Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

BEFORE PREGNANCY

The first questions are about *you*.

1. What is *your* date of birth?

____ / ____ / _____

Month Day Year

2. How would you describe your gender?

- ❑ Female
- ❑ Male
- ❑ Transgender
- ❑ Genderqueer or gender nonconforming
- ❑ Prefer to self-describe ⟶ Please tell us:

_____

3. How would you describe your sexual orientation?

- ❑ Heterosexual or "straight"
- ❑ Lesbian or Gay
- ❑ Bisexual
- ❑ Prefer to self-describe ⟶ Please tell us:

_____

4. Before you got pregnant, did you...?
For each one, check **No** or **Yes**.

	No	Yes
a. Have serious difficulty hearing, or are you deaf?	❑	❑
b. Have serious difficulty seeing, even when wearing glasses, or are you blind?	❑	❑
c. Have serious difficulty walking or climbing stairs?	❑	❑
d. Have serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition?	❑	❑
e. Have difficulty with dressing or bathing yourself?	❑	❑
f. Have difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition?	❑	❑

The next questions are about the time *before* you got pregnant.

5. During the *3 months before* you got pregnant with your *new* baby, did you have any of the following health conditions?
For each one, check **No** if you did not have the condition or **Yes** if you did.

	No	Yes
a. Type 1 or Type 2 diabetes (**not** gestational diabetes or diabetes that starts during pregnancy)	❑	❑
b. High blood pressure or hypertension	❑	❑
c. Depression	❑	❑
d. Anxiety	❑	❑

6. In the *12 months before* you got pregnant with your new baby, did you have any of the following healthcare visits?
For each one, check **No** or **Yes**.

	No	Yes
a. Regular checkup with a family doctor	❑	❑
b. Regular checkup with an OB/GYN	❑	❑
c. Visit for an injury, illness, or chronic condition	❑	❑
d. Visit to urgent care or the emergency room	❑	❑
e. Visit for family planning or to get birth control	❑	❑
f. Visit for depression or anxiety	❑	❑
g. Visit to have my teeth cleaned	❑	❑
h. Other	❑	❑

Please tell us:

_____

If you did <u>not</u> have any healthcare visits in the <u>12 months before</u> you got pregnant, go to Question 8.

7. During any of your healthcare visits in the *12 months before* you got pregnant, did a healthcare provider <u>do</u> any of the following things? For each one, check **No** or **Yes**.

	No	Yes
Talk to me about...		
a. My weight	❑	❑
b. Regularly checking my blood pressure	❑	❑
c. My desire to have or not have children	❑	❑
d. Birth control methods	❑	❑
e. How I could improve my health before a pregnancy	❑	❑
f. Sexually transmitted infections such as chlamydia, gonorrhea, syphilis, or HIV	❑	❑
Ask me...		
g. If I smoked cigarettes or used e-cigarettes ("vapes") or other smokeless tobacco	❑	❑
h. If someone was hurting me emotionally or physically	❑	❑
i. If I felt depressed or anxious	❑	❑

The next questions are about your *health insurance*.

8. During the *<u>month before</u>* you got pregnant with your new baby, what kind of health insurance did you have?

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid or FAMIS/FAMIS MOMS
- ❑ TRICARE or other military healthcare
- ❑ Other health insurance ⟶ Please tell us:

  _____
- ❑ I didn't have any health insurance during the *month before* I got pregnant

9. *<u>During</u>* your most recent pregnancy, what kind of health insurance did you have?

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid or FAMIS/FAMIS MOMS
- ❑ TRICARE or other military healthcare
- ❑ Other health insurance ⟶ Please tell us:

  _____
- ❑ I didn't have any health insurance *during my pregnancy*

10. What kind of health insurance do you have *<u>now</u>*?

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid or FAMIS/FAMIS MOMS
- ❑ TRICARE or other military healthcare
- ❑ Other health insurance ⟶ Please tell us:

  _____
- ❑ I don't have any health insurance *now*

11. Thinking back to *just before* you got pregnant with your new baby, how did you feel about becoming pregnant?

Check ONE answer

- ❑ I wanted to be pregnant later
- ❑ I wanted to be pregnant sooner
- ❑ I wanted to be pregnant then
- ❑ I didn't want to be pregnant then or at any time in the future
- ❑ I wasn't sure what I wanted

12. When you got pregnant with your new baby, were you trying to get pregnant?

- ❑ No
- ❑ Yes → **Go to Question 15**

13. When you got pregnant with your new baby, were you or your spouse or partner doing anything to keep from getting pregnant? This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.

- ❑ No → **Go to Page 4, Question 18**
- ❑ Yes

14. What kind of birth control were you using when you got pregnant?

Check ALL that apply

- ❑ Birth control pills
- ❑ Condoms
- ❑ Shots or injections
- ❑ Contraceptive patch or vaginal ring
- ❑ IUD
- ❑ Contraceptive implant in the arm
- ❑ Withdrawal (pulling out)
- ❑ Natural family planning or fertility awareness methods (such as rhythm or calendar method or fertility apps)
- ❑ Breastfeeding for birth control (Lactational Amenorrhea Method or LAM)
- ❑ Other → Please tell us:

_____

If you were <u>not trying</u> to get pregnant when you got pregnant with your new baby, go to Page 4, Question 18.

15. Did you take any fertility drugs or receive any medical procedures from a healthcare provider to help you get pregnant with your new baby? This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.

- ❑ No → **Go to Page 4, Question 18**
- ❑ Yes

16. Did you use any of the following fertility treatments to help you get *pregnant* with your *new* baby?

Check ALL that apply

- ❑ Fertility-enhancing drugs prescribed by a doctor to stimulate ovulation
- ❑ Intrauterine insemination or artificial insemination (treatments in which sperm, but NOT eggs, were collected and medically placed into the uterus)
- ❑ Assisted reproductive technology (treatments in which a woman's eggs or embryos were handled in the laboratory, such as in vitro fertilization [IVF] with or without, intracytoplasmic sperm injection [ICSI], or other related procedures)
- ❑ Other medical treatment → Please tell us:

_____

17. How long had you been trying to get pregnant *before* you took any fertility drugs or used any medical procedures to help you get pregnant with your new baby? Do not count long periods of time when you and your partner were apart or not having sex.

- ❑ 0 to 6 months
- ❑ 7 months to less than 1 year
- ❑ 1 to 2 years
- ❑ 3 to 4 years
- ❑ 5 to 6 years
- ❑ More than 6 years

DURING PREGNANCY

The next questions are about your prenatal care. This can include visits to a doctor, nurse, or other healthcare worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar to answer these questions.)

18. Did you get prenatal care during your *most recent* pregnancy?

- ❑ No → **Go to Question 22**
- ❑ Yes

19. *During any of your prenatal care visits*, did a healthcare provider do any of the following things? For each one, check **No** or **Yes**.

	No	Yes
Talk to me about…		
a. How much weight I should gain during pregnancy	❑	❑
b. Doing tests to screen for birth defects or diseases that run in my family	❑	❑
c. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)	❑	❑
d. What to do if I feel depressed or anxious during my pregnancy or after my baby is born	❑	❑
Ask me…		
e. If I planned to breastfeed my new baby	❑	❑
f. If I planned to use birth control after my baby was born	❑	❑
g. If I was taking any prescription medication	❑	❑
h. If I smoked cigarettes or used e-cigarettes (“vapes”) or other smokeless tobacco	❑	❑
i. If I was drinking alcohol	❑	❑
j. If someone was hurting me emotionally or physically	❑	❑
k. If I was using illegal drugs	❑	❑
l. If I was using marijuana	❑	❑
m. If I wanted to be tested for HIV	❑	❑

20. At any time *during* your most recent pregnancy, did your regular prenatal care provider ask you to see a *specialist doctor* for help with any health problems?

- ❑ No
- ❑ Yes

21. How did your prenatal care provider suggest you deliver your new baby?

Check ONE answer

- ❑ Suggested I deliver my baby vaginally (naturally)
- ❑ Suggested I have a cesarean delivery (c-section)
- ❑ Didn’t suggest how I deliver my baby

22. During the *12 months before* your new baby was born, did a healthcare provider *offer* you the following shots or vaccinations?
For each one, check **No** or **Yes**.

	No	Yes
a. Flu shot	❑	❑
b. Tdap shot (protects against tetanus, diphtheria, and pertussis [whooping cough])	❑	❑
c. COVID-19 shot	❑	❑

23. Did you *get* the following shots or vaccinations *before* or *during* your pregnancy?
For each shot, check ALL that apply:
B for **3 months before** pregnancy
D for **During** pregnancy
or check **N** if you **Did not** get the shot in the 3 months before or during pregnancy

	B	D	N
a. Flu shot	❑	❑	❑
b. Tdap shot	❑	❑	❑
c. COVID-19 shot	❑	❑	❑

24. *During* your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?

- ❑ No
- ❑ Yes

25. The following statements are about the care of your teeth *during* your most recent pregnancy. For each one, check **No** or **Yes**.

	No	Yes
a. I knew it was important to care for my teeth and gums during my pregnancy	❑	❑
b. A dental or other healthcare provider talked with me about how to care for my teeth and gums	❑	❑
c. I knew it was safe to go to the dentist during pregnancy	❑	❑
d. I had insurance to cover dental care during my pregnancy	❑	❑
e. I needed to see a dentist for a **problem**	❑	❑
f. I went to a dentist or dental clinic about a **problem**	❑	❑

26. *During* your most recent pregnancy, did a home visitor come to your home to help you prepare for your new baby? A home visitor is a nurse, healthcare provider, doula, childbirth educator, social worker, or another person who works for a program that helps you during your pregnancy.

- ❑ No → **Go to Question 28**
- ❑ Yes

27. Who was the home visitor that came to your home *during* your most recent pregnancy?

Check ALL that apply

- ❑ A nurse, nurse's aide, or midwife
- ❑ A teacher or health educator
- ❑ A doula or childbirth educator
- ❑ Someone else → Please tell us:

_____

- ❑ I don't know

28. *During* your most recent pregnancy, what did you think about breastfeeding your new baby?

Check ONE answer

- ❑ I knew I wanted to breastfeed
- ❑ I thought I might breastfeed
- ❑ I knew I would ***not*** breastfeed
- ❑ I didn't know what to do about breastfeeding

29. *During* your most recent pregnancy, did a healthcare provider tell you that you had any of the following health conditions? For each one, check **No** or **Yes**.

	No	Yes
a. Gestational diabetes (diabetes that **started** during *this* pregnancy)	❑	❑
b. High blood pressure (that **started** during *this* pregnancy), pre-eclampsia, or eclampsia	❑	❑
c. Depression	❑	❑
d. Anxiety	❑	❑

If you had high blood pressure before or during your pregnancy, go to Question 30. If you didn't, go to Page 6, Question 31.

30. *During* your most recent pregnancy, did a healthcare provider do any of the following things to help you manage your high blood pressure? For each one, check **No** or **Yes**.

	No	Yes
a. Refer me to a different healthcare provider	❑	❑
b. Tell me to regularly check my blood pressure ***during*** pregnancy	❑	❑
c. Talk to me about getting to a healthy weight ***after*** pregnancy	❑	❑
d. Talk to me about regularly checking my blood pressure ***after*** pregnancy	❑	❑
e. Talk to me about the risk for having high blood pressure (chronic hypertension) and heart disease ***after*** pregnancy	❑	❑

31. *During* your most recent pregnancy, did you get information about "warning signs" you should watch for during and after your pregnancy that require immediate medical attention? Some of these "warning signs" include fever, frequent or severe headaches, dizziness, or severe stomach pain.

- ❑ No → **Go to Question 33**
- ❑ Yes

32. *During* your most recent pregnancy, did you get information about warning signs from any of the following sources?
For each one, check **No** or **Yes**.

	No	Yes
a. A healthcare provider (such as a doctor, nurse, or midwife)	❑	❑
b. Websites or social media (such as Facebook, Instagram, or Twitter)	❑	❑
c. Any source of information that used the slogan **"Hear Her"** (such as websites, social media, or paper handouts)	❑	❑
d. Family or friends	❑	❑

The next questions are about cigarettes, e-cigarettes, and other tobacco products.

33. Have you smoked any cigarettes in the *past 2 years*?

- ❑ No → **Go to Question 37**
- ❑ Yes

34. In the *3 months before* you got pregnant, how many cigarettes did you smoke on an average day?

- ❑ More than one pack (21 or more cigarettes)
- ❑ One-half to one pack (11 to 20 cigarettes)
- ❑ Less than half a pack (1 to 10 cigarettes)
- ❑ I didn't smoke then

35. In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day?

- ❑ More than one pack (21 or more cigarettes)
- ❑ One-half to one pack (11 to 20 cigarettes)
- ❑ Less than half a pack (1 to 10 cigarettes)
- ❑ I didn't smoke then

36. How many cigarettes do you smoke on an average day *now*?

- ❑ More than one pack (21 or more cigarettes)
- ❑ One-half to one pack (11 to 20 cigarettes)
- ❑ Less than half a pack (1 to 10 cigarettes)
- ❑ I don't smoke now

37. In the *past 2 years*, have you used e-cigarettes ("vapes") or other electronic nicotine products?

- ❑ No → **Go to Question 41**
- ❑ Yes

38. During the *3 months before* you got pregnant, on average, how often did you use e-cigarettes ("vapes") or other electronic nicotine products?

- ❑ Every day
- ❑ Some days
- ❑ I didn't use e-cigarettes or other electronic nicotine products then

39. During the *last 3 months* of your pregnancy, on average, how often did you use e-cigarettes ("vapes") or other electronic nicotine products?

- ❑ Every day
- ❑ Some days
- ❑ I didn't use e-cigarettes or other electronic nicotine products then

40. In the *past 2 years*, did you ever use e-cigarettes ("vapes") or other electronic nicotine products as a way of cutting down or stopping cigarette smoking?

- ❑ No
- ❑ Yes

The next questions are about drinking alcohol. A drink can be 1 glass of wine, can or bottle of beer or hard seltzer, shot of liquor, or mixed drink.

41. *During* your most recent pregnancy, did you have any alcoholic drinks during…?
For each one, check **No** or **Yes**.

	No	Yes
a. The first 3 months of pregnancy (1st trimester)? *This includes the time before knowing you were pregnant*	❑	❑
b. The second 3 months of pregnancy (2nd trimester)?	❑	❑
c. The last 3 months of pregnancy (3rd trimester)?	❑	❑

If you did <u>not</u> have any alcoholic drinks <u>during</u> your pregnancy, go to Question 43.

42. *During* your most recent pregnancy, did you have 4 or more alcoholic drinks in a 2-hour time span during…?
For each one, check **No** or **Yes**.

	No	Yes
a. The first 3 months of pregnancy (1st trimester)? *This includes the time before knowing you were pregnant*	❑	❑
b. The second 3 months of pregnancy (2nd trimester)?	❑	❑
c. The last 3 months of pregnancy (3rd trimester)?	❑	❑

Pregnancy can be a difficult time. The next questions are about things that may have happened <u>*before*</u> and <u>*during*</u> your most recent pregnancy.

43. Did any of the following things happen during the *12 months before* your new baby was born? For each one, check **No** or **Yes**.

	No	Yes
a. I got separated or divorced	❑	❑
b. I was evicted or forced to move	❑	❑
c. I didn't have a regular place to sleep	❑	❑
d. I was homeless or had to sleep outside, in a car, or in a shelter	❑	❑
e. My spouse, partner, or I lost a job	❑	❑
f. My spouse, partner, or I had a cut in work hours or pay	❑	❑
g. I had problems paying the rent, mortgage, or other bills	❑	❑
h. My spouse or partner went to jail/prison	❑	❑
i. I went to jail/prison	❑	❑
j. Someone close to me had a problem with drinking or drugs	❑	❑
k. Someone close to me was very sick or died	❑	❑

44. During the *12 months before* your new baby was born, which of these statements best describes the food in your household?

Check ONE answer

- ❑ Enough of the kinds of food I wanted to eat
- ❑ Enough, but not always the kinds of food I wanted to eat

→ **Go to Page 8, Question 46**

- ❑ Sometimes not enough to eat
- ❑ Often not enough to eat

→ **Go to Page 8, Question 45**

45. Why didn't you have enough to eat?

Check ALL that apply

- ❑ I couldn't afford to buy more food
- ❑ I couldn't get out to buy food (for example, didn't have transportation or had mobility or health problems that kept me from getting out)
- ❑ I was afraid or didn't want to go out to buy food
- ❑ I couldn't get groceries or meals delivered
- ❑ The stores didn't have the food I wanted

46. In the *12 months before you got pregnant* with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way?
For each one, check **No** or **Yes**.

	No	Yes
a. My spouse or partner	❑	❑
b. My ex-spouse or ex-partner	❑	❑
c. Someone else	❑	❑

47. *During* your most recent pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each one, check **No** or **Yes**.

	No	Yes
a. My spouse or partner	❑	❑
b. My ex-spouse or ex-partner	❑	❑
c. Someone else	❑	❑

48. Did your current, or ex, spouse or partner do any of the following things *during* your most recent pregnancy?
For each one, check **No** or **Yes**.

	No	Yes
a. Threatened me or made me feel unsafe in some way	❑	❑
b. Made me afraid for my safety or my family's safety because of their anger or threats	❑	❑
c. Tried to control my daily activities, for example, controlling who I could talk to or where I could go	❑	❑
d. Forced me to take part in touching or any sexual activity when I didn't want to	❑	❑

AFTER PREGNANCY

The next questions are about the time since your new baby was born.

49. When was your new baby born?

____ / ____ / _____

Month Day Year

50. *After* the delivery, how long did your new baby stay in the hospital?

- ❑ Less than 3 days
- ❑ 3 to 5 days
- ❑ 6 to 14 days
- ❑ More than 14 days
- ❑ My baby was not born in a hospital
- ❑ My baby is still in the hospital → **Go to Question 53**

51. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 10, Question 61**
- ❑ Yes

52. Is your baby living with you now?

- ❑ No → **Go to Page 10, Question 61**
- ❑ Yes

53. How many weeks or months did you breastfeed or feed pumped milk to your new baby?

Check ONE answer

- ❑ I didn't breastfeed my baby → **Go to Question 55**
- ❑ I breastfed my baby for less than 1 week
- ❑ I breastfed my baby for:

  ____ week(s) **OR** ____ month(s)
- ❑ I'm still breastfeeding or feeding pumped milk to my new baby → **Go to Question 56**

Go to Question 54

54. What were your reasons for stopping breastfeeding?

Check ALL that apply

- ❑ My baby had difficulty latching or nursing
- ❑ Breast milk alone didn't satisfy my baby
- ❑ I thought my baby wasn't gaining enough weight
- ❑ My nipples were sore, cracked, or bleeding, or it was too painful
- ❑ I thought I wasn't producing enough milk, or my milk dried up
- ❑ I had too many other things going on
- ❑ I felt it was the right time to stop breastfeeding
- ❑ I got sick or had to stop for medical reasons
- ❑ I went back to work
- ❑ I went back to school
- ❑ My spouse or partner didn't support breastfeeding
- ❑ My baby was jaundiced (yellowing of the skin or whites of the eyes)
- ❑ Other → Please tell us:

If you ever breastfed your baby, go to Question 56.

55. What were your reasons for not breastfeeding your new baby?

Check ALL that apply

- ❑ I was sick or on medicine
- ❑ I had other children to take care of
- ❑ I had too many other things going on
- ❑ I didn't like breastfeeding
- ❑ I tried, but it was too hard
- ❑ I didn't want to
- ❑ I went back to work
- ❑ I went back to school
- ❑ Other → Please tell us:

If your baby is still in the hospital, go to Page 10, Question 61.

56. In the *past 2 weeks*, how did you place your new baby to sleep at night and during naps? For each one, check **No** or **Yes**.

		No	Yes
a.	On their side	❑	❑
b.	On their back	❑	❑
c.	On their stomach	❑	❑

57. In the *past 2 weeks*, when you were sleeping, how often has your new baby slept alone in their own crib or bed?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never → **Go to Question 59**

58. In the *past 2 weeks*, was your baby's crib or bed in the same room where you or another adult slept?

- ❑ No
- ❑ Yes

59. In the *past 2 weeks*, where have you placed your new baby to sleep at night or during naps? For each one, check **No** or **Yes**.

		No	Yes
a.	In a crib, portable crib, or bassinet	❑	❑
b.	On a twin or larger mattress or bed	❑	❑
c.	On a couch, sofa, or armchair	❑	❑
d.	In an infant car seat	❑	❑
e.	In a swing, rocker, or other inclined sleeper	❑	❑
f.	In an in-bed sleeper	❑	❑
g.	In a baby board or cradleboard	❑	❑
h.	Other Please tell us:	❑	❑

60. In the *past 2 weeks*, has your new baby been placed to sleep with the following?
For each one, check **No** or **Yes**.

	No	Yes
a. In a sleeping sack or wearable blanket	❑	❑
b. In a swaddled blanket	❑	❑
c. Comforters, quilts, blankets, or non-fitted sheets	❑	❑
d. Soft toys, cushions, or pillows, including nursing pillows	❑	❑
e. Crib bumper pads (mesh or non-mesh)	❑	❑
f. Other	❑	❑

Please tell us:

_____

61. Are you or your spouse or partner doing anything *now* to keep from getting pregnant? This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.

- ❑ No → **Go to Question 62**
- ❑ Yes → **Go to Question 63**
- ❑ I'm pregnant now → **Go to Question 64**

62. What are your reasons for not doing anything to keep from getting pregnant *now*?

Check ALL that apply

- ❑ I want to get pregnant or don't mind if I do
- ❑ I had my tubes tied or blocked
- ❑ My spouse or partner had a vasectomy
- ❑ I don't want to use birth control
- ❑ I'm worried about side effects from birth control
- ❑ My spouse or partner doesn't want to use condoms
- ❑ My spouse or partner doesn't want me to use birth control
- ❑ We are same-sex spouses/partners
- ❑ I have problems getting birth control I want
- ❑ I don't think I can get pregnant because I'm breastfeeding
- ❑ I'm not having sex
- ❑ Other → Please tell us:

_____

If you're <u>not doing</u> anything to keep from getting pregnant <u>now</u>, go to Question 64.

63. What kind of birth control are you or your spouse or partner using *now* to keep from getting pregnant?

Check ALL that apply

- ❑ Tubes tied or blocked
- ❑ My spouse or partner had a vasectomy
- ❑ Birth control pills
- ❑ Condoms
- ❑ Shots or injections
- ❑ Contraceptive patch or vaginal ring
- ❑ IUD
- ❑ Contraceptive implant in the arm
- ❑ Withdrawal (pulling out)
- ❑ Natural family planning or fertility awareness methods (such as rhythm or calendar method or fertility apps)
- ❑ Breastfeeding for birth control (Lactational Amenorrhea Method or LAM)
- ❑ Other → Please tell us:

_____

64. *Since your new baby was born,* have you had a postpartum checkup for yourself? A postpartum checkup is a regular health checkup you have up to 12 weeks after giving birth.

- ❑ No
- ❑ Yes → **Go to Question 66**

65. Did any of these things keep you from having a postpartum checkup?

Check ALL that apply

- ❑ I didn't know I needed one
- ❑ I didn't have enough money or insurance to pay for the visit
- ❑ I felt fine and didn't think I needed to have a visit
- ❑ I couldn't get an appointment when I wanted one
- ❑ I didn't have any transportation to get to the clinic or doctor's office
- ❑ I had too many other things going on
- ❑ I couldn't take time off from work or school
- ❑ I didn't have anyone to take care of my children
- ❑ The doctor's office was too far away
- ❑ Other → Please tell us:

If you did not have a postpartum checkup, go to Question 67.

66. *During your postpartum checkup*, did a healthcare provider do any of the following things? For each one, check **No** or **Yes**.

	No	Yes
Talk to me about...		
a. Healthy eating, exercise, and losing weight gained during pregnancy	❑	❑
b. How long to wait before getting pregnant again	❑	❑
c. Birth control methods	❑	❑
d. Warning signs of medical problems I might be at risk for due to my pregnancy	❑	❑
e. Regularly checking my blood pressure	❑	❑
f. What to do if I feel depressed or anxious	❑	❑
Ask me...		
g. If I was smoking cigarettes or using e-cigarettes ("vapes") or other smokeless tobacco	❑	❑
h. If someone was hurting me emotionally or physically	❑	❑
A healthcare provider...		
i. Tested me for diabetes	❑	❑
j. Prescribed me medication for depression or anxiety	❑	❑

67. *Since your new baby was born*, how often have you felt down, depressed, or hopeless?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

68. *Since your new baby was born*, how often have you had little interest or little pleasure in doing things?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

69. *Since your new baby was born*, how often have you felt nervous, anxious, or on edge?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

70. *Since your new baby was born*, how often have you <u>not</u> been able to stop or control worrying?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

71. Has a healthcare provider asked you a series of questions, in person or on a form, to know if you were feeling down, depressed, anxious, or irritable during the following time periods? For each one, check **No** or **Yes**.

	No	Yes
a. During my most recent pregnancy	❑	❑
b. Since my new baby was born	❑	❑

72. Has your current, or ex, spouse or partner done any of the following things *since your new baby was born*? For each one, check **No** or **Yes**.

	No	Yes
a. Threatened me or made me feel unsafe in some way	❑	❑
b. Made me afraid for my safety or my family's safety because of their anger or threats	❑	❑
c. Tried to control my daily activities, for example, controlling who I could talk to or where I could go	❑	❑
d. Forced me to take part in touching or any sexual activity when I didn't want to	❑	❑

OTHER EXPERIENCES

The next questions are on a variety of topics.

73. Please tell us how often each of the following happened during the *12 months before* your new baby was born.

a. I worried whether my food would run out before I got money to buy more

❑ Often ❑ Sometimes ❑ Never

b. The food that I bought just didn't last, and I didn't have money to get more

❑ Often ❑ Sometimes ❑ Never

74. During the *12 months before* your new baby was born, did lack of transportation keep you from any of the following? For each one, check **No** or **Yes**.

	No	Yes
a. Going to medical appointments	❑	❑
b. Going to non-medical appointments, meetings, or work	❑	❑
c. Doing errands	❑	❑

75. At any time *during* your most recent pregnancy, did you work at a job for pay?

- ❑ No → **Go to Question 78**
- ❑ Yes

76. Did you take leave from work *after* your new baby was born?

Check ALL that apply

- ❑ Yes, I took *paid* leave from my job
- ❑ Yes, I took *unpaid* leave from my job
- ❑ Yes, I took Family and Medical Leave (FMLA)
- ❑ No, I didn't take any leave

77. Have you returned to the job you had *during* your most recent pregnancy?

Check ONE answer

- ❑ No, and I don't plan to return
- ❑ No, but I will be returning
- ❑ Yes

78. Did you use doula support during any of the following time periods? A doula is a trained pregnancy and labor companion who gives comfort, emotional support, and information during birth. A doula does not provide medical care. For each time period, check **No** or **Yes**.

		No	Yes
a.	During my most recent pregnancy	❑	❑
b.	During the birth of my new baby	❑	❑
c.	Since my new baby was born	❑	❑

79. *While getting healthcare* during your pregnancy, at delivery, or at postpartum care, did you experience discrimination or were you prevented from doing something, hassled, or made to feel inferior?
For each one, check **No** if you did not experience discrimination because of it or **Yes** if you did.

		No	Yes
a.	My race, ethnicity, or skin color	❑	❑
b.	My disability status	❑	❑
c.	My immigration status	❑	❑
d.	My age	❑	❑
e.	My weight	❑	❑
f.	My income	❑	❑
g.	My sex or gender	❑	❑
h.	My sexual orientation	❑	❑
i.	My religion	❑	❑
j.	My language or accent	❑	❑
k.	My type or lack of health insurance	❑	❑
l.	My use of substances (alcohol, tobacco, or other drugs)	❑	❑
m.	My involvement with the justice system (jail or prison)	❑	❑
n.	Another reason Please tell us:	❑	❑

80. *During your life until now*, how often have you been discriminated against, prevented from doing something, hassled, or made to feel inferior because of your race, ethnicity, or skin color?

- ❑ Very often
- ❑ Somewhat often
- ❑ Not very often
- ❑ Never

81. Have you *ever* been treated unfairly due to your race, ethnicity, or skin color in any of the following situations?
For each one, check **No** or **Yes**.

		No	Yes
a.	Job (hiring, promotion, firing)	❑	❑
b.	Housing (renting, buying, mortgage)	❑	❑
c.	Police (stopped, searched, threatened)	❑	❑
d.	In the courts	❑	❑
e.	At school or my child's school	❑	❑
f.	Getting medical care	❑	❑

If your baby is not alive or is not living with you, go to Question 83.

82. *Since your new baby was born*, how often does your baby's father or other parent contribute things such as money, food, clothing, shelter, or healthcare to provide for your new baby's basic needs?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

83. Are any firearms kept in or around your home now?

- ❑ No → **Go to Page 14, Question 86**
- ❑ Yes
- ❑ I don't know → **Go to Page 14, Question 86**

Go to Page 14, Question 84

84. Are any of these firearms now loaded?

- ❑ No → **Go to Question 86**
- ❑ Yes
- ❑ I don't know → **Go to Question 86**

85. Are any of these loaded firearms also unlocked? Unlocked meaning you do not need a key, combination, or hand/fingerprint to get the gun or to fire it. Do not count a safety as a lock.

- ❑ No
- ❑ Yes
- ❑ I don't know

86. The next questions are about things that may have happened to you during your childhood, before your 18th birthday. For each one, check **No** or **Yes**.

	No	Yes
a. Did you live with someone who was depressed, mentally ill, or suicidal?	❑	❑
b. Did you live with someone who had a problem with alcohol or drug use?	❑	❑
c. Were you separated from a parent or guardian because they went to jail, prison, or a detention center?	❑	❑
d. Did your parents or other adults in your home slap, hit, kick, punch, or beat each other up?	❑	❑
e. Did a parent or other adult in your home hit, beat, kick, or physically hurt *you* in any way?	❑	❑
f. Did a parent or other adult in your home swear at you, insult you, or put you down?	❑	❑
g. Did an adult or person at least 5 years older than you ever make you do sexual things that you didn't want to do (such as kissing, touching, or having sexual intercourse)?	❑	❑
h. Was there an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?	❑	❑

The next questions are about the time during the *12 months before* your new baby was born.

87. During the *12 months before* your new baby was born, what was your yearly total household income before taxes? Include your income, your spouse or partner's income, and any other income you may have received. *All information will be kept private* and will not affect any services you are getting now.

- ❑ $0 to $18,000
- ❑ $18,001 to $23,000
- ❑ $23,001 to $27,000
- ❑ $27,001 to $32,000
- ❑ $32,001 to $37,000
- ❑ $37,001 to $42,000
- ❑ $42,001 to $48,000
- ❑ $48,001 to $60,000
- ❑ $60,001 to $85,000
- ❑ $85,001 or more

88. During the *12 months before* your new baby was born, how many people, *including yourself*, depended on this income?

Number of people ____

89. What is today's date?

____ / ____ / ____

Month Day Year

The next questions are about marijuana.

D1. At any time during the *3 months before* you got pregnant or *during* your most recent pregnancy, did you use marijuana or cannabis in any form?

- ❑ No → **Go to Question D6**
- ❑ Yes

D2. During the *3 months before* you got pregnant, on average, about how often did you use marijuana products?

- ❑ Daily
- ❑ 2-6 days a week
- ❑ 1 day a week
- ❑ 2-3 days a month
- ❑ 1 day a month or less
- ❑ I didn't use marijuana then

D3. *During* your most recent pregnancy, on average, about how often did you use marijuana products?

- ❑ Daily
- ❑ 2-6 days a week
- ❑ 1 day a week
- ❑ 2-3 days a month
- ❑ 1 day a month or less
- ❑ I didn't use marijuana then → **Go to Question D6**

D4. *During* your most recent pregnancy, how did you use marijuana?

Check ALL that apply

- ❑ Smoked it
- ❑ Ate it
- ❑ Drank it
- ❑ Vaporized it
- ❑ Dabbed it
- ❑ Other → Please tell us:

_____

D5. Why did you use marijuana products *during* pregnancy? For each item, check **No** or **Yes**.

		No	Yes
a.	To relieve nausea or vomiting	❑	❑
b.	To relieve stress or anxiety	❑	❑
c.	To relieve symptoms of a chronic condition	❑	❑
d.	To help me sleep	❑	❑
e.	To relieve pain	❑	❑
f.	For fun or to relax	❑	❑
g.	Some other reason Please tell us:	❑	❑

_____

If you did not get prenatal care, go to Question D8.

D6. *During any of your prenatal care visits*, did a healthcare provider do any of the following things? Please include if they asked you on a written form or in a conversation.
For each item, check **No** or **Yes**.

		No	Yes
a.	Ask me if I was using marijuana	❑	❑
b.	Recommend that I use marijuana for any reason	❑	❑
c.	Advise me not to use marijuana	❑	❑
d.	Advise me not to breastfeed my baby if I was using marijuana	❑	❑

D7. *During any of your prenatal care visits*, did a healthcare provider refer you to treatment because of drug use (prescribed or non-prescribed drugs)?

- ❑ No
- ❑ Yes
- ❑ I didn't use any drugs during my pregnancy

D8. *Since your new baby was born*, have you used marijuana or cannabis in any form?

- ❑ No
- ❑ Yes

D9. After using marijuana, how long do you think someone should wait to breastfeed their baby?

Check ONE answer

- ❑ I don't think they need to wait at all
- ❑ I think they should wait until they are no longer high
- ❑ I think they should wait at least 2-3 hours after they are no longer high
- ❑ I don't think it is safe to use marijuana at all while breastfeeding

The last questions are about prescription drugs.

D10. *During* your most recent pregnancy, did you take prescription antidepressants or selective serotonin reuptake inhibitors (SSRIs) such as Prozac, Zoloft, or Lexapro?

- ❑ No
- ❑ Yes

D11. *During* your most recent pregnancy, did you use prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine?

- ❑ No → **Go to the end**
- ❑ Yes

D12. How would you describe the way you got the prescription pain relievers that you used *during* your most recent pregnancy?

Check ALL that apply

- ❑ I had a current prescription
- ❑ I had pain relievers left over from an old prescription
- ❑ I got the pain relievers without a prescription

These last questions are about the COVID-19 vaccine.

VC1. *During* your most recent pregnancy, did a healthcare provider do any of the following things? For each one, check **No** or **Yes**.

	No	Yes
a. Talked with me about the COVID-19 vaccine	❑	❑
b. Recommended that I get the COVID-19 vaccine	❑	❑
c. Offered to give me the COVID-19 vaccine	❑	❑
d. Referred me to another place to get the COVID-19 vaccine	❑	❑

VC2. *During* your most recent pregnancy, did you get at least one shot or dose of a COVID-19 vaccine?

- ❑ No
- ❑ Yes → **Go to Question VC5**

Go to Question VC3

VC3. What were your reasons for <u>not</u> getting a COVID-19 vaccine *during* your most recent pregnancy?

Check ALL that apply

- ❑ I wasn't in one of the groups that could get the COVID-19 vaccine
- ❑ The vaccine wasn't available or ran out in my area
- ❑ I couldn't get an appointment or was placed on a waiting list
- ❑ I didn't have transportation to get to a vaccination site
- ❑ The staff at the vaccination site didn't want to give me the vaccine because I was pregnant
- ❑ I was concerned about possible side effects of the COVID-19 vaccine for my baby
- ❑ I was concerned about possible side effects of the COVID-19 vaccine for me
- ❑ I have an allergy or health condition that prevented me from getting the vaccine
- ❑ My doctor or healthcare provider told me not to get the vaccine
- ❑ I had gotten the COVID-19 vaccine *before* my pregnancy
- ❑ I already had COVID-19
- ❑ I didn't have enough information about the vaccine to feel comfortable getting it
- ❑ I was concerned that the COVID-19 vaccine was developed too fast
- ❑ I didn't think the vaccine would protect me against COVID-19
- ❑ I didn't think COVID-19 was a serious illness
- ❑ I didn't think I was at risk for COVID-19 infection
- ❑ I preferred using masks and other precautions instead
- ❑ I don't think vaccines are beneficial
- ❑ Other reason
  Please tell us:

  _____

VC4. *Since your new baby was born*, have you gotten a COVID-19 vaccine?

- ❑ No
- ❑ Yes

VC5. Which ONE of these sources do you trust the *most* for receiving information about the COVID-19 vaccine?

Check ONE answer

- ❑ My doctor, nurse, or other healthcare provider
- ❑ My pharmacist
- ❑ Centers for Disease Control and Prevention (CDC) website or reports
- ❑ Food and Drug Administration (FDA) website or reports
- ❑ My state or local health department
- ❑ Family or friends
- ❑ News reports (such as television or radio news)
- ❑ Social media sites like Facebook
- ❑ Websites about health or other topics
  Please tell us:

  _____

- ❑ Some other source
  Please tell us:

  _____

VC6. Which of the following describes your work or volunteer activities *during* your most recent pregnancy?

Check ALL that apply

- ❑ I worked or volunteered providing direct medical care to patients (such as being a doctor, nurse, dentist, therapist, home healthcare provider, or emergency responder)
- ❑ I worked or volunteered in a health care setting, but not providing direct medical care to patients (such as being administrative staff, cleaning staff, patient transport, or ward clerk)
- ❑ I worked or volunteered in a position where I regularly came into contact with the public (such as education, grocery or retail stores, public transportation, restaurants or food service, law enforcement, or postal or delivery services)
- ❑ I worked or volunteered in a position where I did not regularly come in contact with the public
- ❑ None of the above

We would love to hear more about your story!
Is there anything else you would like to share with us about your experiences around the time of your pregnancy? Please use this space to tell us.

Thanks for answering our questions!

Your answers will help us work to make mothers and babies in Virginia healthier.