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. How tall are *you* without shoes?

_____ Feet _____ Inches

OR _____ Centimeters

2. *Just before* you got pregnant with your *new* baby, how much did you weigh?

_____ Pounds **OR** _____ Kilos

3. What is *your* date of birth?

_____ / _____ / _____

Month Day Year

The next questions are about the time *before* you got pregnant with your *new* baby.

4. 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. Asthma	❑	❑
e. Anemia (poor blood, low iron)	❑	❑
f. Thyroid problems	❑	❑
g. PCOS (Polycystic Ovarian Syndrome)	❑	❑

5. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

- ❑ I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the *month before* I got pregnant
- ❑ 1 to 3 times a week
- ❑ 4 to 6 times a week
- ❑ Every day of the week

6. In the *12 months before* you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?

- ❑ No → **Go to Page 2, Question 9**
- ❑ Yes

Go to Page 2, Question 7

7. What type of health care visit did you have in the *12 months before* you got pregnant with your new baby?

Check ALL that apply

- ❑ Regular checkup at my family doctor's office
- ❑ Regular checkup at my OB/GYN's office
- ❑ Visit for an illness or chronic condition
- ❑ Visit for an injury
- ❑ Visit for family planning or birth control
- ❑ Visit for depression or anxiety
- ❑ Visit to have my teeth cleaned by a dentist or dental hygienist
- ❑ Other → Please tell us:

_____

8. During any of your health care visits in the *12 months before* you got pregnant, did a doctor, nurse, or other health care worker do any of the following things? For each item, check **No** if they did not or **Yes** if they did.

		No	Yes
a.	Tell me to take a vitamin with folic acid	❑	❑
b.	Talk to me about maintaining a healthy weight	❑	❑
c.	Talk to me about controlling any medical conditions such as diabetes or high blood pressure	❑	❑
d.	Talk to me about my desire to have or not have children	❑	❑
e.	Talk to me about using birth control to prevent pregnancy	❑	❑
f.	Talk to me about how I could improve my health before a pregnancy	❑	❑
g.	Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis	❑	❑
h.	Ask me if I was smoking cigarettes	❑	❑
i.	Ask me if someone was hurting me emotionally or physically	❑	❑
j.	Ask me if I was feeling down or depressed	❑	❑
k.	Ask me about the kind of work I do	❑	❑
l.	Test me for HIV (the virus that causes AIDS)	❑	❑

The next questions are about your *health insurance coverage* before, during, and after your pregnancy with your *new* baby.

9. During the *month before* you got pregnant with your new baby, what kind of health insurance did you have?

Check ALL that apply

- ❑ Private health insurance from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid (CNMI Medicaid)
- ❑ TRICARE or other military health care
- ❑ CHCC Sliding Fee Program
- ❑ Other health insurance → Please tell us:

_____

- ❑ I did not have any health insurance during the *month before* I got pregnant

10. During your *most recent pregnancy*, what kind of health insurance did you have for your *prenatal care*?

Check ALL that apply

- ❑ I did not go for prenatal care → **Go to Question 11**
- ❑ Private health insurance from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid (CNMI Medicaid)
- ❑ TRICARE or other military health care
- ❑ CHCC Sliding Fee Program
- ❑ Other health insurance → Please tell us:

_____

- ❑ I did not have any health insurance for my *prenatal care*

11. What kind of health insurance do you have *now*?

Check ALL that apply

- ❑ Private health insurance from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid (CNMI Medicaid)
- ❑ TRICARE or other military health care
- ❑ CHCC Sliding Fee Program
- ❑ Other health insurance → Please tell us:

_____

- ❑ I do not have health insurance *now*

12. 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

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

- ❑ No
- ❑ Yes → **Go to Question 16**

14. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?
Some things people do to keep from getting pregnant include having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- ❑ No → **Go to Question 16**
- ❑ Yes

Go to Question 15

15. What method of birth control were you using when you got pregnant?

Check ALL that apply

- ❑ Birth control pills
- ❑ Condoms
- ❑ Shots or injections (Depo-Provera®)
- ❑ Contraceptive implant in the arm (Nexplanon® or Implanon®)
- ❑ Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- ❑ IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- ❑ Natural family planning (including rhythm method)
- ❑ Withdrawal (pulling out)
- ❑ Other → Please tell us:

_____

DURING PREGNANCY

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

16. How many weeks *or* months pregnant were you when you had your first visit for prenatal care?

_____ Weeks **OR** _____ Months

- ❑ I didn't go for prenatal care → **Go to Page 4, Question 19**

17. Did you get prenatal care as early in your pregnancy as you wanted?

- ❑ No
- ❑ Yes

18. *During any of your prenatal care visits*, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, check **No** if they did not ask you about it or **Yes** if they did.

		No	Yes
a.	If I knew how much weight I should gain during pregnancy	❑	❑
b.	If I was taking any prescription medication	❑	❑
c.	If I was smoking cigarettes	❑	❑
d.	If I was drinking alcohol	❑	❑
e.	If someone was hurting me emotionally or physically	❑	❑
f.	If I was feeling down or depressed	❑	❑
g.	If I was using drugs such as marijuana, cocaine, crack, or meth	❑	❑
h.	If I wanted to be tested for HIV (the virus that causes AIDS)	❑	❑
i.	If I planned to breastfeed my new baby	❑	❑
j.	If I planned to use birth control after my baby was born	❑	❑

19. During the 12 months *before the delivery* of your new baby, did a doctor, nurse, or other health care worker *offer* you a flu shot or *tell* you to get one?

- ❑ No
- ❑ Yes

20. During the 12 months *before the delivery* of your new baby, did you *get* a flu shot?

Check ONE answer

- ❑ No
- ❑ Yes, before my pregnancy
- ❑ Yes, during my pregnancy

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

- ❑ No
- ❑ Yes

22. During *your most recent* pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

- ❑ No
- ❑ Yes

23. During *your most recent* pregnancy, 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.	Gestational diabetes (diabetes that **started** during *this* pregnancy)	❑	❑
b.	High blood pressure (that **started** during *this* pregnancy), pre-eclampsia or eclampsia	❑	❑
c.	Depression	❑	❑
d.	Asthma	❑	❑
e.	Anemia (poor blood, low iron)	❑	❑
f.	Thyroid Problems	❑	❑

The next questions are about smoking cigarettes before, during, and after pregnancy.

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

- ❑ No → **Go to Page 6, Question 31**
- ❑ Yes

25. In the *3 months before* you got pregnant, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.

- ❑ 41 cigarettes or more
- ❑ 21 to 40 cigarettes
- ❑ 11 to 20 cigarettes
- ❑ 6 to 10 cigarettes
- ❑ 1 to 5 cigarettes
- ❑ Less than 1 cigarette
- ❑ I didn't smoke then

26. In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.

- ❑ 41 cigarettes or more
- ❑ 21 to 40 cigarettes
- ❑ 11 to 20 cigarettes
- ❑ 6 to 10 cigarettes
- ❑ 1 to 5 cigarettes
- ❑ Less than 1 cigarette
- ❑ I didn't smoke then

If you did not smoke at any time in the *3 months before* you got pregnant, go to Question 30.

27. *During any of your prenatal care visits*, did a doctor, nurse, or other health care worker advise you to quit smoking?

- ❑ No
- ❑ Yes
- ❑ I didn't go for prenatal care

28. Did you quit smoking around the time of *your most recent* pregnancy?

Check ONE answer

- ❑ No
- ❑ No, but I cut back
- ❑ Yes, I quit before I found out I was pregnant
- ❑ Yes, I quit when I found out I was pregnant
- ❑ Yes, I quit later in my pregnancy

29. Listed below are some things that can make it hard for some people to quit smoking. For each item, check **No** if it is not something that might make it hard for you or **Yes** if it is.

		No	Yes
a.	Cost of medicines or products to help with quitting	❑	❑
b.	Cost of classes to help with quitting	❑	❑
c.	Fear of gaining weight	❑	❑
d.	Loss of a way to handle stress	❑	❑
e.	Other people smoking around me	❑	❑
f.	Cravings for a cigarette	❑	❑
g.	Lack of support from others to quit	❑	❑
h.	Worsening depression	❑	❑
i.	Worsening anxiety	❑	❑
j.	Some other reason	❑	❑

Please tell us: →

30. How many cigarettes do you smoke on an average day *now*? A pack has 20 cigarettes.

- ❑ 41 cigarettes or more
- ❑ 21 to 40 cigarettes
- ❑ 11 to 20 cigarettes
- ❑ 6 to 10 cigarettes
- ❑ 1 to 5 cigarettes
- ❑ Less than 1 cigarette
- ❑ I don't smoke now

The next questions are about using other tobacco products around the time of pregnancy.

E-cigarettes (electronic cigarettes) and other electronic nicotine products (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.

A **hookah** is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

31. Have you used any of the following products in the *past 2 years*? For each item, check **No** if you did not use it or **Yes** if you did.

	No	Yes
a. E-cigarettes or other electronic nicotine products	❑	❑
b. Hookah	❑	❑
c. Betel nut with chewing tobacco	❑	❑
d. Betel nut without chewing tobacco	❑	❑

If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 32. Otherwise, go to Question 34.

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

- ❑ More than once a day
- ❑ Once a day
- ❑ 2-6 days a week
- ❑ 1 day a week or less
- ❑ I did not use e-cigarettes or other electronic nicotine products then

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

- ❑ More than once a day
- ❑ Once a day
- ❑ 2-6 days a week
- ❑ 1 day a week or less
- ❑ I did not use e-cigarettes or other electronic nicotine products then

The next questions are about drinking alcohol around the time of pregnancy.

34. Have you had any alcoholic drinks in the *past 2 years*? A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

- ❑ No → **Go to Question 38**
- ❑ Yes

35. During the *3 months before* you got pregnant, how many alcoholic drinks did you have in an average week?

- ❑ 14 drinks or more a week
- ❑ 8 to 13 drinks a week
- ❑ 4 to 7 drinks a week
- ❑ 1 to 3 drinks a week
- ❑ Less than 1 drink a week
- ❑ I didn't drink then

36. During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?

- ❑ 14 drinks or more a week
- ❑ 8 to 13 drinks a week
- ❑ 4 to 7 drinks a week
- ❑ 1 to 3 drinks a week
- ❑ Less than 1 drink a week
- ❑ I didn't drink then → **Go to Question 38**

Go to Question 37

37. During the *last 3 months* of your pregnancy, how many times did you drink 4 alcoholic drinks or more in a 2 hour time span?

- ❑ 6 or more times
- ❑ 4 to 5 times
- ❑ 2 to 3 times
- ❑ 1 time
- ❑ I didn't have 4 drinks or more in a 2 hour time span

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

38. 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 person, check **No** if they did not hurt you during this time or **Yes** if they did.

	No	Yes
a. My husband or partner	❑	❑
b. My ex-husband or ex-partner	❑	❑
c. Another family member	❑	❑
d. Someone else	❑	❑

39. 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 person, check **No** if they did not hurt you during this time or **Yes** if they did.

	No	Yes
a. My husband or partner	❑	❑
b. My ex-husband or ex-partner	❑	❑
c. Another family member	❑	❑
d. Someone else	❑	❑

40. During *your most recent* pregnancy, did any of the following things happen to you? For each thing, check **No** if it did not happen to you or **Yes** if it did.

	No	Yes
a. My husband or partner threatened me or made me feel unsafe in some way	❑	❑
b. I was frightened for my safety or my family's safety because of the anger or threats of my husband or partner	❑	❑
c. My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go	❑	❑
d. My husband or partner forced me to take part in touching or any sexual activity when I did not want to	❑	❑

AFTER PREGNANCY

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

41. When was your new baby born?

___ / ___ / 20___

Month Day Year

42. After your baby was delivered, how long did he or she stay in the hospital?

- ❑ Less than 24 hours (less than 1 day)
- ❑ 24 to 48 hours (1 to 2 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 Page 8, Question 45**

43. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 10, Question 59**
- ❑ Yes

Go to Page 8, Question 44

44. Is your baby living with you now?

- ❑ No → **Go to Page 10, Question 59**
- ❑ Yes

45. *Before or after your new baby was born*, did you receive information about breastfeeding from any of the following sources? For each one, check **No** if you did not receive information from this source or **Yes** if you did.

		No	Yes
a.	My doctor	❑	❑
b.	A nurse, midwife, or doula	❑	❑
c.	A breastfeeding or lactation specialist	❑	❑
d.	My baby's doctor or health care provider	❑	❑
e.	A breastfeeding support group	❑	❑
f.	A breastfeeding hotline or toll-free number	❑	❑
g.	Family or friends	❑	❑
h.	Other	❑	❑

Please tell us: →

46. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?

- ❑ No
- ❑ Yes → **Go to Question 48**

47. 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 household duties
- ❑ 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:

48. Are you currently breastfeeding or feeding pumped milk to your new baby?

- ❑ No
- ❑ Yes → **Go to Question 51**

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

- ❑ Less than 1 week

____ Weeks **OR** ____ Months

50. What were your reasons for stopping breastfeeding?

Check ALL that apply

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

51. Have you used a breast pump to express milk to feed to your new baby?

- ❑ No
- ❑ Yes

If your baby is still in the hospital, go to Page 10, Question 59.

52. In which *one* position do you *most often* lay your baby down to sleep now?

Check ONE answer

- ❑ On his or her side
- ❑ On his or her back
- ❑ On his or her stomach

53. In the *past 2 weeks*, how often has your new baby slept alone in his or her own crib or bed?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely → **Go to Question 55**
- ❑ Never

54. When your new baby sleeps alone, is his or her crib or bed in the same room where *you* sleep?

- ❑ No
- ❑ Yes

55. Listed below are some more things about how babies sleep. How did your new baby *usually* sleep in the *past 2 weeks*? For each item, check **No** if your baby did not *usually* sleep like this or **Yes** if he or she did.

		No	Yes
a.	In a crib, bassinet, or pack and play	❑	❑
b.	On a twin or larger mattress or bed	❑	❑
c.	On a couch, sofa, or armchair	❑	❑
d.	In an infant car seat or swing	❑	❑
e.	In a sleeping sack or wearable blanket	❑	❑
f.	With a blanket	❑	❑
g.	With toys, cushions, or pillows, including nursing pillows	❑	❑
h.	With crib bumper pads (mesh or non-mesh)	❑	❑

56. Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check **No** if they did not tell you or **Yes** if they did.

		No	Yes
a.	Place my baby on his or her back to sleep	❑	❑
b.	Place my baby to sleep in a crib, bassinet, or pack and play	❑	❑
c.	Place my baby's crib or bed in my room	❑	❑
d.	What things should and should not go in bed with my baby	❑	❑

57. *Since your new baby was born*, how often have you been frustrated when you tried to get health care services for him or her?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never
- ❑ I haven't tried to get health care services for my new baby → **Go to Page 10, Question 59**

58. Why have you felt frustrated when you tried to get health care services for your new baby?

Check ALL that apply

- ❑ The services that my baby needed were not available in my area
- ❑ There were waiting lists or other problems getting an appointment
- ❑ My health insurance would not pay for the services that my baby needed
- ❑ Other → Please tell us:

_____

59. Are you or your husband or partner doing anything *now* to keep from getting pregnant? Some things people do to keep from getting pregnant include having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- ❑ No
- ❑ Yes → **Go to Question 61**

60. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?

Check ALL that apply

- ❑ I want to get pregnant
- ❑ I am pregnant now
- ❑ I had my tubes tied or blocked
- ❑ I don't want to use birth control
- ❑ I am worried about side effects from birth control
- ❑ I am not having sex
- ❑ My husband or partner doesn't want to use anything
- ❑ I have problems paying for birth control
- ❑ Other → Please tell us:

_____

If you or your husband or partner is <u>not doing</u> anything to keep from getting pregnant *now*, go to Question 62.

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

Check ALL that apply

- ❑ Tubes tied or blocked (female sterilization or Essure®)
- ❑ Vasectomy (male sterilization)
- ❑ Birth control pills
- ❑ Condoms
- ❑ Shots or injections (Depo-Provera®)
- ❑ Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- ❑ IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- ❑ Contraceptive implant in the arm (Nexplanon® or Implanon®)
- ❑ Natural family planning (including rhythm method)
- ❑ Withdrawal (pulling out)
- ❑ Not having sex (abstinence)
- ❑ Other → Please tell us:

_____

62. *Since your new baby was born,* have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.

- ❑ No → **Go to Question 64**
- ❑ Yes

Go to Question 63

63. ***During your postpartum checkup*, did a doctor, nurse, or other health care worker do any of the following things?** For each item, check **No** if they did not do it or **Yes** if they did.

		No	Yes
a.	Tell me to take a vitamin with folic acid	❑	❑
b.	Talk to me about healthy eating, exercise, and losing weight gained during pregnancy	❑	❑
c.	Talk to me about how long to wait before getting pregnant again	❑	❑
d.	Talk to me about birth control methods I can use after giving birth	❑	❑
e.	Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®), NuvaRing®, or condoms	❑	❑
f.	Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®)	❑	❑
g.	Ask me if I was smoking cigarettes	❑	❑
h.	Ask me if someone was hurting me emotionally or physically	❑	❑
i.	Ask me if I was feeling down or depressed	❑	❑
j.	Test me for diabetes	❑	❑

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

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

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

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

66. ***Since your new baby was born*, have you *asked for help* for depression from a doctor, nurse, or other health care worker?**

- ❑ No
- ❑ Yes

67. ***Since your new baby was born*, has a doctor, nurse, or other health care worker *told you that you had* depression?**

- ❑ No
- ❑ Yes

68. ***Since your new baby was born*, have any of the following people pushed, hit, slapped, kicked, choked, or physically hurt you in any other way?** For each person, check **No** if they have not hurt you during this time or **Yes** if they have.

		No	Yes
a.	My husband or partner	❑	❑
b.	My ex-husband or ex-partner	❑	❑
c.	Another family member	❑	❑
d.	Someone else	❑	❑

OTHER EXPERIENCES

The next questions are on a variety of topics.

69. **During the *3 months before* you got pregnant, on average, how often did you chew betel nut (with or without tobacco, chewing tobacco, or cigarettes)?**

- ❑ More than once a day
- ❑ Once a day
- ❑ 2-6 days a week
- ❑ 1 day a week or less
- ❑ I did not chew betel nut (with or without tobacco, chewing tobacco, or cigarettes)

70. During the *last 3 months* of your pregnancy, on average, how often did you chew betel nut (with or without tobacco, chewing tobacco, or cigarettes)?

- ❑ More than once a day
- ❑ Once a day
- ❑ 2-6 days a week
- ❑ 1 day a week or less
- ❑ I did not chew betel nut (with or without tobacco, chewing tobacco, or cigarettes)

71. During *your most recent* pregnancy, did you take or use any of the following drugs for any reason? Your answers are strictly confidential. For each item, check **No** if you did not use it or **Yes** if you did.

		No	Yes
a.	Over-the-counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve®	❑	❑
b.	Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine	❑	❑
c.	Adderall®, Ritalin® or another stimulant	❑	❑
d.	Marijuana or hash	❑	❑
e.	Synthetic marijuana (K2, Spice)	❑	❑
f.	Methadone, naloxone, subutex, or Suboxone®	❑	❑
g.	Heroin (smack, junk, black tar, *Chiva*)	❑	❑
h.	Amphetamines (uppers, speed, crystal meth, crank, ice, *agua*)	❑	❑
i.	Cocaine (crack, rock, coke, blow, snow, *nieve*)	❑	❑
j.	Tranquilizers (downers, ludes)	❑	❑
k.	Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts)	❑	❑
l.	Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing)	❑	❑

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

72. During the *12 months before* your new baby was born, what was your yearly total household income before taxes? Include your income, your husband's 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 now getting.

- ❑ $0 to $16,000
- ❑ $16,001 to $20,000
- ❑ $20,001 to $24,000
- ❑ $24,001 to $28,000
- ❑ $28,001 to $32,000
- ❑ $32,001 to $40,000
- ❑ $40,001 to $48,000
- ❑ $48,001 to $57,000
- ❑ $57,001 to $60,000
- ❑ $60,001 to $73,000
- ❑ $73,001 to $85,000
- ❑ $85,001 or more

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

_____ People

74. What is today's date?

_____ / _____ / 20_____

Month Day Year

These next questions are about your experiences with prenatal care, delivery, postpartum care, and infant care during the COVID-19 pandemic.

CV1. During the COVID-19 pandemic, which types of *prenatal care* appointments did you attend?

Check ONE answer

- ❑ In-person appointments only
- ❑ Virtual appointments (video or telephone) only
- ❑ Both, in-person and virtual appointments

→ **Go to Question CV3**

- ❑ I did not have prenatal care → **Go to Page 14, Question CV4**

CV2. What are the reasons that you did not attend virtual appointments for *prenatal care*? For each one, check **No** if it was not a reason or **Yes** if it was.

		No	Yes
a.	Lack of availability of virtual appointments from my provider	❑	❑
b.	Lack of an available telephone to use for appointments	❑	❑
c.	Lack of enough cellular data or cellular minutes	❑	❑
d.	Lack of a computer or device	❑	❑
e.	Lack of internet service or had unreliable internet	❑	❑
f.	Lack of a private or confidential space to use	❑	❑
g.	I preferred seeing my health care provider in person	❑	❑
h.	Other reason	❑	❑

Please tell us:

_____

CV3. Were any of your *prenatal care* appointments canceled or delayed during the COVID-19 pandemic due to the following reasons? For each one, check **No** if your appointments were not canceled or delayed for that reason or **Yes** if they were.

		No	Yes
a.	My appointments were canceled or delayed because my provider's office was closed or had reduced hours	❑	❑
b.	I canceled or delayed because I was afraid of being exposed to COVID-19 during the appointments	❑	❑
c.	I canceled or delayed because I lost my health insurance during the COVID-19 pandemic	❑	❑
d.	I canceled or delayed because I had problems finding care for my children or other family members	❑	❑
e.	I canceled or delayed because I worried about taking public transportation and had no other way to get there	❑	❑
f.	My appointments were canceled or delayed because I had to self-isolate due to possible COVID-19 exposure or infection	❑	❑

CV4. While you were *pregnant*, how often did you do the following things to avoid getting COVID-19?
For each one, check:
A if you *always* did it,
S if you *sometimes* did it, or
N if you *never* did it.

	A	S	N
a. Avoided gatherings of more than 10 people	❑	❑	❑
b. Stayed at least 6 feet (2 meters) away from others when I left my home	❑	❑	❑
c. Only left my home for essential reasons	❑	❑	❑
d. Made trips as short as possible when I left my home	❑	❑	❑
e. Avoided having visitors inside my home	❑	❑	❑
f. Wore a mask or a cloth face covering when out in public	❑	❑	❑
g. Washed hands for 20 seconds with soap and water	❑	❑	❑
h. Used alcohol-based hand sanitizer	❑	❑	❑
i. Covered coughs and sneezes with a tissue or my elbow	❑	❑	❑

CV5. While you were *pregnant* during the COVID-19 pandemic, did you have any of the following experiences? For each one, check **No** if you did not or **Yes** if you did.

	No	Yes
a. I had responsibilities or a job that prevented me from staying home	❑	❑
b. Someone in my household had a job that required close contact with other people	❑	❑
c. When I went out, I found that other people around me did not practice social distancing	❑	❑
d. I had trouble getting disinfectant to clean my home	❑	❑
e. I had trouble getting hand sanitizer or hand soap for my household	❑	❑
f. I had trouble getting or making masks or cloth face coverings	❑	❑
g. It was hard for me to wear a mask or cloth face covering (trouble breathing, claustrophobia)	❑	❑
h. I was told by a health care provider that I had COVID-19	❑	❑
i. Someone in my household was told by a health care provider that they had COVID-19	❑	❑

If your baby was not born in the hospital, go to Question CV9.

CV6. Who was with you in the hospital delivery room as a support person during your labor and delivery?

Check ALL that apply

- ❑ My husband or partner
- ❑ Another family member or friend
- ❑ A doula
- ❑ Some other support person (not including hospital staff)
  Please tell us:

  _____
- ❑ The hospital did not allow me to have any support people

If your baby is not alive, go to Question CV10.

CV7. While in the hospital after your delivery, did any of the following things happen to you and your baby because of COVID-19? For each one, check **No** if it did not happen or **Yes** if it did.

	No	Yes
a. My baby was tested for COVID-19 in the hospital	❑	❑
b. I was separated from my baby in the hospital after delivery *to protect my baby from COVID-19*	❑	❑
c. I wore a mask when other people came into my hospital room	❑	❑
d. I wore a mask while I was alone caring for my baby in the hospital	❑	❑
e. I was given information about how to protect my baby from COVID-19 when I went home	❑	❑

If you did not breastfeed your new baby, go to Question CV9.

CV8. Did the COVID-19 pandemic affect breastfeeding for you and your baby in any of the following ways? For each one, check **No** if it did not apply to you or **Yes** if it did.

	No	Yes
a. I was given information in the hospital about how to protect my baby from infection while breastfeeding	❑	❑
b. I wore a mask while breastfeeding in the hospital	❑	❑
c. I pumped breast milk in the hospital so someone else could feed my baby to avoid him or her getting infected	❑	❑
d. Due to COVID-19, I had trouble getting a visit from a lactation specialist while I was in the hospital	❑	❑

If your baby is not living with you, go to Question CV10.

CV9. In what ways did the COVID-19 pandemic affect your baby's routine health care? For each one, check **No** if the pandemic did not affect your baby's health care in this way or **Yes** if it did.

	No	Yes
a. My baby's well visits or checkups were canceled or delayed	❑	❑
b. My baby's well visits or checkups were changed from in-person visits to virtual appointments (video or telephone)	❑	❑
c. My baby's immunizations were postponed	❑	❑

CV10. During the COVID-19 pandemic, which types of *postpartum* appointments did you attend for *yourself*?

Check ONE answer

- ❑ In-person appointments only
- ❑ Virtual appointments (video or telephone) only
- ❑ Both, in-person and virtual appointments
- ❑ I did not have any postpartum appointments for myself

CV11. Did any of the following things happen to you *due to the COVID-19 pandemic*? For each one, check **No** if it did not happen or **Yes** if it did.

	No	Yes
a. I lost my job or had a cut in work hours or pay	❑	❑
b. Other members of my household lost their jobs or had a cut in work hours or pay	❑	❑
c. I had problems paying the rent, mortgage, or other bills	❑	❑
d. A member of my household or I received unemployment benefits	❑	❑
e. I had to move or relocate	❑	❑
f. I became homeless	❑	❑
g. The loss of childcare or school closures made it difficult to manage all my responsibilities	❑	❑
h. I had to spend more time than usual taking care of children or other family members	❑	❑
i. I worried whether our food would run out before I got money to buy more	❑	❑
j. I felt more anxious than usual	❑	❑
k. I felt more depressed than usual	❑	❑
l. My husband or partner and I had more verbal arguments or conflicts than usual	❑	❑
m. My husband or partner was more physically, sexually, or emotionally aggressive towards me	❑	❑

These last questions are about the COVID-19 vaccine.

VC1. During *your most recent pregnancy*, did a doctor, nurse, or other health care worker do any of the following things? For each one, check **No** if they did not do it or **Yes** if they did.

	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 not getting a COVID-19 vaccine during *your most recent pregnancy*?

Check ALL that apply

- ❑ I was not in one of the groups that could get the COVID-19 vaccine
- ❑ The vaccine was not 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 health care 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 which sites:

  _____

- ❑ Some other source
  Please tell us what source:

  _____

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 health care 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

Please use this space for any additional comments you would like to make about your experiences around the time of your pregnancy or the health of mothers and babies in the Northern Mariana Islands.

Thanks for answering our questions!

Your answers will help us keep families in the Northern Mariana Islands healthy.