwife
- 06 Nurse/nurse practitioner
- 07 Doula
- 08 Prenatal/childbirth classes
- 09 Books
- 10 Internet
- 11 Other(Go to SI_S10)
- DK, RF

Default: (Go to SI_R11)

Coverage: All respondents

SI_S10 During your pregnancy with ^baby's name, who or what was your most useful source of information about pregnancy, labour and birth?

INTERVIEWER: Specify.

____ (80 spaces)

Coverage: Respondents who reported another useful source of information about pregnancy

SI_R11 People sometimes look to others for companionship, assistance or other types of support.

**Maternity Experiences Survey, 2006
Questionnaire**

SI_Q11 **During your pregnancy, how often was support available to you when you needed it?**

INTERVIEWER: Read categories to respondent.

- 1 None of the time
 - 2 A little of the time
 - 3 Some of the time
 - 4 Most of the time
 - 5 All of the time
- DK, RF

Coverage: *All respondents*

SI_END End of Section

Section: **Labour (LB)**

LB_BEG Beginning of Section

LB_R01 **Now, some questions about your labour and the birth of ^baby's name.**

LB_Q01 **Was ^baby's name born in a hospital, clinic, birthing centre or in a private home (i.e. home birth)?**

INTERVIEWER: If respondent says birthing centre, code 2 regardless of whether it was in or outside a hospital.

- 1 Hospital or clinic
 - 2 Birthing centre
 - 3 Private home (Go to LB_Q04)
 - 4 Other (Go to LB_Q04)
- DK, RF (Go to LB_Q04)

Coverage: *All respondents*

LB_Q02 **In what city or town was this hospital or clinic located?**

INTERVIEWER: Enter name of city or town.

____ (25 spaces)
DK, RF

Coverage: *Respondents whose baby was born in a hospital, clinic or birthing centre*

LB_Q03 **What was the name of the hospital or clinic where you gave birth to ^baby's name?**

INTERVIEWER: Enter name.

____ (255 spaces)
DK, RF

Coverage: *Respondents whose baby was born in a hospital, clinic or birthing centre*

**Maternity Experiences Survey, 2006
Questionnaire**

LB_Q04 **Did you travel to another city, town or community, to give birth to ^baby's name?**

- 1 Yes.....(Go to LB_Q05A)
- 2 No
 DK, RF

Default: (Go to LB_C08)

Coverage: *All respondents*

LB_Q05A **In kilometres or miles, how far did you travel to give birth?**

INTERVIEWER: Enter distance only.

____(4 spaces) [Min: 1 Max: 995]

DK, RF (Go to LB_Q06)

Coverage: *Respondents who travelled to another city, town or community, to give birth to their baby*

LB_Q05B **Was that in kilometres or miles?**

- 1 Kilometres
- 2 Miles
 DK, RF

Coverage: *Respondents who travelled to another city, town or community, to give birth to their baby*

LB_Q06 **How many nights did you stay in this city, town or community before you gave birth?**

INTERVIEWER: If less than 1 night, enter 0.

____(2 spaces) [Min: 0 Max: 90]

DK, RF

Coverage: *Respondents who travelled to another city, town or community, to give birth to their baby*

LB_Q07 **Overall, was the experience of travelling to another city, town or community to give birth to ^baby's name...?**

INTERVIEWER: Read categories to respondent.

- 1 Very positive
- 2 Somewhat positive
- 3 Neither positive nor negative
- 4 Somewhat negative
- 5 Very negative
 DK, RF

Coverage: *Respondents who travelled to another city, town or community, to give birth to their baby*

LB_C08 If PC_Q01 = 94.....(Go to LB_Q11A)
 Else..... (Go to LB_Q08)

**Maternity Experiences Survey, 2006
Questionnaire**

LB_Q08 **Did the healthcare provider who cared for you during your pregnancy also care for you during the labour and birth?**

- 1 Yes
- 2 No (Go to LB_Q10)
- DK, RF (Go to LB_Q10)

Coverage: *Respondents who had prenatal care visits*

LB_Q09 **Was it important to you to have had this healthcare provider with you?**

- 1 Yes
- 2 No
- DK, RF

Default: (Go to LB_Q11A)

Coverage: *Respondents who had prenatal care visits and who had the same healthcare provider during their pregnancy as during the labour and birth*

LB_Q10 **Would it have been important to you to have had this healthcare provider with you?**

- 1 Yes
- 2 No
- DK, RF

Coverage: *Respondents who had prenatal care visits who did not have the same healthcare provider during their pregnancy as during the labour and birth*

LB_Q11A **Which type of healthcare provider such as an obstetrician, family doctor, or midwife was the person who primarily delivered ^baby's name?**

INTERVIEWER: If more than one person was involved, indicate who handled the baby, helped the baby as the baby was being born.

- 01 Obstetrician
- 02 Gynaecologist
- 03 OBGYN
- 04 Family doctor
- 05 General practitioner/GP
- 06 Doctor (Go to LB_Q11B)
- 07 Midwife
- 08 Nurse or nurse practitioner
- 09 Other
- DK, RF

Default: (Go to LB_Q12)

Coverage: *All respondents*

**Maternity Experiences Survey, 2006
Questionnaire**

LB_Q11B What type of doctor was this?

INTERVIEWER: Read categories to respondent.

- 1 Obstetrician
- 2 Gynaecologist
- 3 Family doctor
- 4 General practitioner
- 5 Other doctor
- DK, RF

Coverage: Respondents who had a doctor (unspecified) as the person who primarily delivered their baby

LB_Q12 Did you have your husband or partner with you during labour before the birth of ^baby's name?

INTERVIEWER: The husband or partner must be in the same room as the respondent during labour for the answer to be 'yes'.

- 1 Yes
- 2 No (Go to LB_Q14)
- 3 Did not go into labour/had caesarean (Go to LB_Q14)
- 4 Did not have a husband or partner at that time (Go to LB_Q16)
- DK, RF

Coverage: All respondents

LB_Q13 How satisfied or dissatisfied were you with the support you received from your husband or partner during labour before the birth?

INTERVIEWER: Read categories to respondent.

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- DK, RF

Coverage: Respondents who had their husband or partner with them during labour before the birth of their baby

LB_Q14 Did you have your husband or partner with you during the birth of ^baby's name?

INTERVIEWER: The husband or partner must be in the same room as the respondent at the time of birth for the answer to be 'yes'.

- 1 Yes
- 2 No (Go to LB_Q16)
- DK, RF (Go to LB_Q16)

Coverage: Respondents who indicated they had a husband or partner (LB_Q12) at the time of the birth of their baby

**Maternity Experiences Survey, 2006
Questionnaire**

LB_Q15 **How satisfied or dissatisfied were you with the support you received from your husband or partner during the birth?**

INTERVIEWER: Read categories to respondent.

- 1 Very satisfied
 - 2 Somewhat satisfied
 - 3 Neither satisfied nor dissatisfied
 - 4 Somewhat dissatisfied
 - 5 Very dissatisfied
- DK, RF

Coverage: Respondents who indicated they had a husband or partner (LB_Q12) at the time of the birth of their baby

LB_Q16 **Did you have a companion with you during labour or the birth of ^baby's name?**

INTERVIEWER: The companion(s) must be in the same room as the respondent during labour or at the time of birth for the answer to be yes

- 1 Yes
 - 2 No (Go to LB_Q18)
- DK, RF (Go to LB_Q18)

Coverage: All respondents

LB_Q17 **How satisfied or dissatisfied were you with the support you received from your companion(s)?**

INTERVIEWER: Read categories to respondent.

- 1 Very satisfied
 - 2 Somewhat satisfied
 - 3 Neither satisfied nor dissatisfied
 - 4 Somewhat dissatisfied
 - 5 Very dissatisfied
- DK, RF

Coverage: Respondents who had a companion with them during labour or the birth of their baby

LB_Q18 **Did you have a vaginal or caesarean birth for ^baby's name?**

- 1 Vaginal
 - 2 Caesarean
- DK, RF

Coverage: All respondents

LB_END End of Section

Section: **Caesarean (CS)**

CS_BEG Beginning of Section

**Maternity Experiences Survey, 2006
Questionnaire**

CS_C01 If LB_Q18 = 2(Go to CS_Q01)
Else.....(Go to CS_END)

CS_Q01 **Was the caesarean planned, that is, the decision was made before you went into labour with ^baby's name, or was it unplanned?**

- 1 Planned
- 2 Unplanned(Go to CS_Q03)
- DK, RF(Go to CS_Q03)

Coverage: *Respondents who had a caesarean birth for their baby*

CS_Q02 **Was it planned for medical or non-medical reasons? Health concerns for the mother or baby, or the position of the baby in the womb are examples of medical reasons. Most other reasons are non-medical.**

- 1 Medical
- 2 Non-medical
- DK, RF

Default: (Go to CS_END)

Coverage: *Respondents who had a planned caesarean birth for their baby*

CS_Q03 **Did you attempt to give birth vaginally to ^baby's name?**

INTERVIEWER: Did the respondent experience labour?

- 1 Yes
- 2 No
- DK, RF

Coverage: *Respondents who had an unplanned caesarean birth for their baby*

CS_END End of Section

Section: Vaginal birth (VB)

VB_BEG Beginning of Section

VB_C01 If LB_Q18 = 1 or (LB_Q18 = 2 and CS_Q03 = 1) (Go to VB_Q01A)
Else..... (Go to VB_END)

VB_Q01A **Were forceps used?**

INTERVIEWER: We are referring to forceps being used on her baby.

- 1 Yes
- 2 No
- DK, RF

Coverage: *Respondents who had or attempted to have a vaginal birth*

**Maternity Experiences Survey, 2006
Questionnaire**

VB_Q01B Was vacuum extraction used?

INTERVIEWER: We are referring to vacuum being used on her baby.

- 1 Yes
- 2 No
 DK, RF

Coverage: Respondents who had or attempted to have a vaginal birth

VB_C02 If LB_Q18 = 2(Go to VB_Q05)
 Else.....(Go to VB_Q02)

VB_Q02 Was ^baby's name born head first?

- 1 Yes
- 2 No
 DK, RF

Coverage: Respondents who had a vaginal birth

VB_Q03 Which of the following best describes your position when ^baby's name was born?

INTERVIEWER: This is the position the respondent was in when her baby was born, not during the labour. Read categories to respondent.

- 1 Lying on your side(Go to VB_Q05)
- 2 Propped up or sitting
- 3 Lying flat on your back
- 4 Some other position
 DK, RF

Coverage: Respondents who had a vaginal birth

VB_Q04 Were your legs in stirrups?

INTERVIEWER: We are referring to legs being in stirrups for the birth of the selected baby.

- 1 Yes
- 2 No
 DK, RF

Coverage: Respondents who had a vaginal birth, and were not lying on their side when their baby was born

**Maternity Experiences Survey, 2006
Questionnaire**

VB_Q05 **Did your healthcare provider try to start or induce your labour by the use of medication or some other technique?**

INTERVIEWER: We are referring to the respondent's labour with her baby.

- 1 Yes
- 2 No
 DK, RF

Coverage: *Respondents who had or attempted to have a vaginal birth*

VB_Q06A **After your labour started, did your healthcare provider try to speed it up by the use of medication or some other technique?**

INTERVIEWER: We are referring to the respondent's labour with her baby.

- 1 Yes
- 2 No
 DK, RF

Coverage: *Respondents who had or attempted to have a vaginal birth*

VB_Q06B **Did your healthcare provider give you enough information about the progress of your labour?**

INTERVIEWER: We are referring to the respondent's labour with her baby.

- 1 Yes
- 2 No
 DK, RF

Coverage: *Respondents who had or attempted to have a vaginal birth*

VB_Q07 **How many hours did your labour last from when you started having regular, strong contractions until the birth of ^baby's name?**

INTERVIEWER: Responses given with a decimal, fraction or minutes, should be rounded according to standard practice. For example 6 and ½ hours (or 6.5 hours) become 7 hours, or 8 hours and 20 minutes become 8 hours.

____ (2 spaces) [Min: 0 Max: 72]
DK, RF

Coverage: *Respondents who had or attempted to have a vaginal birth*

VB_Q08 **Before or during labour, in preparation for birth, did you have your pubic hair or the hair around your vagina shaved?**

INTERVIEWER: We are referring to the respondent's labour with and birth of the selected baby.

- 1 Yes
- 2 No
 DK, RF

Coverage: *Respondents who had or attempted to have a vaginal birth*

**Maternity Experiences Survey, 2006
Questionnaire**

VB_Q09 **Before or during labour, in preparation for birth, did you have an enema to help you move your bowels?**

INTERVIEWER: We are referring to the respondent's labour with the selected baby.

- 1 Yes
- 2 No
 DK, RF

Coverage: Respondents who had or attempted to have a vaginal birth

VB_Q10 **During labour, were you attached to a machine, called an electronic fetal monitor (EFM), that recorded ^baby's name's heartbeat?**

- 1 Yes
- 2 No
 DK, RF

Coverage: Respondents who had or attempted to have a vaginal birth

VB_C11 If VB_Q10 = 1(Go to VB_Q11)
 Else.....(Go to VB_Q12)

VB_Q11 **Was the electronic fetal monitor used...?**

INTERVIEWER: Read categories to respondent.

- 1 On arrival or admission but not again
- 2 On and off (intermittently) during labour
- 3 Continuously during labour
 DK, RF

Coverage: Respondents who had or attempted to have a vaginal birth, and were attached to an electronic fetal monitor (EFM)

VB_Q12 **During labour, was your baby's heartbeat monitored by another instrument such as a stethoscope, Doppler, or fetoscope (an instrument other than an electronic fetal monitor)?**

- 1 Yes
- 2 No
 DK, RF

Coverage: Respondents who had or attempted to have a vaginal birth

VB_C13 If VB_Q10=2 or non-response and VB_Q12=2 or non-response ..(Go to VB_Q13)
 Else.....(Go to VB_END)

**Maternity Experiences Survey, 2006
Questionnaire**

VB_Q13 **Was ^baby's name's heartbeat monitored during labour using some other method?**

- 1 Yes
- 2 No
- DK, RF

Coverage: *Respondents who had or attempted to have a vaginal birth, and whose baby's heart was not monitored by an electronic fetal monitor (EFM) or any another instrument such as a stethoscope, Doppler, or fetoscope*

VB_END End of Section

Section: **Birth of baby (BB)**

BB_BEG Beginning of section

BB_C01 If LB_Q18 = 2 (Go to BB_Q01)
Else (Go to BB_Q02)

BB_Q01 **What kind of anaesthesia were you given for the caesarean? Were you given...?**

INTERVIEWER: Read categories to respondent.

- 1 An epidural or spinal anaesthesia (that is an injection into your back to numb the lower part of your body)
- 2 A general anaesthetic (they put you to sleep)
- 3 Both
- DK, RF

Coverage: *Respondents who had a caesarean birth for their baby*

BB_C02 If LB_Q18 = 2 and CS_Q03 = 1 (Go to BB_Q02)
Else (Go to BB_Q05)

BB_Q02 **During the birth of ^baby's name, did anyone push on the top of your abdomen to help push your baby down?**

- 1 Yes
- 2 No
- DK, RF

Coverage: *Respondents who had or attempted to have a vaginal birth*

BB_Q03 **Just before the birth of ^baby's name, did you have an episiotomy, that is, a cut to enlarge your vagina?**

- 1 Yes
- 2 No
- DK, RF

Coverage: *Respondents who had or attempted to have a vaginal birth*

**Maternity Experiences Survey, 2006
Questionnaire**

BB_Q04 **After the birth, did you have stitches near the opening of your vagina to repair a tear or cut?**

INTERVIEWER: We are referring to the birth of the selected baby.

- 1 Yes
- 2 No
- DK, RF

Coverage: Respondents who had or attempted to have a vaginal birth

BB_Q05 **Did you experience any complications or health problems during labour or the birth that required you to have special care, extra tests, or stay in a hospital?**

INTERVIEWER: We are referring to the labour and the birth of the selected baby.

- 1 Yes
- 2 No
- DK, RF

Coverage: All respondents

BB_END End of section

Section: **Pain management (PM)**

PM_BEG Beginning of section

PM_C01 If LB_Q18 = 1 or (LB_Q18 = 2 and CS_Q03 = 1)(Go to PM_Q01A)
 If LB_Q18 = RF or DK (Go to PM_END)
 Else..... (Go to PM_Q14)

PM_Q01A **What medication-free methods did you use to cope with pain during labour or birth of ^baby's name? Did you...**

... do breathing exercises?

- 1 Yes
- 2 No
- DK, RF

Coverage: Respondents who had or attempted to have a vaginal birth

PM_Q01B **What medication-free methods did you use to cope with pain during labour or birth of ^baby's name? Did you...**

... use massage?

- 1 Yes
- 2 No
- DK, RF

Coverage: Respondents who had or attempted to have a vaginal birth

**Maternity Experiences Survey, 2006
Questionnaire**

PM_Q01C What medication-free methods did you use to cope with pain during labour or birth of ^baby's name? **Did you...**

... change positions?

- 1 Yes
- 2 No
 DK, RF

Coverage: Respondents who had or attempted to have a vaginal birth

PM_Q01D What medication-free methods did you use to cope with pain during labour or birth of ^baby's name? **Did you ...**

... walk around?

- 1 Yes
- 2 No
 DK, RF

Coverage: Respondents who had or attempted to have a vaginal birth

PM_Q01E What medication-free methods did you use to cope with pain during labour or birth of ^baby's name? **Did you...**

... use a bath or shower?

- 1 Yes
- 2 No
 DK, RF

Coverage: Respondents who had or attempted to have a vaginal birth

PM_Q01F What medication-free methods did you use to cope with pain during labour or birth of ^baby's name? **Did you...**

... use a birthing ball?

- 1 Yes
- 2 No
 DK, RF

Coverage: Respondents who had or attempted to have a vaginal birth

PM_C02 If PM_Q01A = 1 (Go to PM_Q02)
 Else (Go to PM_C03)

**Maternity Experiences Survey, 2006
Questionnaire**

PM_Q02 How helpful were the breathing exercises in relieving your pain?

INTERVIEWER: Read categories to respondent if required.

- 1 Very helpful
 - 2 Somewhat helpful
 - 3 Not helpful at all
- DK, RF

Coverage: Respondents who had or attempted to have a vaginal birth and who did breathing exercises to cope with the pain during labour or birth of their baby

PM_C03 If PM_Q01B = 1 (Go to PM_Q03)
Else (Go to PM_C04)

PM_Q03 How helpful was massage in relieving your pain?

INTERVIEWER: Read categories to respondent if required.

- 1 Very helpful
 - 2 Somewhat helpful
 - 3 Not helpful at all
- DK, RF

Coverage: Respondents who had or attempted to have a vaginal birth and who used a massage to cope with pain during labour or birth of their baby

PM_C04 If PM_Q01C = 1 (Go to PM_Q04)
Else (Go to PM_C05)

PM_Q04 How helpful was changing positions in relieving your pain?

INTERVIEWER: Read categories to respondent if required.

- 1 Very helpful
 - 2 Somewhat helpful
 - 3 Not helpful at all
- DK, RF

Coverage: Respondents who had or attempted to have a vaginal birth and who changed positions to cope with pain during labour or birth of their baby

PM_C05 If PM_Q01D= 1 (Go to PM_Q05)
Else (Go to PM_C06)

**Maternity Experiences Survey, 2006
Questionnaire**

PM_Q05 How helpful was walking around in relieving your pain?

INTERVIEWER: Read categories to respondent if required.

- 1 Very helpful
- 2 Somewhat helpful
- 3 Not helpful at all
DK, RF

Coverage: Respondents who had or attempted to have a vaginal birth and who walked around to cope with pain during labour or birth of their baby

PM_C06 If PM_Q01E = 1 (Go to PM_Q06)
Else (Go to PM_C07)

PM_Q06 How helpful was having a bath or showering in relieving your pain?

INTERVIEWER: Read categories to respondent if required.

- 1 Very helpful
- 2 Somewhat helpful
- 3 Not helpful at all
DK, RF

Coverage: Respondents who had or attempted to have a vaginal birth and who used a bath or shower to cope with pain during labour or birth of their baby

PM_C07 If PM_Q01F = 1 (Go to PM_Q07)
Else (Go to PM_Q08)

PM_Q07 How helpful was the birthing ball in relieving your pain?

INTERVIEWER: Read categories to respondent if required.

- 1 Very helpful
- 2 Somewhat helpful
- 3 Not helpful at all
DK, RF

Coverage: Respondents who had or attempted to have a vaginal birth and who used a birthing ball to cope with pain during labour

**Maternity Experiences Survey, 2006
Questionnaire**

PM_Q08 **Now we are interested in medications you used to cope with pain during labour or birth of ^baby's name? Did you use...**

... an epidural or spinal anaesthesia?

INTERVIEWER: For respondents who had a caesarean section, we are interested in what they used for pain during labour.

- 1 Yes
- 2 No
 DK, RF

Coverage: *Respondents who had or attempted to have a vaginal birth*

PM_Q09 **Did you use...**

...pain killing medications such as Demerol, fentanyl or morphine?

- 1 Yes
- 2 No
 DK, RF

Coverage: *Respondents who had or attempted to have a vaginal birth*

PM_Q10 **Did you use...**

...gas breathed through a mask or mouthpiece such as nitrous oxide, also known as laughing gas or entonox?

- 1 Yes
- 2 No
 DK, RF

Coverage: *Respondents who had or attempted to have a vaginal birth*

PM_C11 If PM_Q08=1 (Go to PM_Q11)
 Else..... (Go to PM_C12)

PM_Q11 **How helpful was the epidural or spinal anaesthesia in relieving your pain?**

INTERVIEWER: Read categories to respondent if required.

- 1 Very helpful
- 2 Somewhat helpful
- 3 Not helpful at all
 DK, RF

Coverage: *Respondents who had or attempted to have a vaginal birth and who used an epidural or spinal anaesthesia to cope with pain during labour or birth of their baby*

PM_C12 If PM_Q09=1 (Go to PM_Q12)
 Else..... (Go to PM_C13)

**Maternity Experiences Survey, 2006
Questionnaire**

PM_Q12 How helpful was the pain killing medication in relieving your pain?

INTERVIEWER: Read categories to respondent if required.

- 1 Very helpful
 - 2 Somewhat helpful
 - 3 Not helpful at all
- DK, RF

Coverage: Respondents who had or attempted to have a vaginal birth and who used pain killing medications to cope with pain during labour or birth of their baby

PM_C13 If PM_Q10=1 (Go to PM_Q13)
Else (Go to PM_Q14)

PM_Q13 How helpful was the gas in relieving your pain?

INTERVIEWER: Read categories to respondent if required.

- 1 Very helpful
 - 2 Somewhat helpful
 - 3 Not helpful at all
- DK, RF

Coverage: Respondents who had or attempted to have a vaginal birth and who used gas to cope with pain during labour or birth of their baby

PM_Q14 Overall, would you describe the experience of labour and birth as...?

INTERVIEWER: Read categories to respondent.

- 1 Very negative
 - 2 Somewhat negative
 - 3 Neither negative nor positive
 - 4 Somewhat positive
 - 5 Very positive
- DK, RF

Coverage: All respondents

PM_END End of section

Section: **Postpartum care (PP)**

PP_BEG Beginning of Section

PP_R01 **The next set of questions is about your experiences after the birth of
^baby's name.**

**Maternity Experiences Survey, 2006
Questionnaire**

PP_Q01A How much did ^he/she weigh at birth, in grams, or pounds and ounces?

INTERVIEWER: Choose grams or pounds/ounces below and enter number in the next question.

- 1 Grams (Go to PP_Q01B)
- 2 Pounds and ounces (Go to PP_Q01C)
- DK, RF (Go to PP_Q02)

Coverage: *All respondents*

PP_Q01B Enter birth weight in grams. 1 kilogram =1000 grams.

____(4 spaces) [Min: 1000 Max: 8000]
DK, RF

Default: (Go to PP_Q02)

Coverage: *Respondents who entered the birth weight of their baby in grams*

PP_Q01C Enter birth weight in pounds in this screen, and ounces in the next.

____(2 spaces) [Min: 1 Max: 15]
DK, RF (Go to PP_Q02)

Default: (Go to PP_Q01D)

Coverage: *Respondents who entered the birth weight of their baby in pounds and ounces*

PP_Q01D Enter ounces.

____(2 spaces) [Min: 0 Max: 15]
DK, RF

Coverage: *Respondents who entered the birth weight of their baby in pounds and ounces*

PP_Q02 Immediately after birth, was ^baby's name admitted to an intensive care or special care unit?

- 1 Yes
- 2 No (Go to PP_Q04)
- DK, RF (Go to PP_Q04)

Coverage: *All respondents*

**Maternity Experiences Survey, 2006
Questionnaire**

PP_Q03 How long was ^baby's name in the intensive care or special care unit?

- 1 Less than 12 hours
- 2 12 hours to less than 24 hours
- 3 1 day to less than 4 days
- 4 4 days to less than 7 days
- 5 7 days or more
- DK, RF

Default: (Go to PP_C12A)

Coverage: *Respondents whose baby was admitted to an intensive care or special care unit immediately after birth*

PP_Q04 How soon after the birth did you first hold ^baby's name?

INTERVIEWER: Includes baby being placed on the mother in any way.

- 01 Immediately or within 5 minutes(Go to PP_Q06)
- 02 6 minutes to less than 31 minutes(Go to PP_Q06)
- 03 31 minutes to less than 60 minutes(Go to PP_Q06)
- 04 1 hour to less than 6 hours
- 05 6 hours to less than 12 hours
- 06 12 hours to less than 24 hours
- 07 24 hours or more
- DK, RF(Go to PP_Q06)

Coverage: *Respondents whose baby was not admitted to an intensive care or special care unit immediately after birth*

PP_Q05 Why did you not hold ^baby's name sooner?

INTERVIEWER: Read categories to respondent.

- 1 There were concerns about the baby's health
- 2 You had a cesarean
- 3 You were not well for another reason
- 4 There was no concern about the baby's or your condition, but the baby was not given to you sooner
- DK, RF

Coverage: *Respondents whose baby was not admitted to an intensive care or special care unit immediately after birth and who did not hold their baby during the first hour after birth*

PP_Q06 Did you feel you held ^baby's name...?

INTERVIEWER: Read categories to respondent.

- 1 At the right time
- 2 Too soon
- 3 Too late
- DK, RF

Coverage: *Respondents whose baby was not admitted to an intensive care or special care unit immediately after birth*

**Maternity Experiences Survey, 2006
Questionnaire**

PP_Q07 **The first time you held ^baby's name, was ^he/she naked? That is, not wrapped, dressed or in a diaper.**

- 1 Yes
- 2 No
- DK, RF

Coverage: Respondents whose baby was not admitted to an intensive care or special care unit immediately after birth

PP_Q08 **The first time you held ^baby's name, was ^he/she against your naked skin?**

INTERVIEWER: Meaning no sheet or clothing between mother and baby.

- 1 Yes
- 2 No
- DK, RF

Coverage: Respondents whose baby was not admitted to an intensive care or special care unit immediately after birth

PP_Q09 **Which of the following best describes where ^baby's name was during most of the first hour after birth?**

INTERVIEWER: Read categories to respondent.

- 1 In bed with you
- 2 In the same room as you, but not in your bed
- 3 Not in the same room as you
- DK, RF

Coverage: Respondents whose baby was not admitted to an intensive care or special care unit immediately after birth

PP_Q10 **During the first 24 hours following the birth, how many hours in total was ^baby's name in another room? Please include the time ^he/she may have spent in another room while you were resting, at night or during the day. Was it...?**

INTERVIEWER: Read categories to respondent.

- 1 Less than 1 hour
- 2 1 hour to less than 6 hours
- 3 6 hours or more
- DK, RF

Coverage: Respondents whose baby was not admitted to an intensive care or special care unit immediately after birth

**Maternity Experiences Survey, 2006
Questionnaire**

PP_Q11 **In the first 24 hours following the birth, was the amount of time you spent with ^baby's name...?**

INTERVIEWER: Read categories to respondent.

- 1 About right
- 2 Too little
- 3 Too much
- DK, RF

Coverage: Respondents whose baby was not admitted to an intensive care or special care unit immediately after birth

PP_C12A If LB_Q01 = 1 (hospital or clinic) or 2 (birthing centre)..... (Go to PP_Q12A)
Else..... (Go to PP_C16)

PP_Q12A **How many days, weeks or months did you stay in the hospital or clinic after ^baby's name was born?**

INTERVIEWER: Enter length of time. If less than 1 day, enter 0 days.

____(3 spaces) [Min: 0 Max: 394]

DK, RF (Go to PP_Q13)

Coverage: Respondents whose baby was born in a hospital, clinic or birthing centre

PP_Q12B **Was that in days, weeks or months?**

- 1 Days
- 2 Weeks
- 3 Months
- DK, RF (Go to PP_Q13)

Coverage: Respondents whose baby was born in a hospital, clinic or birthing centre

PP_Q13 **Do you feel your stay in the hospital or clinic was...?**

INTERVIEWER: Read categories to respondent.

- 1 About right
- 2 Too short
- 3 Too long
- DK, RF

Coverage: Respondents whose baby was born in a hospital, clinic or birthing centre

PP_C14 If PP_Q03 = 4 and (PP_Q12B =1 and PP_Q12A < 4)..... (Go to PP_Q15A)
If PP_Q03 = 5 and (PP_Q12B= 1 and PP_Q12A < 7)..... (Go to PP_Q15A)
Else..... (Go to PP_Q14)

**Maternity Experiences Survey, 2006
Questionnaire**

PP_Q14 Did ^baby's name go home with you when you left the hospital or clinic?

- 1 Yes..... (Go to PP_C16)
2 No
DK, RF (Go to PP_C16)

Coverage: Respondents whose baby was born in a hospital, clinic or birthing centre, and who did not have their baby in an intensive care or special care unit when they were discharged

PP_Q15A Including the day of birth, for how many days, weeks or months did ^baby's name stay in the hospital or clinic?

INTERVIEWER: Enter length of time. If the baby stayed less than one day, enter 0.

____(3 spaces) [Min: 0 Max: 394]

DK, RF (Go to C16)

Coverage: Respondents whose baby was born in a hospital, clinic or birthing centre and whose baby did not go home with them when they were discharged

PP_Q15B Was that in days, weeks or months?

- 1 Days
2 Weeks
3 Months
DK, RF

Coverage: Respondents whose baby was born in a hospital, clinic or birthing centre and whose baby did not go home with them when they were discharged

PP_C16 If VSB_Q07 = 1 (Male) (Go to PP_Q16)
Else (Go to PP_R19)

PP_Q16 Was ^baby's name circumcised?

- 1 Yes
2 No (Go to PP_Q18)
DK, RF (Go to PP_Q18)

Coverage: Respondents whose baby was male

PP_Q17 What was the main reason ^baby's name was circumcised? Was it for...?

INTERVIEWER: Read categories to respondent.

- 1 Religious reasons
2 Health or hygiene reasons
3 To be like his dad or brother
4 To be like other boys
5 Other reasons
DK, RF

Coverage: Respondents whose baby was circumcised

**Maternity Experiences Survey, 2006
Questionnaire**

PP_Q18 **Did you have enough information about circumcision?**

- 1 Yes
- 2 No
 DK, RF

Coverage: *Respondents whose baby was male*

PP_R19 **Now, I would like to ask you about your satisfaction with various aspects of your maternity care.**

PP_Q19A **Please think back to your entire pregnancy, labour and birth, and immediate postpartum experience. Overall, how satisfied or dissatisfied were you with...**

...the information given to you by your healthcare providers?

INTERVIEWER: Read categories to respondent.

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
 DK, RF

Coverage: *All respondents*

PP_Q19B **Please think back to your entire pregnancy, labour and birth, and immediate postpartum experience. Overall, how satisfied or dissatisfied were you with...**

...the compassion and understanding shown by your healthcare providers?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
 DK, RF

Coverage: *All respondents*

PP_Q19C **Please think back to your entire pregnancy, labour and birth, and immediate postpartum experience. Overall, how satisfied or dissatisfied were you with...**

...the competency of your healthcare providers?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
 DK, RF

Coverage: *All respondents*

**Maternity Experiences Survey, 2006
Questionnaire**

PP_Q19D **Once again, the questions refer to your pregnancy, labour and birth, and immediate postpartum experience. Overall, how satisfied or dissatisfied were you with...**

...the concern of your healthcare providers for your privacy and dignity?

INTERVIEWER: Read categories to respondent.

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- DK, RF

Coverage: *All respondents*

PP_Q19E **Please think back to your entire pregnancy, labour and birth, and immediate postpartum experience. Overall, how satisfied or dissatisfied were you with...**

...the respect shown to you by your healthcare providers?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- DK, RF

Coverage: *All respondents*

PP_Q19F **Please think back to your entire pregnancy, labour and birth, and immediate postpartum experience. Overall, how satisfied or dissatisfied were you with...**

...your involvement in decision making with your healthcare providers?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- DK, RF

Coverage: *All respondents*

PP_END End of Section

Section: **Breastfeeding (BF)**

BF_BEG Beginning of section

BF_R01 **The next few questions are about your experiences feeding ^baby's name.**

**Maternity Experiences Survey, 2006
Questionnaire**

BF_Q01 **Prior to giving birth, did you intend to feed ^baby's name by formula alone, breastfeeding alone or a combination of both?**

- 1 Formula feeding alone
- 2 Breastfeeding alone (including pumping breast milk)
- 3 A combination of formula and breastfeeding
DK, RF

Coverage: *All respondents*

BF_Q02 **Did you breastfeed or try to breastfeed ^baby's name even if only for a short time?**

- 1 Yes
- 2 No (Go to BF_Q04)
DK, RF (Go to BF_Q04)

Coverage: *All respondents*

BF_Q03 **How long after the birth, was ^baby's name first put to the breast?**

- 01 Never (baby was fed with pumped breast milk)
- 02 Immediately or within 5 minutes
- 03 6 minutes to less than 30 minutes
- 04 30 minutes to less than 2 hours
- 05 2 hours to less than 12 hours
- 06 12 hours to less than 24 hours
- 07 24 hours or more
DK, RF

Coverage: *Respondents who breastfed or tried to breastfeed their baby even if only for a short time*

BF_Q04 **Did your healthcare providers help you or offer to help you start breastfeeding?**

INTERVIEWER: This could be during the hospital stay or later.

- 1 Yes
- 2 No
DK, RF

Coverage: *All respondents*

BF_Q05 **Did they give you or offer to give you any free formula samples?**

- 1 Yes
- 2 No
DK, RF

Coverage: *All respondents*

BF_C06 If BF_Q02 not equal to 1(Go to BF_Q09A)
Else.....(Go to BF_Q06A)

**Maternity Experiences Survey, 2006
Questionnaire**

BF_Q06A **Did your healthcare providers give you information about community breastfeeding support resources for ongoing help?**

- 1 Yes
- 2 No
- DK, RF

Coverage: *Respondents who breastfed or tried to breastfeed their baby even if only for a short time*

BF_Q06B **In the first week after the birth, did ^baby's name get a pacifier or soother to suck on?**

- 1 Yes
- 2 No
- DK, RF

Coverage: *Respondents who breastfed or tried to breastfeed their baby even if only for a short time*

BF_Q07 **In the first week after the birth, did you breastfeed ^baby's name according to a fixed schedule such as every 3 hours, or whenever your baby seemed hungry, or a combination of both?**

- 1 Fixed schedule
- 2 Whenever baby seemed hungry
- 3 A combination of both
- DK, RF

Coverage: *Respondents who breastfed or tried to breastfeed their baby even if only for a short time*

BF_Q08A **In weeks or months, how old was ^baby's name when liquids such as water, juice or formula were first added to his feeds?**

INTERVIEWER: Select one of the response options below.

- 1 No other liquids have been added to feeds.....(Go to BF_Q09A)
- 2 Less than one week old.....(Go to BF_Q09A)
- 3 Response in weeks only
- 4 Response in full months only..... (Go to BF_Q08C)
- 5 Response in months and weeks/decimals/fractions (Go to BF_Q08D)
- DK, RF.....(Go to BF_Q09A)

Coverage: *Respondents who breastfed or tried to breastfeed their baby even if only for a short time*

BF_Q08B INTERVIEWER: Enter number of weeks.

Responses given with a decimal should be rounded according to standard rounding methods, for example 2.5 weeks becomes 3 weeks.

____(2 spaces) [Min: 1 Max: 66]
DK, RF

Default: (Go to BF_Q09A)

Coverage: *Respondents who breastfed or tried to breastfeed their baby, and added liquids to baby's feeds, and age of baby when liquids were first added, reported in weeks*

**Maternity Experiences Survey, 2006
Questionnaire**

BF_Q08C INTERVIEWER: Enter number of months.

____(2 spaces) [Min: 1 Max: 17]
DK, RF

Default: (Go to BF_Q09A)

Coverage: *Respondents who breastfed or tried to breastfeed their baby, and added liquids to baby's feeds, and age of baby when liquids were first added, reported in months*

BF_Q08D INTERVIEWER: Enter number of months in this screen and weeks/decimals/fractions in the next.

____(2 spaces) [Min: 1 Max: 17]

DK, RF (Go to BF_Q09A)

Coverage: *Respondents who breastfed or tried to breastfeed their baby, and added liquids to baby's feeds, and age of baby when liquids were first added, reported in months and fractions of a month*

BF_Q08E INTERVIEWER: Select number of weeks (decimal/fraction of a month).

- 1 1 week (0.25 or ¼ of a month)
- 2 2 weeks (0.5 or ½ of a month)
- 3 3 weeks (0.75 or ¾ of a month)
- 4 4 weeks
- DK, RF

Coverage: *Respondents who breastfed or tried to breastfeed their baby, and added liquids to baby's feeds, and age of baby when liquids were first added, reported in months and fractions of a month*

BF_Q09A **In weeks or months, how old was ^baby's name when solid foods such as cereals, mashed up or pureed vegetables, or fruits were first added to his feeds?**

INTERVIEWER: Select one of the response options below.

- 1 No solids have been added to feeds (Go to BF_C10)
- 2 Less than one week old..... (Go to BF_C10)
- 3 Response in weeks only
- 4 Response in full months only..... (Go to BF_Q09C)
- 5 Response in months and weeks/decimals/fractions (Go to BF_Q09D)
- DK, RF (Go to BF_C10)

Coverage: *All respondents*

**Maternity Experiences Survey, 2006
Questionnaire**

BF_Q09B INTERVIEWER: Enter number of weeks.

Responses given with a decimal should be rounded according to standard rounding methods, for example 2.5 weeks becomes 3 weeks.

____(2 spaces) [Min: 1 Max: 66]
DK, RF

Default: (Go to BF_C10)

Coverage: Respondents who reported in weeks baby's age when solid foods were introduced

BF_Q09C INTERVIEWER: Enter number of months.

____(2 spaces) [Min: 1 Max: 17]
DK, RF

Default: (Go to BF_C10)

Coverage: Respondents who reported in months baby's age when solid foods were introduced

BF_Q09D INTERVIEWER: Enter number of months in this screen and weeks/decimals/fractions in the next.

____(2 spaces) [Min: 1 Max: 17]
DK, RF (Go to BF_C10)

Coverage: Respondents who reported in months and fractions of a month baby's age when solid foods were introduced

BF_Q09E INTERVIEWER: Select number of weeks (decimal/fraction of a month).

- 1 1 week (0.25 or 1/4 of a month)
 - 2 2 weeks (0.5 or 1/2 of a month)
 - 3 3 weeks (0.75 or 3/4 of a month)
 - 4 4 weeks
- DK, RF

Coverage: Respondents who reported in months and fractions of a month baby's age when solid foods were introduced

BF_C10 If BF_Q02 not equal to 1 (Go to BF_END)
Else (Go to BF_Q10)

BF_Q10 **Are you still breastfeeding, even if only occasionally?**

- 1 Yes (Go to BF_END)
- 2 No
DK, RF (Go to BF_END)

Coverage: Respondents who breastfed or tried to breastfeed their baby even if only for a short time

**Maternity Experiences Survey, 2006
Questionnaire**

BF_Q11A **In weeks or months, how old was ^baby's name when you stopped breastfeeding?**

INTERVIEWER: Select one of the response options below.

1 Less than one week old..... (Go to BF_END)
2 Response in weeks only
3 Response in full months only..... (Go to BF_Q11C)
4 Response in months and weeks/decimals/fractions (Go to BF_Q11D)
 DK, RF (Go to BF_END)

Coverage: *Respondents who stopped breastfeeding*

BF_Q11B INTERVIEWER: Enter number of weeks.

Responses given with a decimal should be rounded according to standard rounding methods, for example 2.5 weeks becomes 3 weeks.

____(2 spaces) [Min: 1 Max: 66]
DK, RF

Default: (Go to BF_END)

Coverage: *Respondents who stopped breastfeeding, and age of baby when breastfeeding stopped reported in weeks*

BF_Q11C INTERVIEWER: Enter number of months.

____(2 spaces) [Min: 1 Max: 17]
DK, RF

Default: (Go to BF_END)

Coverage: *Respondents who stopped breastfeeding, and age of baby when breastfeeding stopped reported in months*

BF_Q11D INTERVIEWER: Enter number of months in this screen and weeks/decimals/fractions in the next.

____(2 spaces) [Min: 1 Max: 17]
DK, RF (Go to BF_END)

Coverage: *Respondents who stopped breastfeeding, and age of baby when breastfeeding stopped reported in months and fraction of months*

BF_Q11E INTERVIEWER: Select number of weeks (decimal/fraction of a month).

- 1 1 week (0.25 or ¼ of a month)
- 2 2 weeks (0.5 or ½ of a month)
- 3 3 weeks (0.75 or ¾ of a month)
- 4 4 weeks
- DK, RF

Coverage: *Respondents who stopped breastfeeding, and age of baby when breastfeeding stopped reported in months and fraction of months*

**Maternity Experiences Survey, 2006
Questionnaire**

BF_END End of section

Section: Baby at home (BH)

BH_BEG Beginning of section

BH_R01 The next set of questions is about your experiences at home with ^baby's name.

BH_Q01 Since he was born, has ^baby's name needed to see a doctor or other healthcare provider for a problem or illness other than a routine check-up?

INTERVIEWER: This includes taking the baby to the hospital

- 1 Yes
- 2 No (Go to BH_Q04)
- DK, RF (Go to BH_Q04)

Coverage: All respondents

BH_Q02 Overall, how easy or difficult was it to see a healthcare provider for ^baby's name?

INTERVIEWER: Read categories to respondent.

- 1 Very easy (Go to BH_Q04)
- 2 Somewhat easy (Go to BH_Q04)
- 3 Neither easy nor difficult (Go to BH_Q04)
- 4 Somewhat difficult
- 5 Very difficult
- DK, RF (Go to BH_Q04)

Coverage: Respondents whose baby has needed to see a doctor or other healthcare provider for a problem or illness other than a routine check-up since their birth

BH_Q03 Why was it difficult?

INTERVIEWER: Mark all that apply.

- 01 Doctor/healthcare provider unavailable
- 02 Respondent didn't have child care
- 03 Respondent was too busy
- 04 Respondent didn't have transportation
- 05 Respondent couldn't take time off work
- 06 Other - Specify (Go to BH_S03)
- DK, RF

Coverage: Respondents whose baby needed to see a doctor and who found it somewhat difficult or very difficult to see a healthcare provider for their baby

**Maternity Experiences Survey, 2006
Questionnaire**

BH_S03 Reason it was difficult for respondent to see healthcare provider.

INTERVIEWER: Specify.

____(80 spaces)

Coverage: Respondents who reported another reason why they found it somewhat difficult or very difficult to see a healthcare provider for their baby

BH_Q04 Not counting the birth, has ^baby's name stayed in a hospital overnight since he was born?

- 1 Yes
- 2 No(Go to BH_Q06)
- DK, RF(Go to BH_Q06)

Coverage: All respondents

BH_Q05A How old was ^baby's name the first time ^he/she required overnight hospitalization?

INTERVIEWER: Enter value only.

____(3 spaces) [Min: 0 Max: 394]

DK, RF(Go to BH_Q06)

Coverage: Respondents whose baby has stayed in a hospital overnight since birth

BH_Q05B Was that in days, weeks or months?

- 1 Days
- 2 Weeks
- 3 Months
- DK, RF(Go to BH_Q06)

Coverage: Respondents whose baby has stayed in a hospital overnight since birth

BH_Q06 Overall, how satisfied or dissatisfied are you with the healthcare ^baby's name has received since he was born?

INTERVIEWER: Read categories to respondent.

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- DK, RF

Coverage: All respondents

**Maternity Experiences Survey, 2006
Questionnaire**

BH_Q07 **In the first 4 months after birth, did you usually put ^baby's name down to sleep on...?**

INTERVIEWER: Read categories to respondent.

- 1 ^His/her side
- 2 ^His/her back
- 3 ^His/her stomach
- 4 Other position
- DK, RF

Coverage: *All respondents*

BH_Q08 **How would you rate ^baby's name's health. Is it...?**

INTERVIEWER: Read categories to respondent.

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- DK, RF

Coverage: *All respondents*

BH_END End of section

Section: **Mother at home (MH)**

MH_BEG Beginning of Section

MH_R01 **The next few questions are about your contact with healthcare providers during the period following the birth of your child.**

MH_Q01 **Following the birth, were you contacted at home by a healthcare provider, such as a public health nurse or midwife, to see how you and ^baby's name were doing?**

INTERVIEWER: A phone call or home visit by a healthcare provider are considered to be contact.

- 1 Yes
- 2 No(Go to MH_Q03)
- DK, RF(Go to MH_Q03)

Coverage: *All respondents*

**Maternity Experiences Survey, 2006
Questionnaire**

MH_Q02 **How old, in days, was ^baby's name when a healthcare provider first contacted you at home?**

INTERVIEWER: If less than 1 day enter '0 '.

____(3 spaces) [Min: 0 Max: 394]
DK, RF

Coverage: *Respondents who were contacted at home by a healthcare provider to see how they and their baby were doing*

MH_Q03 **Since ^baby's name was born, have you needed to see a healthcare provider for yourself, other than a routine postpartum visit or check-up?**

INTERVIEWER: Lactation consultant (i.e., a professional who helps with breastfeeding) is included as a healthcare provider for the purpose of this question.

- 1 Yes
- 2 No (Go to MH_R06)
DK, RF (Go to MH_R06)

Coverage: *All respondents*

MH_Q04 **Overall, how easy or difficult was it to see a healthcare provider for yourself?**

INTERVIEWER: Read categories to respondent.

- 1 Very easy (Go to MH_R06)
- 2 Somewhat easy (Go to MH_R06)
- 3 Neither easy nor difficult (Go to MH_R06)
- 4 Somewhat difficult
- 5 Very difficult
- DK, RF (Go to MH_R06)

Coverage: *Respondents who needed to see a healthcare provider for themselves, other than a routine postpartum visit or check-up since the birth of their baby*

MH_Q05 **Why was it difficult?**

INTERVIEWER: Mark all that apply.

- 01 Doctor/healthcare provider unavailable
- 02 Respondent didn't have child care
- 03 Respondent was too busy
- 04 Respondent didn't have transportation
- 05 Respondent couldn't take time off work
- 06 Other - Specify (Go to MH_S05)
DK, RF

Coverage: *Respondents who found it somewhat difficult or very difficult to see a healthcare provider for themselves*

**Maternity Experiences Survey, 2006
Questionnaire**

MH_S05 Reason it was difficult for respondent to see healthcare provider.

INTERVIEWER: Specify.

____(80 spaces)

Coverage: Respondents who reported another reason why they found it somewhat difficult or very difficult to see a healthcare provider for themselves

MH_R06 **The next few questions are about physical concerns many women have after giving birth.**

MH_Q06 **During the first 3 months after the birth of ^baby's name, how much of a problem was...**

...pain in the area of your vagina due to the birth or pain in the area of your caesarean incision?

INTERVIEWER: Read categories to respondent.

- 1 Not a problem
 - 2 Somewhat of a problem
 - 3 A great deal of a problem
- DK, RF

Coverage: All respondents

MH_Q07 During the first 3 months after the birth of ^baby's name, how much of a problem was...

...breast pain?

INTERVIEWER: Read categories to respondent.

- 1 Not a problem
 - 2 Somewhat of a problem
 - 3 A great deal of a problem
- DK, RF

Coverage: All respondents

MH_Q08 During the first 3 months after the birth of ^baby's name, how much of a problem was...

...back pain due to the birth?

- 1 Not a problem
 - 2 Somewhat of a problem
 - 3 A great deal of a problem
- DK, RF

Coverage: All respondents

**Maternity Experiences Survey, 2006
Questionnaire**

MH_Q09 During the first 3 months after the birth of ^baby's name, how much of a problem was...

...haemorrhoids due to the birth?

- 1 Not a problem
 - 2 Somewhat of a problem
 - 3 A great deal of a problem
- DK, RF

Coverage: All respondents

MH_Q10 During the first 3 months after the birth of ^baby's name, how much of a problem was...

...urinary incontinence due to the birth?

- 1 Not a problem
 - 2 Somewhat of a problem
 - 3 A great deal of a problem
- DK, RF

Coverage: All respondents

MH_Q11 During the first 3 months after the birth of ^baby's name, how much of a problem was...

...loss of bowel control due to the birth?

- 1 Not a problem
 - 2 Somewhat of a problem
 - 3 A great deal of a problem
- DK, RF

Coverage: All respondents

MH_Q12 During the first 3 months after the birth of ^baby's name, how much of a problem were...

...severe headaches due to the birth?

- 1 Not a problem
 - 2 Somewhat of a problem
 - 3 A great deal of a problem
- DK, RF

Coverage: All respondents

**Maternity Experiences Survey, 2006
Questionnaire**

MH_Q13 During the first 3 months after the birth of ^baby's name, how much of a problem was...

...pain during sex due to the birth?

INTERVIEWER: Read categories to respondent.

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A great deal of a problem
- 4 Did not have sex in the first 3 months after the birth
DK, RF

Coverage: All respondents

MH_C14 If MH_Q06 = 2 or 3 (Go to MH_Q14)
Else (Go to MH_C15)

MH_Q14 Do you still have...

...pain in the area of your vagina due to the birth or pain in the area of your caesarean incision?

INTERVIEWER: We are referring to the birth of the selected baby.

- 1 Yes
- 2 No
DK, RF

Coverage: Respondents who had a problem with the pain in the area of their vagina or pain in the area of their caesarean incision during the first 3 months after the birth

MH_C15 If MH_Q07 = 2 or 3 (Go to MH_Q15)
Else (Go to MH_C16)

MH_Q15 Do you still have...

...breast pain?

INTERVIEWER: We are referring to the birth of the selected baby.

- 1 Yes
- 2 No
DK, RF

Coverage: Respondents who had a problem with breast pain due to the birth during the first 3 months after the birth

MH_C16 If MH_Q08 = 2 or 3 (Go to MH_Q16)
Else (Go to MH_C17)

**Maternity Experiences Survey, 2006
Questionnaire**

MH_Q16 Do you still have...
...back pain due to the birth?

INTERVIEWER: We are referring to the birth of the selected baby.

- 1 Yes
 - 2 No
- DK, RF

Coverage: Respondents who had a problem with back pain due to the birth during the first 3 months after the birth

MH_C17 If MH_Q09 = 2 or 3 (Go to MH_Q17)
Else (Go to MH_C18)

MH_Q17 Do you still have...
...haemorrhoids due to the birth?

INTERVIEWER: We are referring to the birth of the selected baby.

- 1 Yes
 - 2 No
- DK, RF

Coverage: Respondents who had a problem with haemorrhoids due to the birth during the first 3 months after the birth

MH_C18 If MH_Q10 = 2 or 3 (Go to MH_Q18)
Else (Go to MH_C19)

MH_Q18 Do you still have...
...urinary incontinence due to the birth?

INTERVIEWER: We are referring to the birth of the selected baby.

- 1 Yes
 - 2 No
- DK, RF

Coverage: Respondents who had a problem with urinary incontinence due to the birth during the first 3 months after the birth

MH_C19 If MH_Q11 = 2 or 3 (Go to MH_Q19)
Else (Go to MH_C20)

**Maternity Experiences Survey, 2006
Questionnaire**

MH_Q19 Do you still have...
...loss of bowel control due to the birth?

INTERVIEWER: We are referring to the birth of the selected baby.

- 1 Yes
- 2 No
DK, RF

Coverage: Respondents who had a problem with loss of bowel control due to the birth during the first 3 months after the birth

MH_C20 If MH_Q12 = 2 or 3 (Go to MH_Q20)
Else (Go to MH_C21)

MH_Q20 Do you still have...
...severe headaches due to the birth?

INTERVIEWER: We are referring to the birth of the selected baby.

- 1 Yes
- 2 No
DK, RF

Coverage: Respondents who had a problem with severe headaches due to the birth during the first 3 months after the birth

MH_C21 If MH_Q13 = 2 or 3 (Go to MH_Q21)
Else (Go to MH_Q22)

MH_Q21 Do you still have...
...pain during sex due to the birth?

INTERVIEWER: We are referring to the birth of the selected baby.

- 1 Yes
- 2 No
DK, RF

Coverage: Respondents who had a problem with pain during sex due to the birth during the first 3 months after the birth

MH_Q22 **Not counting the labour and the birth, have you stayed in a hospital overnight since ^baby's name was born?**

- 1 Yes
- 2 No (Go to MH_Q24)
DK, RF (Go to MH_Q24)

Coverage: All respondents

**Maternity Experiences Survey, 2006
Questionnaire**

MH_Q23A How old was ^baby's name the first time you required overnight hospitalization?

INTERVIEWER: Enter value only.

____(3 spaces) [Min: 0 Max: 394]

DK, RF (Go to MH_Q24)

Coverage: Respondents who stayed in a hospital overnight since their baby was born

MH_Q23B Was that in days, weeks or months?

- 1 Days
- 2 Weeks
- 3 Months
- DK, RF

Coverage: Respondents who stayed in a hospital overnight since their baby was born

MH_Q24 Overall, how satisfied or dissatisfied are you with the healthcare you have received for yourself since ^baby's name was born?

INTERVIEWER: Read categories to respondent.

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- DK, RF

Coverage: All respondents

MH_Q25 Overall, how would you rate your health? Is it...?

INTERVIEWER: Read categories to respondent.

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- DK, RF

Coverage: All respondents

**Maternity Experiences Survey, 2006
Questionnaire**

MH_Q26 **Since the birth of ^baby's name, how often has support been available to you when you have needed it? Include companionship, assistance and other types of support you may have needed.**

INTERVIEWER: Read categories to respondent.

- 1 None of the time
 - 2 A little of the time
 - 3 Some of the time
 - 4 Most of the time
 - 5 All of the time
- DK, RF

Coverage: *All respondents*

MH_END End of Section

Section: **Information on the postpartum period (PI)**

PI_BEG Beginning of Section

PI_R01 **The next few questions are about information you had about the postpartum period.**

PI_Q01 **Did you have enough information about each of the following topics...**

...the possible effects of having a new baby on your relationship with your husband or partner?

- 1 Yes
 - 2 No
- DK, RF

Coverage: *All respondents*

PI_Q02 Did you have enough information...

...about physical demands on your body during the first few months after having a baby?

- 1 Yes
 - 2 No
- DK, RF

Coverage: *All respondents*

PI_Q03 Did you have enough information...

...about SIDS, also known as sudden infant death syndrome?

- 1 Yes
 - 2 No
- DK, RF

Coverage: *All respondents*

**Maternity Experiences Survey, 2006
Questionnaire**

PI_Q04 Did you have enough information...
...about using an infant car seat?

- 1 Yes
- 2 No
DK, RF

Coverage: *All respondents*

PI_Q05 Did you have enough information...
**...about possible negative feelings after having a baby such as feeling
insecure or unhappy?**

- 1 Yes
- 2 No
DK, RF

Coverage: *All respondents*

PI_Q06 Did you have enough information...
...about postpartum depression?

- 1 Yes
- 2 No
DK, RF

Coverage: *All respondents*

PI_Q07 Did you have enough information...
**...about birth control after pregnancy, such as when and how you should
use it?**

- 1 Yes
- 2 No
DK, RF

Coverage: *All respondents*

PI_Q08 Did you have enough information...
...about changes in your sexual responses and feelings?

- 1 Yes
- 2 No
DK, RF

Coverage: *All respondents*

**Maternity Experiences Survey, 2006
Questionnaire**

PI_Q09 Did you have enough information...
...about how to breastfeed your baby?

- 1 Yes
- 2 No
DK, RF

Coverage: All respondents

PI_Q10 Did you have enough information...
...about formula-feeding your baby, such as when to use formula and how to prepare it?

- 1 Yes
- 2 No
DK, RF

Coverage: All respondents

PI_Q11 **Who or what was your most useful source of information about the period after the birth of ^baby's name?**

INTERVIEWER: If respondent says 'doctor', probe to find out what type of doctor.

- 01 Previous pregnancy
- 02 Family or friends
- 03 Obstetrician/gynaecologist
- 04 Family doctor/general practitioner
- 05 Midwife
- 06 Nurse/nurse practitioner
- 07 Doula
- 08 Prenatal/childbirth classes
- 09 Books
- 10 Internet
- 11 Other.....(Go to PI_S11)
DK, RF

Default: (Go to PI_END)

Coverage: All respondents

PI_S11 What was your most useful source of information about the period after the birth of ^baby's name.

INTERVIEWER: Specify.

____(80 spaces)

Coverage: Respondents who reported another source of information that was most useful about the period after the birth of the baby

PI_END End of Section

**Maternity Experiences Survey, 2006
Questionnaire**

Section: Edinburgh Postnatal Depression Scale (ES)

ES_BEG Beginning of Section

ES_R01 **The next few questions refer to your feelings. For each of the following statements we would like you to choose the response that comes closest to how you have been feeling in the past 7 days, not just how you feel today. Please listen to all responses to each question before selecting your answer**

ES_Q01 **During the past 7 days...**

...you have been able to laugh and see the funny side of things.

INTERVIEWER: Read categories to respondent.

- 1 As much as you always could
 - 2 Not quite so much now
 - 3 Definitely not so much now
 - 4 Not at all
- DK, RF

Coverage: All respondents

ES_Q02 **During the past 7 days...**

...you have looked forward with enjoyment to things.

INTERVIEWER: Read categories to respondent.

- 1 As much as you ever did
 - 2 Rather less than you used to
 - 3 Definitely less than you used to
 - 4 Hardly at all
- DK, RF

Coverage: All respondents

ES_Q03 **During the past 7 days...**

...you have blamed yourself unnecessarily when things went wrong.

INTERVIEWER: Read categories to respondent.

- 1 Yes, most of the time
 - 2 Yes, some of the time
 - 3 Not very often
 - 4 No, never
- DK, RF

Coverage: All respondents

**Maternity Experiences Survey, 2006
Questionnaire**

ES_Q04 During the past 7 days...
...you have felt anxious or worried for no good reason.

INTERVIEWER: Read categories to respondent.

- 1 No, not at all
 - 2 Hardly ever
 - 3 Yes, sometimes
 - 4 Yes, very often
- DK, RF

Coverage: All respondents

ES_Q05 During the past 7 days...
...you have felt scared or panicky for no good reason.

INTERVIEWER: Read categories to respondent.

- 1 Yes, quite a lot
 - 2 Yes, sometimes
 - 3 No, not much
 - 4 No, not at all
- DK, RF

Coverage: All respondents

ES_Q06 During the past 7 days...
...things have been getting on top of you.

INTERVIEWER: Read categories to respondent.

- 1 Yes, most of the time you haven't been able to cope at all
 - 2 Yes, sometimes you haven't been coping as well as usual
 - 3 No, most of the time you have coped quite well
 - 4 No, you have been coping as well as ever
- DK, RF

Coverage: All respondents

ES_Q07 During the past 7 days...
...you have been so unhappy that you have had difficulty sleeping.

INTERVIEWER: Read categories to respondent.

- 1 Yes, most of the time
 - 2 Yes, sometimes
 - 3 Not very often
 - 4 No, not at all
- DK, RF

Coverage: All respondents

**Maternity Experiences Survey, 2006
Questionnaire**

ES_Q08 During the past 7 days...

 ...you have felt sad or miserable.

 INTERVIEWER: Read categories to respondent.

- 1 Yes, most of the time
 - 2 Yes, quite often
 - 3 Not very often
 - 4 No, not at all
- DK, RF

Coverage: *All respondents*

ES_Q09 During the past 7 days...

 ...you have been so unhappy that you have been crying.

 INTERVIEWER: Read categories to respondent.

- 1 Yes, most of the time
 - 2 Yes, quite often
 - 3 Only occasionally
 - 4 No, never
- DK, RF

Coverage: *All respondents*

ES_Q10 During the past 7 days...

 ...the thought of harming yourself has occurred to you.

 INTERVIEWER: Read categories to respondent.

- 1 Yes, quite often
 - 2 Sometimes
 - 3 Hardly ever
 - 4 Never
- DK, RF

Coverage: *All respondents*

ES_Q11 **Before your pregnancy with ^baby's name, had you ever been prescribed anti-depressants or been diagnosed with depression?**

- 1 Yes
 - 2 No
- DK, RF

Coverage: *All respondents*

ES_END End of Section

Section: **Smoking (SM)**

SM_BEG Beginning of section

**Maternity Experiences Survey, 2006
Questionnaire**

SM_R01 Please remember that when we ask about your pregnancy, we are referring to your pregnancy with ^baby's name. The next questions are about smoking.

SM_Q01 At the present time, do you smoke cigarettes daily, occasionally or not at all?

- 1 Daily
- 2 Occasionally (Go to SM_Q03)
- 3 Not at all..... (Go to SM_Q04)
- DK, RF (Go to SM_Q10)

Coverage: All respondents

SM_Q02 How many cigarettes do you smoke each day?

____(2 spaces) [Min: 1 Max: 95]
DK, RF

Coverage: Respondents who at the time of the interview smoked cigarettes daily

SM_Q03 On the days that you do smoke, how many cigarettes do you usually smoke?

____(2 spaces) [Min: 1 Max: 95]
DK, RF

Coverage: Respondents who at the time of the interview smoked cigarettes occasionally

SM_Q04 In the three months before your pregnancy, or before you realized you were pregnant, did you smoke daily, occasionally or not at all?

INTERVIEWER: We are referring to the 3 months before the respondent's pregnancy with the selected baby.

- 1 Daily
- 2 Occasionally (Go to SM_Q06)
- 3 Not at all..... (Go to SM_Q07)
- DK, RF (Go to SM_Q10)

Coverage: All respondents

SM_Q05 How many cigarettes did you usually smoke each day?

____(2 spaces) [Min: 1 Max: 95]
DK, RF

Coverage: Respondents who in the three months before their pregnancy smoked cigarettes daily

SM_Q06 On the days that you smoked, how many cigarettes did you usually smoke?

____(2 spaces) [Min: 1 Max: 95]
DK, RF

Coverage: Respondents who in the three months before their pregnancy smoked cigarettes occasionally

**Maternity Experiences Survey, 2006
Questionnaire**

SM_Q07 **During the last 3 months of your pregnancy, did you smoke daily, occasionally, or not at all?**

INTERVIEWER: We are referring to the last 3 months of the respondent's pregnancy with the selected baby.

1 Daily
2 Occasionally (Go to SM_Q09)
3 Not at all..... (Go to SM_Q10)
 DK, RF (Go to SM_Q10)

Coverage: *All respondents*

SM_Q08 **How many cigarettes did you usually smoke each day?**

____(2 spaces) [Min: 1 Max: 95]
DK, RF

Coverage: *Respondents who in the last three months of their pregnancy smoked cigarettes daily*

SM_Q09 **On the days that you smoked, how many cigarettes did you usually smoke?**

____(2 spaces) [Min: 1 Max: 95]
DK, RF

Coverage: *Respondents who in the last three months of their pregnancy smoked cigarettes occasionally*

SM_Q10 **During your pregnancy, was there any period of time when you lived with someone who smoked?**

INTERVIEWER: We are referring to the respondent's pregnancy with the selected baby.

1 Yes
2 No
 DK, RF

Coverage: *All respondents*

SM_END End of section

Section: **Alcohol (AL)**

AL_BEG Beginning of section

AL_R01 **Now, some questions about alcohol consumption. When we use the word 'drink' it means: one bottle or can of beer or a glass of draft one glass of wine or a wine cooler one drink or cocktail with 1 and ½ ounces of liquor.**

**Maternity Experiences Survey, 2006
Questionnaire**

AL_Q01 **In the three months before your pregnancy, or before you realized you were pregnant, how often did you drink alcoholic beverages?**

- 01 Was not drinking at the time..... (Go to AL_Q03)
- 02 Less than once a month
- 03 Once a month
- 04 2 to 3 times a month
- 05 Once a week
- 06 2 to 3 times a week
- 07 4 to 6 times a week
- 08 Everyday
- DK, RF (Go to AL_END)

Coverage: *All respondents*

AL_Q02 **On the days that you did drink, how many drinks did you usually have?**

- 01 Less than 1 drink
- 02 1 drink
- 03 2 drinks
- 04 3 drinks
- 05 4 drinks
- 06 5 or more drinks
- DK, RF (Go to AL_END)

Coverage: *Respondents who in the three months before their pregnancy were drinking alcoholic beverages*

AL_Q03 **After you realized you were pregnant, how often did you drink alcoholic beverages?**

INTERVIEWER: We are referring to the respondent's pregnancy with the selected baby.

- 01 Was not drinking at the time/stopped drinking (Go to AL_END)
- 02 Less than once a month
- 03 Once a month
- 04 2 to 3 times a month
- 05 Once a week
- 06 2 to 3 times a week
- 07 4 to 6 times a week
- 08 Everyday
- DK, RF (Go to AL_END)

Coverage: *All respondents*

AL_Q04 **On the days that you did drink, how many drinks did you usually have?**

- 01 Less than 1 drink
- 02 1 drink
- 03 2 drinks
- 04 3 drinks
- 05 4 drinks
- 06 5 or more drinks
- DK, RF

Coverage: *Respondents who after they realized they were pregnant drank alcoholic beverages*

**Maternity Experiences Survey, 2006
Questionnaire**

AL_END End of section

Section: Drugs (DR)

DR_BEG Beginning of section

DR_R01 Now I'm going to ask questions about drug use, specifically street drugs. Again, I would like to remind you that everything you say will remain strictly confidential.

When I use the term street drugs, I am referring to drugs like : marijuana, cocaine, heroin, ecstasy (MDA), sniffing glue, gasoline or other solvents.

DR_Q01 In the three months before your pregnancy, or before you realized you were pregnant, did you use any street drugs?

INTERVIEWER: We are referring to the 3 months before the respondent's pregnancy with the selected baby.

- 1 Yes
- 2 No (Go to DR_Q03)
DK, RF (Go to DR_Q05)

Coverage: All respondents

DR_Q02 How often did you use street drugs?

INTERVIEWER: Read categories to respondent.

- 1 Less than once a month
- 2 1 to 3 times a month
- 3 Once a week
- 4 More than once a week
- 5 Everyday
- DK, RF (Go to DR_Q05)

Coverage: Respondents who in the three months before their pregnancy used street drugs

DR_Q03 After you realized you were pregnant, did you use street drugs?

INTERVIEWER: We are referring to the respondent's pregnancy with the selected baby.

- 1 Yes
- 2 No (Go to DR_Q05)
DK, RF (Go to DR_Q05)

Coverage: All respondents

**Maternity Experiences Survey, 2006
Questionnaire**

DR_Q04 **How often did you use street drugs?**

INTERVIEWER: Read categories to respondent.

- 1 Less than once a month
- 2 1 to 3 times a month
- 3 Once a week
- 4 More than once a week
- 5 Everyday
- DK, RF

Coverage: *Respondents who after they realized they were pregnant, used street drugs*

DR_Q05 **During your pregnancy, before your labour and the birth, did you have enough information about how smoking, drinking or using street drugs could affect your baby?**

INTERVIEWER: We are referring to the respondent's pregnancy with the selected baby.

- 1 Yes
- 2 No
- DK, RF

Coverage: *All respondents*

DR_END End of section

Section: **Reproductive history (RH)**

RH_BEG Beginning of Section

RH_R01 **Now I would like to ask a few questions about your pregnancy history.**

RH_Q01 **Are you currently pregnant?**

- 1 Yes
- 2 No
- DK, RF

Coverage: *All respondents*

RH_Q02 **Including your pregnancy with ^baby's name, how many times have you been pregnant? This includes pregnancies ending in a miscarriage, abortion, ectopic pregnancy, stillbirth and live birth.**

INTERVIEWER: Enter the number of pregnancies.

____(2 spaces) [Min: 1 Max: 30]

DK, RF(Go to RH_END)

Coverage: *All respondents*

**Maternity Experiences Survey, 2006
Questionnaire**

RH_C03 If PREG = 1 or 0(Go to RH_END)
Else..... (Go to RH_Q03)

Note: Calculate variable PREG
If RH_Q01 = 1 and RH_Q02 in (1 to 30) then set PREG = value in RH_Q02 - 1
Else if RH_Q01 not equal to 1 and RH_Q02 in (1 to 30) then PREG = value in RH_Q02
Else PREG = 0

RH_Q03 **How old were you when you became pregnant for the first time?**

INTERVIEWER: Enter age.

____(2 spaces) [Min: 10 Max: 55]

DK, RF (Go to RH_Q04)

Coverage: *Respondents who have had more than one past pregnancy*

RH_Q04 **Including the birth of ^baby's name, how many times have you given birth to a live baby?**

INTERVIEWER: Enter number of live births.

____(2 spaces) [Min: 1 Max: 30]

DK, RF(Go to RH_END)

Coverage: *Respondents who have had more than one past pregnancy*

RH_C05 If BIRTH = 1(Go to RH_C08)
If BIRTH > 1 (Go to RH_Q05)
Else.....(Go to RH_END)

Note: Calculate variable BIRTH
If RH_Q04 in (1 to 30) then Set BIRTH = value in RH_Q04
Else BIRTH = 0

RH_Q05 **How old were you when you gave birth to a live baby for the first time?**

INTERVIEWER: Enter age.

____(2 spaces) [Min: 10 Max: 55]

DK, RF (Go to RH_Q06)

Coverage: *Respondents who have given birth to more than one live baby*

**Maternity Experiences Survey, 2006
Questionnaire**

RH_Q06 Including the pregnancy with ^baby's name, how many pregnancies ended in...

...a caesarean birth?

INTERVIEWER: Enter number of caesarean births.

____(2 spaces) [Min: 0 Max: 30]
DK, RF

Coverage: Respondents who have given birth to more than one live baby

RH_Q07 Including the pregnancy with ^baby's name, how many pregnancies ended in...

...a premature birth, that is, a baby born at less than 37 weeks of pregnancy?

INTERVIEWER: Enter number of premature births.

____(2 spaces) [Min: 0 Max: 30]
DK, RF

Note: See User Guide regarding inconsistent answers.

Coverage: Respondents who have given birth to more than one live baby

RH_C08 If BIRTH < PREG..... (Go to RH_Q08)
Else.....(Go to RH_C13)

RH_Q08 How many pregnancies ended in the birth of a stillborn baby?

INTERVIEWER: Enter number of stillborn births.

____(2 spaces) [Min: 0 Max: 30]
DK, RF

Coverage: Respondents who have had fewer live births than pregnancies

RH_C09 If STILLBIRTH = 0(Go to RH_C10)
Else..... (Go to RH_Q09)

Note: Calculate STILLBIRTH
If RH_Q08 in (0..30) then STILLBIRTH = RH_Q08
Else STILLBIRTH = 0

RH_Q09 How old were you when you gave birth to a stillborn baby for the first time?

INTERVIEWER: Enter age.

____(2 spaces) [Min: 10 Max: 55]

DK, RF(Go to RH_C10)

Coverage: Respondents who have given birth to one or more stillborn babies

**Maternity Experiences Survey, 2006
Questionnaire**

RH_C10 If NobirthPREG2 = 0.....(Go to RH_C13)
Else..... (Go to RH_Q10)

Note: Calculate NoBirthPREG1
NoBirthPreg1 = PREG - BIRTH
Calculate NoBirthPreg2
NoBirthPreg2 = NoBirthPreg1 - STILLBIRTH

RH_Q10 **How many pregnancies ended in...
...a miscarriage?**

INTERVIEWER: Blighted ovums are to be counted as a miscarriage.
Enter the number of miscarriages.

____(2 spaces) [Min: 0 Max: 30]
DK, RF

Coverage: Respondents who have had fewer live births than pregnancies, other than stillborn birth

RH_C11 If NobirthPREG3 = 0.....(Go to RH_C13)
Else..... (Go to RH_Q11)

Note: Calculate MISCARRIAGE
If RH_Q10 in (0..30) then MISCARRIAGE = RH_Q10
Else MISCARRIAGE = 0
Calculate NoBirthPreg3 (number of pregnancies not ending in birth, a stillbirth or a miscarriage)
NoBirthPreg3 = NoBirthPreg2 - MISCARRIAGE

RH_Q11 **How many pregnancies ended in...
...a tubal or ectopic pregnancy?**

INTERVIEWER: Enter the number of tubal or ectopic pregnancies.

____(2 spaces) [Min: 0 Max: 30]
DK, RF

Coverage: Respondents who have had fewer live births than pregnancies, other than stillborn birth and miscarriages

RH_C12 If NoBirthPreg4 = 0.....(Go to RH_C13)
Else..... (Go to RH_Q12)

Note: Calculate ECTOPIC
If RH_Q11 in (0..30) then ECTOPIC = RH_Q11
Else ECTOPIC = 0
Calculate NoBirthPreg4 (number of pregnancies not ending in birth, stillbirth, miscarriage or a tubal pregnancy)
NoBirthPreg4 = NoBirthPreg3 - ECTOPIC

**Maternity Experiences Survey, 2006
Questionnaire**

RH_Q12 How many pregnancies ended in...

...a therapeutic or induced abortion?

INTERVIEWER: Enter the number of therapeutic or induced abortions.

____(2 spaces) [Min: 0 Max: 30]
DK, RF

Coverage: Respondents who have had fewer live births than pregnancies, other than stillborn births, miscarriages and tubal or ectopic pregnancies

RH_C13 If BIRTH = 1(Go to RH_C14)
If BIRTH > 1 and RH_Q08 not equal to nonresponse..... (Go to RH_Q13)
Else.....(Go to RH_C14)

RH_Q13 **Have you ever had a live born baby who subsequently died?**

- 1 Yes
 - 2 No
- DK, RF

Coverage: Respondents who have given birth to more than one live baby

RH_C14 If RH_Q13 = 1 or STILLBIRTH > 0 or MISCARRIAGE > 0 or ECTOPIC > 0 or
ABORTION > 0..... (Go to RH_Q14)
Else.....(Go to RH_END)

Note: Calculate ABORTION
If RH_Q12 in (0..30) then ABORTION = RH_Q12
Else ABORTION = 0

RH_Q14 **Did you receive the support you needed to cope with your loss?**

- 1 Yes
 - 2 No
- DK, RF

Coverage: Respondents who have given birth to a live baby who subsequently died or had a stillborn baby, miscarriage, or a tubal or ectopic pregnancy or abortion

RH_END End of Section

Section: Abuse and violence (AV)

AV_BEG Beginning of Section

AV_R01A **This next set of questions is about acts of physical or sexual violence. It is important to hear from women themselves if we are to understand the very serious problem of physical or sexual violence against women. Your responses are completely confidential and are important whether or not you have had any of these experiences**

**Maternity Experiences Survey, 2006
Questionnaire**

AV_R01B I am going to read you a list of 10 items. Please tell me whether a spouse or partner or anyone else has done any of the following things to you in the last two years. Again, remember that all responses will be kept strictly confidential.

AV_Q01 In the last two years has anyone ever...

...threatened to hit you with his or her fist or anything else that could have hurt you?

- 1 Yes
- 2 No
DK, RF

Coverage: All respondents

AV_Q02 In the last two years has anyone ever...

...thrown anything at you that could have hurt you?

- 1 Yes
- 2 No
DK, RF

Coverage: All respondents

AV_Q03 In the last two years has anyone ever...

...pushed, grabbed or shoved you in a way that could have hurt you?

- 1 Yes
- 2 No
DK, RF

Coverage: All respondents

AV_Q04 In the last two years has anyone ever...

...slapped you?

- 1 Yes
- 2 No
DK, RF

Coverage: All respondents

AV_Q05 In the last two years has anyone ever...

...kicked you, bit you or hit you with his or her fist?

- 1 Yes
- 2 No
DK, RF

Coverage: All respondents

**Maternity Experiences Survey, 2006
Questionnaire**

AV_Q06 In the last two years has anyone ever...
...hit you with something that could have hurt you? Exclude hitting with a fist.

- 1 Yes
- 2 No
DK, RF

Coverage: All respondents

AV_Q07 In the last two years has anyone ever...

...beaten you?

INTERVIEWER: Beaten means being hit repeatedly; that is, many times during the same incident.

- 1 Yes
- 2 No
DK, RF

Coverage: All respondents

AV_Q08 In the last two years has anyone ever...

...choked you?

- 1 Yes
- 2 No
DK, RF

Coverage: All respondents

AV_Q09 In the last two years has anyone ever...

...used or threatened to use a gun or knife on you?

- 1 Yes
- 2 No
DK, RF

Coverage: All respondents

AV_Q10 In the last two years has anyone ever...

...forced you into any unwanted sexual activity by threatening you, holding you down, or hurting you in some way?

- 1 Yes
- 2 No
DK, RF

Coverage: All respondents

**Maternity Experiences Survey, 2006
Questionnaire**

AV_C11 If AV_DAV = 0(Go to AV_END)
Else.....(Go to AV_Q11)

AV_Q11 **What was your relationship to the person who was violent towards you?
Was this person...?**

INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1 Your partner, husband or boyfriend
- 2 A family member
- 3 A friend or acquaintance
- 4 A stranger
- 5 Other
- DK, RF

Coverage: Respondents who have experienced abuse or violence in the last 2 years

AV_Q12 **How many different times did these things happen?**

INTERVIEWER: We are referring to the past 2 years.

- 01 1 time
- 02 2 times
- 03 3 times
- 04 4 times
- 05 5 times
- 06 6 times
- 07 7 times
- 08 8 times
- 09 9 times
- 10 10 times
- 11 11 or more times
- DK, RF

Coverage: Respondents who have experienced abuse or violence in the last 2 years

AV_Q13 **Did any of these incidents happen during your pregnancy with ^baby's
name?**

- 1 Yes
- 2 No(Go to AV_Q15)
- DK, RF(Go to AV_Q15)

Coverage: Respondents who have experienced abuse or violence in the last 2 years

Maternity Experiences Survey, 2006
Questionnaire

AV_Q14 **Did the person who was violent towards you know you were pregnant at the time of these incidents?**

INTERVIEWER: We are referring to the respondent's pregnancy with the selected baby.

- 1 Yes
- 2 No
- DK, RF

Coverage: Respondents who have experienced abuse or violence during their pregnancy

AV_C15 If (AV_Q12 = 1 and AV_Q13 = 1).....(Go to AV_Q19)
Else.....(Go to AV_Q15)

AV_Q15 **Did any of these incidents happen before your pregnancy with ^baby's name?**

- 1 Yes
- 2 No(Go to AV_Q17)
- DK, RF(Go to AV_Q17)

Coverage: Respondents who experienced abuse or violence once but not during their pregnancy, or more than once in the last 2 years

AV_C16A If AV_Q12 = 1(Go to AV_Q19)
Else.....(Go to AV_C16B)

AV_C16B If AV_Q13 = 2 or DK or RF.....(Go to AV_Q17)
Else.....(Go to AV_Q16)

AV_Q16 **During your pregnancy, did the violence increase, decrease or stay the same?**

INTERVIEWER: We are referring to the respondent's pregnancy with the selected baby.

- 1 Increased
- 2 Decreased
- 3 Stayed the same
- DK, RF

Coverage: Respondents who experienced abuse or violence before and during their pregnancy in the last 2 years

AV_Q17 **Did any of these incidents happen since the birth of ^baby's name?**

- 1 Yes
- 2 No
- DK, RF

Coverage: Respondents who experienced abuse or violence once, but not before and during pregnancy, or more than once in the last 2 years

**Maternity Experiences Survey, 2006
Questionnaire**

AV_C18 If AV_Q17 = 2 or RF or DK.....(Go to AV_Q19)
If (AV_Q13 = 2 or RF or DK) and (AV_Q15 = 2 or RF or DK).....(Go to AV_Q19)
If AV_Q12 = 1(Go to AV_Q19)
Else.....(Go to AV_Q18)

AV_Q18 Since the birth of ^baby's name, has the violence increased, decreased or stayed the same?

- 1 Increased
 - 2 Decreased
 - 3 Stayed the same
- DK, RF

Coverage: Respondents who experienced abuse or violence before and/or during their pregnancy and after the birth of the baby

AV_Q19 During the last 2 years, did you discuss or receive information about what to do if you were experiencing abuse?

- 1 Yes
 - 2 No
- DK, RF

Coverage: Respondents who have experienced abuse or violence in the last 2 years

AV_END End of Section

Section: Socio-demographic information (SD)

SD_BEG Beginning of Section

SD_R01 The next questions are about your background. Your answers will help us provide a portrait of mothers in Canada.

SD_Q01 In what country were you born?

INTERVIEWER: Please ask respondent to specify her country of birth according to current boundaries.

DK, RF

Coverage: All respondents

SD_C01 If SD_Q01 = Other-specify(Go to SD_S01)
Else.....(Go to SD_C02)

SD_S01 In what country were you born?

INTERVIEWER: Specify.

____(80 spaces)

Coverage: Respondents who were born in a country not on the list

**Maternity Experiences Survey, 2006
Questionnaire**

SD_C02 If SD_Q01 = 'Canada'(Go to SD_C06)
Else.....(Go to SD_Q02)

SD_Q02 Are you now, or have you ever been, a landed immigrant in Canada?

- 1 Yes.....(Go to SD_Q04)
- 2 No
DK, RF

Coverage: Respondents who were not born in Canada

SD_Q03 Were you born a Canadian citizen?

- 1 Yes
- 2 No
DK, RF

Default: (Go to SD_Q05)

Coverage: Respondents who were not born in Canada, and are not now, nor have ever been a landed immigrant in Canada

SD_Q04 In what year did you first become a landed immigrant in Canada?

INTERVIEWER: Enter the year. If exact year is not known, ask for best estimate.

____(4 spaces) [Min: 1950 Max: 2006]
DK, RF

Coverage: Respondents who were not born in Canada, and who were or are now a landed immigrant in Canada

SD_Q05 In what year did you first come to Canada to live?

INTERVIEWER: Enter the year. If respondent moved to Canada more than once, enter the first time she came to live here.

____(4 spaces) [Min: 1950 Max: 2006]
DK, RF

Coverage: Respondents who were not born in Canada

SD_C03 if SD_Q01=Canada, United States or Greenland(Go to SD_Q06)
Else.....(Go to SD_R08)

SD_Q06 Are you an Aboriginal person, that is, First Nations, Métis or Inuit?

- 1 Yes
- 2 No(Go to SD_R08)
DK, RF(Go to SD_R08)

Coverage: Respondents who were born in Canada, United States or Greenland

**Maternity Experiences Survey, 2006
Questionnaire**

SD_Q07 Are you First Nations, Métis or Inuit?

INTERVIEWER: Mark all that apply. If respondent has already specified the Aboriginal group(s), select the group(s) from list below; if not, ask.

- 1 First Nations/North American Indian
- 2 Métis
- 3 Inuit
- DK, RF

Coverage: Respondents who are an Aboriginal person

SD_R08 I would now like you to think about your identity, that is, the ethnic or cultural group or groups to which you feel you belong.

SD_Q08 What is your ethnic or cultural identity?

INTERVIEWER: Mark all that apply. Mark up to a maximum of 4 ethnic or cultural groups.
DK, RF

Note: Maximum of 4 groups can be selected from a list.

Coverage: All respondents

SD_C08 If SD_Q08 = Other-specify (Go to SD_S08)
Else (Go to SD_Q09)

SD_S08 What is your ethnic or cultural identity?

INTERVIEWER: Specify.

_____ (80 spaces)

Coverage: Respondents who reported another ethnic or cultural identity other than on the list

SD_Q09 Thinking back to your entire pregnancy, labour and birth and immediate postpartum experience, were you able to get information and care in a language you speak well enough to conduct a conversation?

- 1 Yes (Go to SD_Q11)
- 2 No
- DK, RF (Go to SD_Q11)

Coverage: All respondents

**Maternity Experiences Survey, 2006
Questionnaire**

SD_Q10 What languages can you speak well enough to conduct a conversation?

INTERVIEWER: Mark all that apply. Mark up to a maximum of 6 languages.

- 01 English
- 02 French
- 03 Cantonese
- 04 Mandarin
- 05 Gujarati
- 06 Hindi
- 07 Punjabi
- 08 Urdu
- 09 Arabic
- 10 Persian (Farsi)
- 11 Korean
- 12 Tagalog (Philipino)
- 13 Vietnamese
- 14 Serbo-Croatian
- 15 Cree
- 16 Ojibway
- 17 Athapaskan (Dene)
- 18 Inuktitut
- 19 Other - Specify.....(Go to SD_S10)
DK, RF

Default: (Go to SD_Q11)

Note: Maximum of 6 can be selected.

Coverage: *Respondents who were unable to get information and care in a language that they speak well enough to conduct a conversation*

SD_S10 What languages can you speak well enough to conduct a conversation?

INTERVIEWER: Specify.

____ (80 spaces)

Coverage: *Respondents who reported another language that they speak well enough to conduct a conversation*

SD_Q11 What is the highest grade of elementary or high school you ever completed?

- 1 Grade 8 or lower (Quebec: Secondary II or lower).....(Go to SD_Q13)
- 2 Grade 9 - 10 (Quebec: Secondary III or IV, Newfoundland and Labrador: 1st year of secondary).....(Go to SD_Q13)
- 3 Grade 11 - 13 (Quebec: Secondary V, Newfoundland and Labrador: 2nd to 4th year of secondary)
DK, RF.....(Go to SD_Q13)

Coverage: *All respondents*

**Maternity Experiences Survey, 2006
Questionnaire**

SD_Q12 **Did you graduate from high school (secondary school)?**

- 1 Yes
- 2 No
 DK, RF

Coverage: *Respondents whose highest grade of elementary or high school that they ever completed was the equivalent of grade 11 to grade 13*

SD_Q13 **Have you received any other education that could be counted towards a degree, certificate or diploma from an educational institution?**

- 1 Yes
- 2 No(Go to SD_Q15)
- DK, RF(Go to SD_Q15)

Coverage: *All respondents*

SD_Q14 **What is the highest degree, certificate or diploma you have obtained?**

- 01 No post-secondary degree, certificate or diploma
- 02 Trade certificate or diploma from a vocational school or apprenticeship training
- 03 Non-university certificate or diploma from a community college, CEGEP, school of nursing, etc.
- 04 University certificate below bachelor's level
- 05 Bachelor's degree
- 06 University degree or certificate above bachelor's degree
- DK, RF

Coverage: *Respondents who have received other education that could be counted towards a degree, certificate or diploma from an educational institution*

SD_Q15 **How many years of formal education have you completed starting with grade one and not counting repeated years at the same level?**

INTERVIEWER: Enter total years of schooling.

_____ (2 spaces) [Min: 0 Max: 30]
DK, RF

Coverage: *All respondents*

**Maternity Experiences Survey, 2006
Questionnaire**

SD_Q16 What is your marital status? Are you...?

INTERVIEWER: Please read categories to respondent. The categories widowed, separated, divorced, and single, apply only to respondents who are not in a common law relationship.

- 01 Married
- 02 Living common law
- 03 Widowed(Go to SD_END)
- 04 Separated(Go to SD_END)
- 05 Divorced.....(Go to SD_END)
- 06 Single, never married(Go to SD_END)
- DK, RF(Go to SD_END)

Coverage: *All respondents*

SD_Q17 In what year did you start living together with your current husband or partner?

INTERVIEWER: Enter year.

____(4 spaces) [Min: 1966 Max: 2006]
DK, RF

Coverage: *Respondents who are either married or living in a common law relationship*

SD_END End of Section

Section: **Work activities (WA)**

WA_BEG Beginning of Section

WA_R01 **The following questions ask about your activities during pregnancy and after ^baby's name was born.**

**Maternity Experiences Survey, 2006
Questionnaire**

WA_Q01 **During your pregnancy with ^baby's name, was your main activity working at a paid job or business, looking for paid work, going to school, caring for children, household work, or something else?**

INTERVIEWER: If sickness or short-term illness is reported, ask for usual major activity.

- 01 Working at a paid job or business (Go to WA_Q03A)
- 02 Looking for paid work
- 03 Going to school
- 04 Caring for children
- 05 Household work
- 06 Retired
- 07 Maternity or parental leave
- 08 Long term illness
- 09 Other (Go to WA_S01)
- DK, RF

Default: (Go to WA_Q02)

Coverage: *All respondents*

WA_S01 **During your pregnancy with ^baby's name, was your main activity working at a paid job or business, looking for paid work, going to school, caring for children, household work, or something else?**

INTERVIEWER: Specify.

____(80 spaces)

Coverage: *Respondents who reported another main activity during their pregnancy*

WA_Q02 **Did you work at a paid job or business at any time during your pregnancy?**

- 1 Yes
- 2 No (Go to WA_R09)
- DK, RF (Go to WA_R09)

Coverage: *Respondents whose main activity during their pregnancy was not working at a paid job or business*

WA_Q03A **How many weeks or months pregnant were you with ^baby's name when you stopped working?**

INTERVIEWER: Enter amount only.

____(2 spaces) [Min: 1 Max: 42]

DK, RF (Go to WA_Q04)

Coverage: *Respondents who at any time during their pregnancy worked at a paid job or business*

**Maternity Experiences Survey, 2006
Questionnaire**

WA_Q03B Was it in weeks or months?

- 1 Weeks
- 2 Months
DK, RF

Coverage: Respondents who at any time during their pregnancy worked at a paid job or business

**WA_Q04 Have you worked at a job or a business since ^baby's name was born?
Please include any paid work.**

- 1 Yes
- 2 No(Go to WA_Q06)
DK, RF(Go to WA_R09)

Coverage: Respondents who at any time during their pregnancy worked at a paid job or business

WA_Q05A In weeks or months, how old was ^baby's name when you returned to work?

INTERVIEWER: Enter value only. If less than 1 week, enter 0 weeks.

____(2 spaces) [Min: 0 Max: 65]

DK, RF(Go to WA_Q06)

Coverage: Respondents who at any time during their pregnancy worked at a paid job or business and who have worked at a job or a business since their baby was born

WA_Q05B Was that in weeks or months?

- 1 Weeks
- 2 Months
DK, RF

Coverage: Respondents who at any time during their pregnancy worked at a paid job or business and who have worked at a job or a business since their baby was born

WA_C06 If WA_Q05B = 1 and WA_Q05A < 2(Go to WA_Q07)
Else(Go to WA_Q06)

**Maternity Experiences Survey, 2006
Questionnaire**

WA_Q06 **Since the birth of ^baby's name, have you received maternity or parental benefits paid by employment insurance?**

INTERVIEWER: This question refers only to the employment insurance maternity or parental benefits the respondent herself received, not the benefits her husband or partner received.

- 1 Yes..... (Go to WA_C08)
2 No
 DK, RF (Go to WA_C08)

Note: In the province of Quebec, the benefits are paid by the province; in the other provinces, the benefits are paid by employment insurance.

Coverage: Respondents who either have not returned to work or whose baby was at least 2 weeks old when they returned to work

WA_Q07 **Were you eligible to receive maternity or parental benefits?**

- 1 Yes
2 No
 DK, RF

Coverage: Respondents who have not received benefits although they worked during pregnancy

WA_C08 If WA_Q04 = 1 (Go to WA_Q08)
 Else (Go to WA_R09)

WA_Q08 **What was your main reason for returning to work? Was it ...?**

INTERVIEWER: Read categories to respondent.

- 1 Because of finances
2 Because your career is important to you or you wanted to go back to work
3 Because you felt isolated being at home
4 Because you did not want to lose your job
5 Other..... (Go to WA_S08)
 DK, RF

Coverage: Respondents who have worked at a job or a business since their baby was born

WA_S08 **What was your main reason for returning to work?**

INTERVIEWER: Specify.

_____ (80 spaces)

Coverage: Respondents who reported another main reason for returning to work

WA_R09 **I would now like to ask you about your household income. Again, be assured that your answers will be used for statistical research only and will be kept confidential.**

**Maternity Experiences Survey, 2006
Questionnaire**

WA_Q09 **What is your best estimate of the total income, before taxes and deductions, of all household members from all sources in the past 12 months?**

- 01 Less than \$10,000
 - 02 \$10,000 to less than \$15,000
 - 03 \$15,000 to less than \$20,000
 - 04 \$20,000 to less than \$30,000
 - 05 \$30,000 to less than \$40,000
 - 06 \$40,000 to less than \$50,000
 - 07 \$50,000 to less than \$60,000
 - 08 \$60,000 to less than \$80,000
 - 09 \$80,000 to less than \$100,000
 - 10 \$100,000 to less than \$150,000
 - 11 \$150,000 to less than \$200,000
 - 12 \$200,000 or more
- DK, RF

Coverage: *All respondents*

WA_Q10 **Including yourself and ^baby's name, how many people live in this household?**

INTERVIEWER: Enter number of people.

____(2 spaces) [Min: 2 Max: 20]
DK, RF

Coverage: *All respondents*

WA_Q11 **To determine the geographic region you live in, can you tell me your postal code?**

INTERVIEWER: Enter the postal code.

____(6 spaces)
DK, RF.....(Go to WA_Q12)

Default: (Go to WA_END)

Note: At the time of interview.

Coverage: *All respondents*

WA_Q12 **What are the first 3 digits of your postal code?**

____(3 spaces)
DK, RF.....(Go to WA_Q13)

Default: (Go to WA_END)

Note: At the time of interview.

Coverage: *Respondents who didn't give their postal code*

**Maternity Experiences Survey, 2006
Questionnaire**

- WA_Q13** **Do you live in this province?**
- 1 Yes..... (Go to WA_END)
2 No
 DK, RF (Go to WA_END)

Coverage: *Respondents who didn't give their postal code or the first 3 digits of their postal code*

WA_Q14 **In which province or territory do you live?**

- 10 Newfoundland and Labrador
11 Prince Edward Island
12 Nova Scotia
13 New Brunswick
24 Quebec
35 Ontario
46 Manitoba
47 Saskatchewan
48 Alberta
59 British Columbia
60 Yukon
61 Northwest Territories
62 Nunavut
 DK, RF

Coverage: *Respondents who didn't give their postal code or the first 3 digits of their postal code, and indicated they live in a different province*

WA_END End of Section

Section: **Permission to Share (PS)**

PS_BEG Beginning of Section

PS_R01 **Statistics Canada is conducting this survey on behalf of the Public Health Agency of Canada - formerly part of Health Canada. In order to increase the statistical value of the information, we are asking your permission to share your responses with them.**

PS_Q01 **The Public Health Agency of Canada has undertaken to keep this information confidential and use it only for statistical purposes. Your and your baby's name, address and telephone number will not be shared.**

Do you agree to share the information provided?

- 1 Yes
2 No
 DK, RF

Coverage: *All respondents*

PS_END End of Section

Maternity Experiences Survey, 2006
Questionnaire

INDEX

A		BB_Q02	27
AL_BEG	63	BB_Q03	27
AL_END	65	BB_Q04	28
AL_Q01	64	BB_Q05	28
AL_Q02	64	BF_BEG	40
AL_Q03	64	BF_C06	41
AL_Q04	64	BF_C10	44
AL_R01	63	BF_END	46
AV_BEG	70	BF_Q01	41
AV_C11	73	BF_Q02	41
AV_C15	74	BF_Q03	41
AV_C16A	74	BF_Q04	41
AV_C16B	74	BF_Q05	41
AV_C18	75	BF_Q06A	42
AV_END	75	BF_Q06B	42
AV_Q01	71	BF_Q07	42
AV_Q02	71	BF_Q08A	42
AV_Q03	71	BF_Q08B	42
AV_Q04	71	BF_Q08C	43
AV_Q05	71	BF_Q08D	43
AV_Q06	72	BF_Q08E	43
AV_Q07	72	BF_Q09A	43
AV_Q08	72	BF_Q09B	44
AV_Q09	72	BF_Q09C	44
AV_Q10	72	BF_Q09D	44
AV_Q11	73	BF_Q09E	44
AV_Q12	73	BF_Q10	44
AV_Q13	73	BF_Q11A	45
AV_Q14	74	BF_Q11B	45
AV_Q15	74	BF_Q11C	45
AV_Q16	74	BF_Q11D	45
AV_Q17	74	BF_Q11E	45
AV_Q18	75	BF_R01	40
AV_Q19	75	BH_BEG	46
AV_R01A	70	BH_END	48
AV_R01B	71	BH_Q01	46
B		BH_Q02	46
BB_BEG	27	BH_Q03	46
BB_C01	27	BH_Q04	47
BB_C02	27	BH_Q05A	47
BB_END	28	BH_Q05B	47
BB_Q01	27	BH_Q06	47

**Maternity Experiences Survey, 2006
Questionnaire**

BH_Q07	48	ES_Q10	61
BH_Q08	48	ES_Q11	61
BH_R01	46	ES_R01	59
BH_S03	47	H	
C		HP_BEG	10
CB_BEG	1	HP_END	11
CB_C09	3	HP_Q01	10
CB_END	3	HP_Q02	11
CB_Q01	1	HP_Q03	11
CB_Q02	1	HP_Q04	11
CB_Q03	2	HP_R01	10
CB_Q04	2	HW_BEG	8
CB_Q05	2	HW_C03	9
CB_Q06	2	HW_END	10
CB_Q07	2	HW_Q01A	8
CB_Q08	3	HW_Q01B	9
CB_Q09	3	HW_Q01C	9
CB_R01A	1	HW_Q01D	9
CB_R01B	1	HW_Q02A	9
CS_BEG	22	HW_Q02B	9
CS_C01	23	HW_Q03A	9
CS_END	23	HW_Q03B	10
CS_Q01	23	HW_Q04A	10
CS_Q02	23	HW_Q04B	10
CS_Q03	23	HW_R01	8
D		I	
DR_BEG	65	INT_BEG	1
DR_END	66	INT_END	1
DR_Q01	65	INT_R01	1
DR_Q02	65	INT_R02	1
DR_Q03	65	L	
DR_Q04	66	LB_BEG	18
DR_Q05	66	LB_C08	19
DR_R01	65	LB_END	22
E		LB_Q01	18
ES_BEG	59	LB_Q02	18
ES_END	61	LB_Q03	18
ES_Q01	59	LB_Q04	19
ES_Q02	59	LB_Q05A	19
ES_Q03	59	LB_Q05B	19
ES_Q04	60	LB_Q06	19
ES_Q05	60	LB_Q07	19
ES_Q06	60	LB_Q08	20
ES_Q07	60	LB_Q09	20
ES_Q08	61	LB_Q10	20
ES_Q09	61	LB_Q11A	20

**Maternity Experiences Survey, 2006
Questionnaire**

LB_Q11B.....	21	MH_Q26.....	56
LB_Q12.....	21	MH_R01.....	48
LB_Q13.....	21	MH_R06.....	50
LB_Q14.....	21	MH_S05.....	50
LB_Q15.....	22	P	
LB_Q16.....	22	PC_BEG.....	3
LB_Q17.....	22	PC_C02.....	3
LB_Q18.....	22	PC_C08.....	6
LB_R01.....	18	PC_C09.....	6
M		PC_END.....	7
MH_BEG.....	48	PC_Q01.....	3
MH_C14.....	52	PC_Q02.....	4
MH_C15.....	52	PC_Q03.....	4
MH_C16.....	52	PC_Q04.....	4
MH_C17.....	53	PC_Q05A.....	5
MH_C18.....	53	PC_Q05B.....	5
MH_C19.....	53	PC_Q06.....	5
MH_C20.....	54	PC_Q07A.....	6
MH_C21.....	54	PC_Q07B.....	6
MH_END.....	56	PC_Q08.....	6
MH_Q01.....	48	PC_Q09.....	6
MH_Q02.....	49	PC_Q10.....	7
MH_Q03.....	49	PC_R01.....	3
MH_Q04.....	49	PC_S03.....	4
MH_Q05.....	49	PI_BEG.....	56
MH_Q06.....	50	PI_END.....	58
MH_Q07.....	50	PI_Q01.....	56
MH_Q08.....	50	PI_Q02.....	56
MH_Q09.....	51	PI_Q03.....	56
MH_Q10.....	51	PI_Q04.....	57
MH_Q11.....	51	PI_Q05.....	57
MH_Q12.....	51	PI_Q06.....	57
MH_Q13.....	52	PI_Q07.....	57
MH_Q14.....	52	PI_Q08.....	57
MH_Q15.....	52	PI_Q09.....	58
MH_Q16.....	53	PI_Q10.....	58
MH_Q17.....	53	PI_Q11.....	58
MH_Q18.....	53	PI_R01.....	56
MH_Q19.....	54	PI_S11.....	58
MH_Q20.....	54	PM_BEG.....	28
MH_Q21.....	54	PM_C01.....	28
MH_Q22.....	54	PM_C02.....	29
MH_Q23A.....	55	PM_C03.....	30
MH_Q23B.....	55	PM_C04.....	30
MH_Q24.....	55	PM_C05.....	30
MH_Q25.....	55	PM_C06.....	31

**Maternity Experiences Survey, 2006
Questionnaire**

PM_C07	31	PP_Q14	38
PM_C11	32	PP_Q15A	38
PM_C12	32	PP_Q15B	38
PM_C13	33	PP_Q16	38
PM_END	33	PP_Q17	38
PM_Q01A	28	PP_Q18	39
PM_Q01B	28	PP_Q19A	39
PM_Q01C	29	PP_Q19B	39
PM_Q01D	29	PP_Q19C	39
PM_Q01E	29	PP_Q19D	40
PM_Q01F	29	PP_Q19E	40
PM_Q02	30	PP_Q19F	40
PM_Q03	30	PP_R01	33
PM_Q04	30	PP_R19	39
PM_Q05	31	PS_BEG	85
PM_Q06	31	PS_END	85
PM_Q07	31	PS_Q01	85
PM_Q08	32	PS_R01	85
PM_Q09	32	PT_BEG	7
PM_Q10	32	PT_C01	7
PM_Q11	32	PT_C02	7
PM_Q12	33	PT_END	8
PM_Q13	33	PT_Q01	7
PM_Q14	33	PT_Q02	7
PP_BEG	33	PT_Q03	8
PP_C12A	37	PT_Q04	8
PP_C14	37	PT_Q05	8
PP_C16	38	R	
PP_END	40	RH_BEG	66
PP_Q01A	34	RH_C03	67
PP_Q01B	34	RH_C05	67
PP_Q01C	34	RH_C08	68
PP_Q01D	34	RH_C09	68
PP_Q02	34	RH_C10	69
PP_Q03	35	RH_C11	69
PP_Q04	35	RH_C12	69
PP_Q05	35	RH_C13	70
PP_Q06	35	RH_C14	70
PP_Q07	36	RH_END	70
PP_Q08	36	RH_Q01	66
PP_Q09	36	RH_Q02	66
PP_Q10	36	RH_Q03	67
PP_Q11	37	RH_Q04	67
PP_Q12A	37	RH_Q05	67
PP_Q12B	37	RH_Q06	68
PP_Q13	37	RH_Q07	68

**Maternity Experiences Survey, 2006
Questionnaire**

RH_Q08.....	68	SE_Q08.....	13
RH_Q09.....	68	SE_Q09.....	13
RH_Q10.....	69	SE_Q10.....	13
RH_Q11.....	69	SE_Q11.....	14
RH_Q12.....	70	SE_Q12.....	14
RH_Q13.....	70	SE_Q13.....	14
RH_Q14.....	70	SE_Q14.....	14
RH_R01.....	66	SE_R01.....	11
S		SE_R02.....	12
SD_BEG.....	75	SI_BEG.....	14
SD_C01.....	75	SI_END.....	18
SD_C02.....	76	SI_Q01.....	15
SD_C06.....	76	SI_Q02.....	15
SD_C08.....	77	SI_Q03.....	15
SD_END.....	80	SI_Q04.....	15
SD_Q01.....	75	SI_Q05.....	16
SD_Q02.....	76	SI_Q06.....	16
SD_Q03.....	76	SI_Q07.....	16
SD_Q04.....	76	SI_Q08.....	16
SD_Q05.....	76	SI_Q09.....	17
SD_Q06.....	76	SI_Q10.....	17
SD_Q07.....	77	SI_Q11.....	18
SD_Q08.....	77	SI_R01.....	14
SD_Q09.....	77	SI_R11.....	17
SD_Q10.....	78	SI_S10.....	17
SD_Q11.....	78	SM_BEG.....	61
SD_Q12.....	79	SM_END.....	63
SD_Q13.....	79	SM_Q01.....	62
SD_Q14.....	79	SM_Q02.....	62
SD_Q15.....	79	SM_Q03.....	62
SD_Q16.....	80	SM_Q04.....	62
SD_Q17.....	80	SM_Q05.....	62
SD_R01.....	75	SM_Q06.....	62
SD_R08.....	77	SM_Q07.....	63
SD_S01.....	75	SM_Q08.....	63
SD_S08.....	77	SM_Q09.....	63
SD_S10.....	78	SM_Q10.....	63
SE_BEG.....	11	SM_R01.....	62
SE_END.....	14	V	
SE_Q01.....	12	VB_BEG.....	23
SE_Q02.....	12	VB_C01.....	23
SE_Q03.....	12	VB_C02.....	24
SE_Q04.....	12	VB_C11.....	26
SE_Q05.....	12	VB_C13.....	26
SE_Q06.....	13	VB_END.....	27
SE_Q07.....	13	VB_Q01A.....	23

**Maternity Experiences Survey, 2006
Questionnaire**

VB_Q01B	24	WA_Q02	81
VB_Q02	24	WA_Q03A	81
VB_Q03	24	WA_Q03B	82
VB_Q04	24	WA_Q04	82
VB_Q05	25	WA_Q05A	82
VB_Q06A	25	WA_Q05B	82
VB_Q06B	25	WA_Q06	83
VB_Q07	25	WA_Q07	83
VB_Q08	25	WA_Q08	83
VB_Q09	26	WA_Q09	84
VB_Q10	26	WA_Q10	84
VB_Q11	26	WA_Q11	84
VB_Q12	26	WA_Q12	84
VB_Q13	27	WA_Q13	85
W		WA_Q14	85
WA_BEG	80	WA_R01	80
WA_C06	82	WA_R09	83
WA_C08	83	WA_S01	81
WA_END	85	WA_S02	83
WA_Q01	81		

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