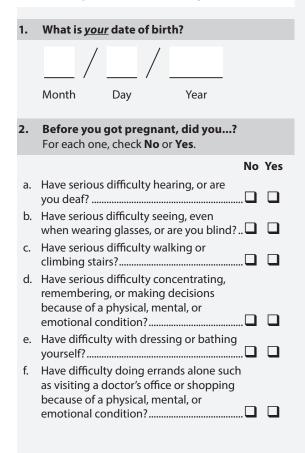
Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

BEFORE PREGNANCY

The first questions are about you.



<u>efore</u> you got pregnant.		
with your <i>new</i> baby, did you have an following health conditions?	y of th	ne
High blood pressure or hypertension Depression Anxiety Asthma Anemia (poor blood, low iron) Thyroid problems		
		ne
Regular checkup with an OB/GYN Visit for an injury, illness, or chronic condition Visit to urgent care or the emergency room Visit for family planning or to get birth control Visit for depression or anxiety Visit to have my teeth cleaned		
	During the 3 months before you got p with your new baby, did you have an following health conditions? For each one, check No if you did not h condition or Yes if you did. Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy) High blood pressure or hypertension Depression Anxiety	During the 3 months before you got pregneric 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 Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy) High blood pressure or hypertension Depression Anxiety Asthma Anemia (poor blood, low iron) Thyroid problems PCOS (polycystic ovarian syndrome) 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 No Visit for an injury, illness, or chronic condition Visit for family planning or to get birth control Visit for depression or anxiety Visit to have my teeth cleaned Other

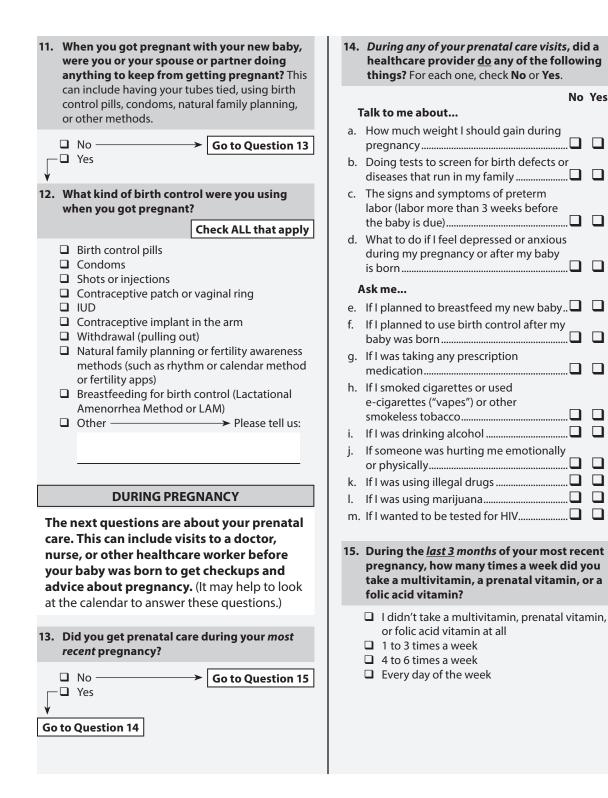
The next questions are about the time

3.

4

If you did not have any healthcare visits in the 12 months before you got pregnant, go to Page 2, Question 6.

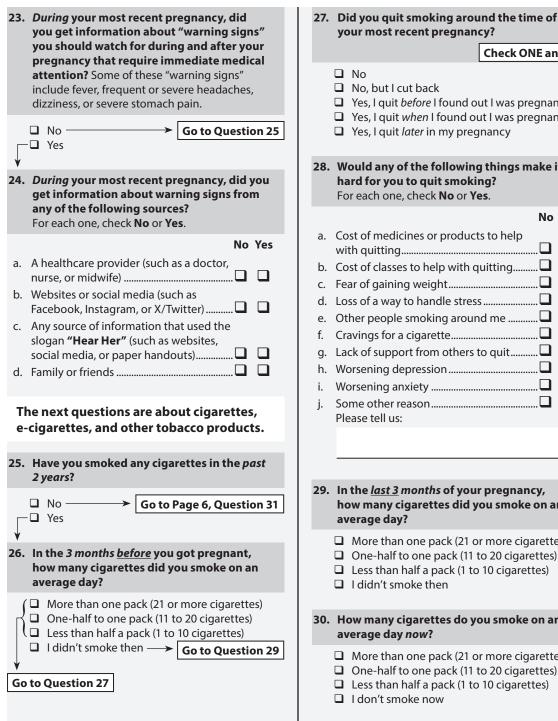
	During any of your healthcare visits in the 12 <i>months before</i> you got pregnant, did a healthcare provider <u>do</u> any of the following	7. <u>During</u> your most recent pregnancy, what kind of health insurance did you have?			
	things? For each one, check No or Yes .		Check ALL that apply		
Ta a. I b. I c. I d. I e. I f. S	No Yes Alk to me about My weight My weight Regularly checking my blood pressure My desire to have or not have children Sirth control methods How I could improve my health before a bregnancy Sexually transmitted infections such as		 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 <i>during my pregnancy</i> 		
(chlamydia, gonorrhea, syphilis, or HIV 🖵 🔲	0			
g. l	sk me f I smoked cigarettes or used e-cigarettes ("vapes") or other	8.	What kind of health insurance do you have <u>now</u> ? Check ALL that apply		
h. l i. l	smokeless tobacco f someone was hurting me emotionally or physically	[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: 		
	e next questions are about your <i>health urance</i> .				
		l	I don't have any health insurance now		
,	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	 Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant? 			
F			Check ONE answer		
	 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		 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 		
C	I didn't have any health insurance during the month before I got pregnant	10.	. When you got pregnant with your new baby, were you trying to get pregnant?		
			□ No □ Yes → Go to Question 13		



No Yes

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 .	20. <i>During</i> your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?
	No Yes	No Yes
a. b. c.	Tdap shot (protects against tetanus, diphtheria, and pertussis [whooping cough])	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.
d.	RSV shot (given during pregnancy to protect the baby from respiratory syncytial virus)	No Yes a. Gestational diabetes (diabetes that <u>started</u> during <i>this</i> pregnancy)
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. High blood pressure (that started during this pregnancy), pre-eclampsia, or eclampsia. c. Depression d. Anxiety e. Asthma f. Anemia (poor blood, low iron) g. Thyroid problems
a. b. c. d.	BDNFlu shotIITdap shotIICOVID-19 shotIIRSV shotII	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.
18.	During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?	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.
	NoYes	No Yes a. Refer me to a different healthcare
19.	<i>During</i> your most recent pregnancy, did you take a class or classes to prepare for childbirth and learn what to expect during labor and delivery?	 b. Tell me to regularly check my blood pressure <i>during</i> pregnancy c. Talk to me about getting to a healthy
	 No Yes 	 weight <i>after</i> pregnancy

No Yes to a different healthcare regularly check my blood during pregnancy...... e about getting to a healthy f**ter** pregnancy..... 🔲 🔲 e about regularly checking my essure *after* pregnancy e about the risk for having high ssure (chronic hypertension) disease *after* pregnancy......



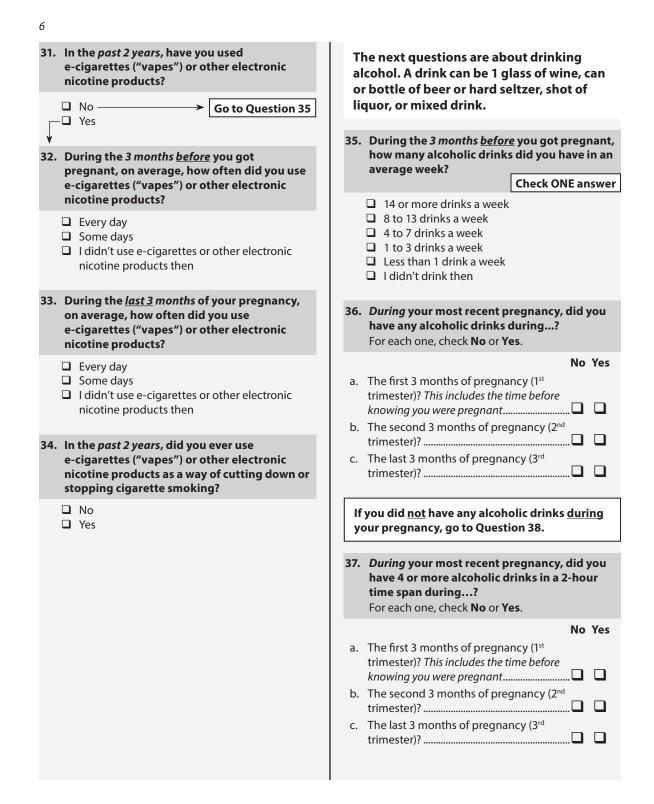
	your most recent pregnancy?				
			Check ONE ar	iswer	
		No No, but I cut back Yes, I quit <i>before</i> I found ou Yes, I quit <i>when</i> I found ou Yes, I quit <i>later</i> in my preg	ıt I was pregnar		
8.	ha	ould any of the following ard for you to quit smokin or each one, check No or Ye	ng?	it	
			No	Yes	
a. c. c. d. e. c. g. n.	wii Co Fe Lo Ot Cra La Wa Wa So	est of medicines or product th quitting ost of classes to help with q ar of gaining weight ss of a way to handle stress her people smoking aroun avings for a cigarette ck of support from others t orsening depression prsening anxiety me other reason	uitting		

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



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.

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 pregn	ant	
	with your new baby, did any of the fo people push, hit, slap, kick, choke, or physically burt you in any other way?	llow	/ing

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	. 🗖	
	Another family member		
	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.
 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
 Yes
 We are very sorry for your loss. Go to Page 9, Question 52
 43. Is your baby living with you now?



- 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 → Go to Question 47 my baby ------
 - 🔎 🛛 I breastfed my baby for less than 1 week l breastfed my baby for:
 - ____ week(s) **OR** _____ month(s) □ I'm <u>still breastfeeding</u> or feeding pumped milk

to my new baby — Go to Question 47

Go to Question 46

46. What were your reasons for stopping breastfeeding?

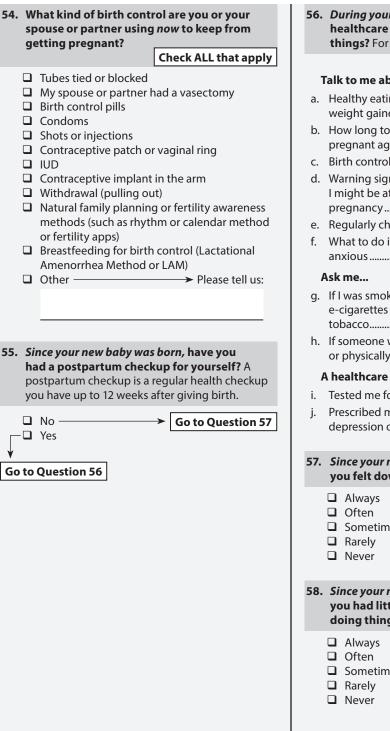
Check ALL that apply

- 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
- L 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)
- → 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 **D** Rarely ➤ Go to Question 50 Never – Go to Question 49

49.	In the <i>past 2 weeks</i> , was your baby's crib or bed in the same room where you or another adult slept?	52. Are you or your spouse or partner doing anything now to keep from getting pregnant? This can include having your tubes		
	NoYes	tied, using birth control pills, condoms, natural family planning, or other methods.		
		Go to Page 10, Question 54		
50.	In the <i>past 2 weeks</i> , where have you placed your new baby to sleep at night or during naps? For each one, check No or Yes.	Go to Page 10, Question 55		
	No Yes	53. What are your reasons for not doing anything		
a.	In a crib, portable crib, or bassinet 📮 📮	to keep from getting pregnant now?		
b.	On a twin or larger mattress or bed	Check ALL that apply		
с.		I want to get pregnant or don't mind if I do		
		I had my tubes tied or blocked		
e.	In a swing, rocker, or other inclined sleeper	 My spouse or partner had a vasectomy I don't want to use birth control 		
f.	In an in-bed sleeper	 I don't want to use birth control I'm worried about side effects from birth 		
g.	In a baby board or cradleboard \Box	control		
h.	Other 🔲 🔲	My spouse or partner doesn't want to use		
	Please tell us:	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 		
51.	In the <i>past 2 weeks</i> , has your new baby been placed to sleep with the following?	breastfeeding		
	For each one, check No or Yes .	I'm not having sex		
	No Yes	□ Other → Please tell us:		
a.	In a sleeping sack or wearable blanket			
	In a swaddled blanket			
с.	Comforters, quilts, blankets, or non-fitted			
	sheets	If you're <u>not doing</u> anything to keep from		
	Soft toys, cushions, or pillows, including nursing pillows	getting pregnant <u>now</u> , go to Page 10, Question 55.		
e.	Crib bumper pads (mesh or non-mesh) 📮 📮			
f.	Other			
	Please tell us:			



6.	During your postpartum checkup, did healthcare provider <u>do</u> any of the fol things? For each one, check No or Yes .		ng		
		No	Yes		
	alk to me about				
a.	Healthy eating, exercise, and losing weight gained during pregnancy				
b.	How long to wait before getting pregnant again				
c. d.	Birth control methods	. 🖵			
	Warning signs of medical problems I might be at risk for due to my pregnancy				
e. f.	Regularly checking my blood pressure What to do if I feel depressed or				
	anxious				
ŀ	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				
F	A healthcare provider				
i.	Tested me for diabetes	. 🗖			
j.	Prescribed me medication for depression or anxiety				
7.	Since your new baby was born, how of you felt down, depressed, or hopeles		have		
	 Always Often Sometimes Rarely Never 				
8.	Since your new baby was born, how of you had little interest or little pleasu doing things?				
	 Always Often Sometimes Rarely Never 				

59. Since your new baby was born, how often have you felt nervous, anxious, or on edge?	OTHER EXPERIENCES		
 Always Often Sometimes Rarely Never 	 The next questions are on a variety of topics. 64. Please tell us how often each of the following happened during the <i>12 months before</i> your new baby was born. 		
60. <i>Since your new baby was born</i> , how often have you <u>not</u> been able to stop or control worrying?	a. I worried whether my food would run out before I got money to buy more		
 Always Often Sometimes Rarely Never 	 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 		
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.	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		
NoYesa. During my most recent pregnancyIb. Since my new baby was bornI	 a. Going to medical appointments b. Going to non-medical appointments, meetings, or work c. Doing errands 		
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,	 66. Have you used any of the following products in the past 2 years? For each one, check No or Yes. 		
depression, grief, or other issues?	 No Yes a. Betel nut with tobacco, chewing tobacco, or cigarettes b. Betel nut without tobacco, chewing tobacco, or cigarettes 		
 63. Were you able to get the mental health services that you needed? No Yes 	If you did <u>not</u> use betel nut in the <u>past 2 years</u> , go to Page 12, Question 69.		

- 67. During the 3 months <u>before</u> you got pregnant, on average, how often did you chew betel nut (with or without tobacco, chewing tobacco, or cigarettes)?
 - **D** Every day
 - □ Some days
 - I didn't chew betel nut (with or without tobacco, chewing tobacco, or cigarettes)
- 68. During the <u>last 3</u> 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, take or use any of the following medi or drugs for any reason? Your answers strictly confidential. For each one, check No or Yes .	icati		
			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			
I.	Fentanyl or heroin (smack, junk, Black Tar or <i>Chiva</i>)	. 🗖		
m.	meth, crank, ice or agua)	. 🗖		
n.	Cocaine (crack, rock, coke, blow, snow or <i>nieve</i>)	. 🗖		
0.	Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, or			
	bath salts)			
70.	70. At any time <i>during</i> your most recent pregnancy, did you work at a job for pay?			
	□ No	estic	on 72	
	Yes			
*				
Go	to Question 71			

71. Did you take leave from work after your new 74. During your life until now, how often have you baby was born? been discriminated against, prevented from Check ALL that apply doing something, hassled, or made to feel inferior because of your race, ethnicity, or □ Yes, I took *paid* leave from my job skin color? □ Yes, I took *unpaid* leave from my job No, I didn't take any leave Very often Somewhat often Not very often 72. Are you currently in school or working? Never Check ALL that apply No, I don't go to school or work 75. Have you ever been treated unfairly due to □ Yes, I go to school or work outside the home vour race, ethnicity, or skin color in any of the Yes, I go to school or work from home following situations? For each one, check **No** or **Yes**. 73. While getting healthcare during your No Yes pregnancy, at delivery, or at postpartum a. Job (hiring, promotion, firing)...... care, did you experience discrimination or b. Housing (renting, buying, mortgage) 🔲 🔲 were you prevented from doing something, c. Police (stopped, searched, threatened).... hassled, or made to feel inferior? d. In the courts 🔲 🔲 For each one, check **No** if you did not experience discrimination because of it or Yes if you did. e. At school or my child's school f. Getting medical care...... No Yes a. My race, ethnicity, or skin color b. My disability status 76. Do you currently have an emergency plan for your family in case of disaster? For example, c. My immigration status..... you and your family have talked about how to be d. My age safe if a disaster happened. e. My weight..... No My income..... f. Yes g. My sex h. My sexual orientation..... My religion i. My language or accent j. k. My type or lack of health insurance....... D I. 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:

13

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?

Day

Month

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.