

**Maternity Experiences Survey, 2006  
Questionnaire**

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**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

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**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*

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**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

Note: Code '94' was available for respondents who did not have prenatal care. There were no such cases.

Coverage: All respondents

**PC\_C02** If PC\_Q01 = 94.....(Go to PC\_Q07A)  
Else.....(Go to PC\_Q02)

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**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

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**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*

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**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*

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**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



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**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*

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**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)

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**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*

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**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.**

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**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*

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**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

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**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.

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**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*



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**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

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**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.

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**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*

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**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)

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**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*

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**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

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**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

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**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



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**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

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**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*

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**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)

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**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*

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**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*

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**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)

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**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 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)

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**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

**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



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**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)

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**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.**

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**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*

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**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*

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**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*

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**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)

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**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

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**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*



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**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.**

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**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)

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**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*

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**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/her 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*

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**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*

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**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*

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**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/she 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*

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**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*



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**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*

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**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*

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**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*

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**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

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**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)

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**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)

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**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*

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**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*



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**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*

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**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*

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**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

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**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

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**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

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**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

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**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

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**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.**



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**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*

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**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

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**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

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**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*

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**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*

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**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

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**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  
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**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  
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**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  
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**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  
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**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

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**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  
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**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

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**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

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**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*

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**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



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**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.**

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**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*

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**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)

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**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  
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**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*

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**WA\_Q13**      **Do you live in this province?**

1              Yes..... (Go to WA\_END)  
2              No  
                DK, RF ..... (Go to WA\_END)

Note:              Refers to province at the time of Census.

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

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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
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CS_END .....	23	HW_Q03B .....	10
CS_Q01 .....	23	HW_Q04A .....	10
CS_Q02 .....	23	HW_Q04B .....	10
CS_Q03 .....	23	HW_R01 .....	8
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DR_BEG .....	65	INT_BEG .....	1
DR_END .....	66	INT_END .....	1
DR_Q01 .....	65	INT_R01 .....	1
DR_Q02 .....	65	INT_R02 .....	1
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MH_Q12.....	51	PI_Q06.....	57
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