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. 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.

3. 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	❑	❑
e. Asthma	❑	❑
f. Anemia (poor blood, low iron)	❑	❑
g. Thyroid problems	❑	❑
h. PCOS (polycystic ovarian syndrome)	❑	❑

4. 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 Page 2, Question 6.

5. During any of your healthcare visits in the *12 months before* you got pregnant, did a healthcare provider do 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*.

6. 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 (paid for by me, someone else, or through a job)
- ❑ Medicaid
- ❑ TRICARE or other military healthcare
- ❑ CHCC Sliding Fee Program
- ❑ Other health insurance → Please tell us:

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

7. *During* 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)
- ❑ Medicaid
- ❑ TRICARE or other military healthcare
- ❑ CHCC Sliding Fee Program
- ❑ Other health insurance → Please tell us:

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

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

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Medicaid
- ❑ TRICARE or other military healthcare
- ❑ CHCC Sliding Fee Program
- ❑ Other health insurance → Please tell us:

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

9. 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

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

- ❑ No
- ❑ Yes → **Go to Question 13**

Go to Question 11

11. 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 Question 13**
- ❑ Yes

12. 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:

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.)

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

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

Go to Question 14

14. *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	❑	❑

15. During the *last 3 months* of your most recent pregnancy, 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 at all
- ❑ 1 to 3 times a week
- ❑ 4 to 6 times a week
- ❑ Every day of the week

16. 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	❑	❑
d. RSV shot (given during pregnancy to protect the baby from respiratory syncytial virus)	❑	❑

17. 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 <u>not</u>** get the shot in the 3 months before or during pregnancy

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

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

❑ No
❑ Yes

19. *During* your most recent pregnancy, did you take a class or classes to prepare for childbirth and learn what to expect during labor and delivery?

❑ No
❑ Yes

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

❑ No
❑ Yes

21. *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 **<u>started</u>** during *this* pregnancy)	❑	❑
b. High blood pressure (that **<u>started</u>** during *this* pregnancy), pre-eclampsia, or eclampsia	❑	❑
c. Depression	❑	❑
d. Anxiety	❑	❑
e. Asthma	❑	❑
f. Anemia (poor blood, low iron)	❑	❑
g. Thyroid problems	❑	❑
h. PCOS (polycystic ovarian syndrome)	❑	❑

If you <u>had</u> high blood pressure <u>before</u> or <u>during</u> your pregnancy, go to Question 22. If you didn't, go to Question 23.

22. *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	❑	❑

23. *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 25**
- ❑ Yes

24. *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 X/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.

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

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

26. 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 → **Go to Question 29**

Go to Question 27

27. 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

28. Would any of the following things make it hard for you to quit smoking?
For each one, check **No** or **Yes**.

	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:	❑	❑

29. 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

30. 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

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

- ❑ No → **Go to Question 35**
- ❑ Yes

32. 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

33. 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

34. 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.

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

Check ONE answer

- ❑ 14 or more drinks 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* 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 not have any alcoholic drinks during your pregnancy, go to Question 38.

37. *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 *before* and *during* your most recent pregnancy.

38. 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	❑	❑

39. 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.	Another family member	❑	❑
d.	Someone else	❑	❑

40. *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.	Another family member	❑	❑
d.	Someone else	❑	❑

AFTER PREGNANCY

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

41. *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 Page 8, Question 44**

42. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 9, Question 52**
- ❑ Yes

43. Is your baby living with you now?

- ❑ No → **Go to Page 9, Question 52**
- ❑ Yes

Go to Page 8, Question 44

44. *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** or **Yes**.

		No	Yes
a.	One of my doctors	❑	❑
b.	A nurse or midwife	❑	❑
c.	A doula	❑	❑
d.	A breastfeeding or lactation specialist	❑	❑
e.	My baby's doctor or healthcare provider	❑	❑
f.	A breastfeeding support group	❑	❑
g.	A breastfeeding hotline or toll-free number	❑	❑
h.	Websites or apps about pregnancy or infant care	❑	❑
i.	Social media (such as Facebook, Instagram, TikTok)	❑	❑
j.	Family or friends	❑	❑
k.	Other	❑	❑

Please tell us:

_____

45. 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 47**
- ❑ 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 47**

Go to Question 46

46. 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 your baby is still in the hospital, go to Question 52.

47. 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	❑	❑

48. 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 50**

Go to Question 49

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

- ❑ No
- ❑ Yes

50. 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:

_____

51. 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:

_____

52. 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
- ❑ Yes → **Go to Page 10, Question 54**
- ❑ I'm pregnant now → **Go to Page 10, Question 55**

53. 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 Page 10, Question 55.

54. 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:

55. *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 → **Go to Question 57**
- ❑ Yes

Go to Question 56

56. *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	❑	❑

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

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

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

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

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

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

60. *Since your new baby was born*, how often have you not been able to stop or control worrying?

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

61. 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	❑	❑

62. *Since your new baby was born*, have you felt that you've needed mental health services such as counseling, medications, or support groups to help with feelings of anxiety, depression, grief, or other issues?

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

63. Were you able to get the mental health services that you needed?

- ❑ No
- ❑ Yes

OTHER EXPERIENCES

The next questions are on a variety of topics.

64. 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

65. 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	❑	❑

66. Have you used any of the following products in the *past 2 years*?
For each one, check **No** or **Yes**.

	No	Yes
a. Betel nut **with** tobacco, chewing tobacco, or cigarettes	❑	❑
b. Betel nut **without** tobacco, chewing tobacco, or cigarettes	❑	❑

If you did not use betel nut in the past 2 years, go to Page 12, Question 69.

67. 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)?

- ❑ Every day
- ❑ Some days
- ❑ I didn't chew betel nut (with or without tobacco, chewing tobacco, or cigarettes)

68. 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)?

- ❑ Every day
- ❑ Some days
- ❑ I didn't chew betel nut (with or without tobacco, chewing tobacco, or cigarettes)

69. *During* your most recent pregnancy, did you take or use any of the following medications or drugs for any reason? Your answers are strictly confidential.
For each one, check **No** or **Yes**.

		No	Yes
a.	Medication for depression	❑	❑
b.	Medication for anxiety	❑	❑
c.	Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine	❑	❑
d.	Adderall®, Ritalin®, or another stimulant	❑	❑
e.	Benzodiazepines (Valium®, Ativan®, Xanax®) or Tranquilizers (downers or ludes)	❑	❑
f.	Methadone, Subutex®, Suboxone®, or buprenorphine	❑	❑
g.	Naloxone	❑	❑
h.	Marijuana or cannabis in any form (not including hemp or CBD-only products)	❑	❑
i.	CBD products	❑	❑
j.	Synthetic marijuana (K2 or Spice)	❑	❑
k.	Kratom	❑	❑
l.	Fentanyl or heroin (smack, junk, Black Tar or *Chiva*)	❑	❑
m.	Amphetamines (uppers, speed, crystal meth, crank, ice or *agua*)	❑	❑
n.	Cocaine (crack, rock, coke, blow, snow or *nieve*)	❑	❑
o.	Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, or bath salts)	❑	❑

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

- ❑ No → **Go to Question 72**
- ❑ Yes

Go to Question 71

71. 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
- ❑ No, I didn't take any leave

72. Are you currently in school or working?

Check ALL that apply

- ❑ No, I don't go to school or work
- ❑ Yes, I go to school or work outside the home
- ❑ Yes, I go to school or work from home

73. *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	❑	❑
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:

_____

74. *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

75. 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	❑	❑

76. Do you currently have an emergency plan for your family in case of disaster? For example, you and your family have talked about how to be safe if a disaster happened.

- ❑ No
- ❑ Yes

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

77. 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

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

Number of people _____

79. What is today's date?

____ / ____ / _____

Month Day Year

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 the Northern Mariana Islands healthier.