Mom ID _____

## Massachusetts Opioid Call Back Survey

**The first questions are about *you*.**

**1 Are you *currently* working for pay?**

(1) ◯ No → **Go to Question 4**

(2) ◯ Yes

**(Don't Read)**

(8) ◯ Refused → **Go to Question 4**

(9) ◯ Don't Know/Don't Remember → **Go to Question 4**

**2 Please tell us about your MAIN job *now*. What is your job title and what are your usual activities or duties?**

*2a* Job Title:

_____

_____

_____

**(Don't Read)**

(8) ◯ Refused

(9) ◯ Don't Know/Don't Remember

*2b* Job Duties:

_____

_____

_____

**(Don't Read)**

(8) ◯ Refused

(9) ◯ Don't Know/Don't Remember

**3 Thinking about your MAIN job *now*, what type of company do you work for? (What does the company do or make?)**

Type of Company:

_____

_____

_____

**(Don't Read)**

(8) ◯ Refused

(9) ◯ Don't Know/Don't Remember

**4 What kind of health insurance do you have *now*?**

I'm going to read the list of types of health insurance. For each one, please tell me if you have this kind of health insurance *now*. Do you have _____?

(**PROBE**: What kind of health insurance do you have *now*?)

| | | No (1) | Yes (2) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|
| a. | Private health insurance from your job or the job of your husband or partner | ○ | ○ | ○ | ○ |
| b. | Private health insurance from your parents | ○ | ○ | ○ | ○ |
| c. | Private health insurance from the Health Insurance Marketplace or HealthCare.gov | ○ | ○ | ○ | ○ |
| d. | Medicaid or MassHealth | ○ | ○ | ○ | ○ |
| e. | TRICARE or other military health care | ○ | ○ | ○ | ○ |
| f. | Do you have some other health insurance? | ○ | ○ | ○ | ○ |
| g. | **IF ANSWERED YES TO OTHER, ASK:** What is that? _____ | --- | --- | --- | --- |
| h. | **IF NONE OF THE OPTIONS ABOVE ARE 'YES', ASK:** Would you say that you do not have any health insurance *now*? **INTERVIEWER: If the mother answered that she does not have any health insurance, check YES.** | ○ | ○ | ○ | ○ |

**The next question is about your health.**

**5 I'm going to read a list of health conditions. For each one, please tell me if you *currently* have it.**

Do you have____?

| | | No (1) | Yes (2) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|
| a. | Depression | ○ | ○ | ○ | ○ |
| b. | Anxiety | ○ | ○ | ○ | ○ |
| c. | Hepatitis B | ○ | ○ | ○ | ○ |
| d. | Hepatitis C | ○ | ○ | ○ | ○ |
| e. | Chronic Pain, which is pain on most days or every day in the past 6 months | ○ | ○ | ○ | ○ |

**The following questions are about your use of medications or other substances *since your baby was born*.**

**6** ***Since your baby was born*, have you taken or used any of the following prescription pain relievers for any reason?** I'm going to read a list of options. For each one, please tell me if you have taken or used it *since your baby was born*. Have you taken or used _____?

| | | No (1) | Yes (2) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|
| a. | Hydrocodone like Vicodin®, Norco®, or Lortab® | ○ | ○ | ○ | ○ |
| b. | Codeine like Tylenol® 3 or 4, these are <u>not</u> regular Tylenol® | ○ | ○ | ○ | ○ |
| c. | Oxycodone like Percocet®, Percodan®, OxyContin®, or Roxicodone® | ○ | ○ | ○ | ○ |
| d. | Tramadol like Ultram® or Ultracet® | ○ | ○ | ○ | ○ |
| e. | Hydromorphone or meperidine like Demerol®, Exalgo®, or Dilaudid® | ○ | ○ | ○ | ○ |
| f. | Oxymorphone like Opana® | ○ | ○ | ○ | ○ |
| g. | Morphine like MS Contin®, Avinza®, or Kadian ® | ○ | ○ | ○ | ○ |
| h. | Fentanyl like Duragesic®, Fentora®, or Actiq® | ○ | ○ | ○ | ○ |

**INTERVIEWER: If mom said "Yes" for any option in Question 6, continue with the next question. If not, go to Question 10.**

**7** **Where did you get the prescription pain relievers that you used *since your baby was born*?** I'm going to read a list of options. For each one, please tell me if it applies to you. Did you get them_____ ?

| | | No (1) | Yes (2) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|
| a. | In the hospital, right after the birth of your baby | ○ | ○ | ○ | ○ |
| b. | From an OB-GYN, midwife, or prenatal care provider | ○ | ○ | ○ | ○ |
| c. | From a family doctor or primary care provider | ○ | ○ | ○ | ○ |
| d. | From a dentist or oral health care provider | ○ | ○ | ○ | ○ |
| e. | From a doctor in the emergency room | ○ | ○ | ○ | ○ |
| f. | Were they pain relievers left over from an old prescription? | ○ | ○ | ○ | ○ |
| g. | Did a friend or family member give them to you? | ○ | ○ | ○ | ○ |
| h. | Did you get them <u>without a prescription</u> in some other way? | ○ | ○ | ○ | ○ |
| i. | Did you get them somewhere else? | ○ | ○ | ○ | ○ |
| j. | **If YES, ask:** Where? _____ | --- | --- | --- | --- |

**8 I'm going to read a list of reasons for using prescription pain relievers. For each one, please tell me if it was a reason for you *since your baby was born*.** Was it _____?

| | | No (1) | Yes (2) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|
| a. | To relieve pain associated with your baby's birth, such as pain from the C-Section or a tear | ○ | ○ | ○ | ○ |
| b. | To relieve pain from an injury, condition, or surgery you've had since your baby was born | ○ | ○ | ○ | ○ |
| c. | To relax or relieve tension or stress | ○ | ○ | ○ | ○ |
| d. | To help you with your feelings or emotions | ○ | ○ | ○ | ○ |
| e. | To help you sleep | ○ | ○ | ○ | ○ |
| f. | To feel good or get high | ○ | ○ | ○ | ○ |
| g. | Because you were "hooked" or you had to have them | ○ | ○ | ○ | ○ |
| h. | Was there some other reason? | ○ | ○ | ○ | ○ |
| i. | **If YES, ask:** What was it? _____ | --- | --- | --- | --- |

**9 *Since your baby was born*, how many weeks or months have you used prescription pain relievers?** Please tell me the total number of weeks or months you have used prescription pain relievers *since your baby was born*.

(1) ○ Number of weeks _____ (Range: 1-45 weeks)

(2) ○ Number of months _____ (Range: 1-10 months)

(3) ○ Less than a week
**(Don't Read)**

(8) ○ Refused

(9) ○ Don't know/Don't Remember

**10** ***Since your baby was born*, have you taken or used any of the following other medications or drugs for any reason?**

I'm going to read a list of options. For each one, please tell me if you have taken or used it *since your baby was born*. Have you taken or used _____?

(**PROBE:** *Since your baby was born*, have you taken or used _____?)

| | | No (1) | Yes (2) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|
| a. | Over-the-counter pain medication such as aspirin, Tylenol®, Tylenol PM®, Tylenol Extra Strength®, Advil®, Motrin®, Aleve®, or Panadol® | ○ | ○ | ○ | ○ |
| b. | Medication for depression such as Prozac®, Zoloft®, Lexapro®, Paxil®, or Celexa® | ○ | ○ | ○ | ○ |
| c. | Medication for anxiety such as Valium®, Xanax®, Ativan®, Klonopin®, or other benzodiazepines, also known as "benzos" | ○ | ○ | ○ | ○ |
| d. | Adderall®, Ritalin®, or another stimulant | ○ | ○ | ○ | ○ |
| e. | Methadone, Subutex®, Suboxone®, or buprenorphine | ○ | ○ | ○ | ○ |
| f. | Naloxone or Narcan® | ○ | ○ | ○ | ○ |
| g. | Cannabidiol or CBD products | ○ | ○ | ○ | ○ |
| h. | Marijuana or hash | ○ | ○ | ○ | ○ |
| i. | Synthetic marijuana, or K2 or Spice | ○ | ○ | ○ | ○ |
| j. | Heroin, also known as smack, junk, Black Tar, or *Chiva* | ○ | ○ | ○ | ○ |
| k. | Amphetamines, also known as uppers, speed, crystal meth, crank, ice, or *agua* | ○ | ○ | ○ | ○ |
| l. | Cocaine, also known as crack, rock, coke, blow, snow, or *nieve* | ○ | ○ | ○ | ○ |
| m. | Tranquilizers, also known as downers or ludes | ○ | ○ | ○ | ○ |
| n. | Hallucinogens, such as LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, or bath salts | ○ | ○ | ○ | ○ |
| o. | Sniffing gasoline, glue, aerosol spray cans, or paint to get high, also known as huffing | ○ | ○ | ○ | ○ |

**The next questions are about alcohol use.**

**11** ***Since your baby was born,*** **has a doctor, nurse, or other health care worker asked you, in person or on a form, if you drink alcohol?**

(1) ◯ No
(2) ◯ Yes
**(Don't Read)**
(8) ◯ Refused
(9) ◯ Don't Know/Don't Remember

**12** **Have you had any alcoholic drinks *since your baby was born*?**
A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

(1) ◯ No → **Go to Question 17**
(2) ◯ Yes
**(Don't Read)**
(8) ◯ Refused → **Go to Question 17**
(9) ◯ Don't Know/Don't Remember → **Go to Question 17**

**13** ***Since your baby was born*****, how many alcoholic drinks did you have in an average week?** Was it _____?

(**PROBE:** *Since your baby was born,* how many alcoholic drinks did you have in an average week?)

(1) ◯ 14 drinks or more a week
(2) ◯ 8 to 13 drinks a week
(3) ◯ 4 to 7 drinks a week
(4) ◯ 1 to 3 drinks a week
(5) ◯ Less than 1 drink a week
**(Don't Read)**
(8) ◯ Refused
(9) ◯ Don't know/Don't Remember

**14** ***Since your baby was born*****, how many times did you drink 4 alcoholic drinks or more in a 2 hour time span?**
Would you say that it was _____?

(1) ◯ 6 or more times
(2) ◯ 4 to 5 times
(3) ◯ 2 to 3 times
(4) ◯ 1 time
(5) ◯ You didn't have 4 drinks or more in a 2 hour time span
**(Don't Read)**
(8) ◯ Refused
(9) ◯ Don't know/Don't Remember

**15** ***Since your baby was born*, were you offered advice by a doctor, nurse, or other health care worker about what level of drinking alcohol is harmful or risky for your health?**

(1) ◯ No
(2) ◯ Yes
**(Don't Read)**
(8) ◯ Refused
(9) ◯ Don't Know/Don't Remember

**16** ***Since your baby was born*, were you advised to reduce or quit your drinking by a doctor, nurse, or other health care worker?**

(1) ◯ No
(2) ◯ Yes
**(Don't Read)**
(8) ◯ Refused
(9) ◯ Don't Know/Don't Remember

**INTERVIEWER: If mom didn't use ANY SUBSTANCE (alcohol, prescription medications, other medications, or drugs) since her baby was born, go to Question 25. If mom only used prescription pain relievers for less than 1 week, go to Question 25.**

**The next questions are about things you may have experienced *since your baby was born*.**

**17** ***Since your baby was born,*** **have you felt that your use of any medication, drug, or alcohol interfered with important activities in your life such as working, going to school, taking care of children, enjoying hobbies, or spending time with friends and family?**

(1) ◯ No
(2) ◯ Yes
**(Don't Read)**
(8) ◯ Refused
(9) ◯ Don't know/Don't Remember

**18** ***Since your baby was born,*** **have you <u>needed</u> treatment or counseling for your use of…**

| | | No (1) | Yes (2) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|
| a. | Prescription <u>pain relievers</u> | ◯ | ◯ | ◯ | ◯ |
| b. | Other drugs or medications, <u>not</u> including prescription pain relievers | ◯ | ◯ | ◯ | ◯ |
| c. | Alcohol | ◯ | ◯ | ◯ | ◯ |
| d. | Some other substance, not including cigarettes? | ◯ | ◯ | ◯ | ◯ |
| e. | **If YES, ask:** For what? _____ | --- | --- | --- | --- |

**INTERVIEWER: If mom answers "No" for all the options in Question 18 go to Question 25. Otherwise, continue with the next question**.

**19** ***Since your baby was born*****, have you <u>received</u> treatment or counseling for your use of…**

| | | No (1) | Yes (2) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|
| a. | Prescription <u>pain relievers</u> | ◯ | ◯ | ◯ | ◯ |
| b. | Other drugs or medications, <u>not</u> including prescription pain relievers | ◯ | ◯ | ◯ | ◯ |
| c. | Alcohol | ◯ | ◯ | ◯ | ◯ |
| d. | Some other substance, not including cigarettes? | ◯ | ◯ | ◯ | ◯ |
| e. | **If YES, ask:** For what? _____ | --- | --- | --- | --- |

**20 I'm going to read a list of things that can make it difficult for some people to get treatment or counseling for their use of medications, drugs, or alcohol, not counting cigarettes. For each one, please tell me if it was something that made it difficult for you to get treatment or counseling.** Would you say that _____?

| | | No (1) | Yes (2) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|
| a. | You could not get an appointment or were put on a waiting list | ○ | ○ | ○ | ○ |
| b. | You were able to cut down or stop using without help | ○ | ○ | ○ | ○ |
| c. | You didn't have enough money or insurance to pay for services | ○ | ○ | ○ | ○ |
| d. | You didn't know where to go for help | ○ | ○ | ○ | ○ |
| e. | You didn't have transportation | ○ | ○ | ○ | ○ |
| f. | You didn't want people to think you had a problem | ○ | ○ | ○ | ○ |
| g. | Your partner did not want you to get help | ○ | ○ | ○ | ○ |
| h. | You were afraid of losing custody of your baby or children | ○ | ○ | ○ | ○ |
| i. | You had too many other things going on | ○ | ○ | ○ | ○ |
| j. | Was there another reason? | ○ | ○ | ○ | ○ |
| k. | **If YES, ask**: What was it? _____ | --- | --- | --- | --- |

**INTERVIEWER: If mom has not received any type of treatment or counseling, go to Question 25.**

**21** ***Since your baby was born*, what kind of treatment or counseling have you received?** I'm going to read a list of types of treatment or counseling. For each one, please tell me if you received it. Did you receive _____?

(**PROBE:** What type of treatment or counseling did you receive?)

| | | No (1) | Yes (2) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|
| a. | Individual counseling with a behavioral health professional | ○ | ○ | ○ | ○ |
| b. | Group counseling with a behavioral health professional | ○ | ○ | ○ | ○ |
| c. | Counseling with a clergy member or other religious or community counselor | ○ | ○ | ○ | ○ |
| d. | Self-help or recovery group meetings such as Alcoholics Anonymous or AA, Self-Management and Recovery Training or SMART, or Moderation Management or MM | ○ | ○ | ○ | ○ |
| e. | Medication-assisted treatment, also known as MAT, using medicines such as methadone, buprenorphine, Suboxone®, Subutex® or naltrexone, also known as Vivitrol® | ○ | ○ | ○ | ○ |
| f. | Did you receive another type of treatment or counseling? | ○ | ○ | ○ | ○ |
| g. | **If YES, ask:** What did you receive? _____ | --- | --- | --- | --- |

**22** ***Since your baby was born,* <u>where</u> have you received treatment for your use of any medications, drugs, or alcohol, not counting cigarettes?** I'm going to read a list of places. For each one, please tell me if you received treatment there. Did you receive treatment at _____?

(**PROBE:** Did you receive treatment for your use of medications, drugs, or alcohol at _____?)

| | | No (1) | Yes (2) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|
| a. | A private doctor's office | ○ | ○ | ○ | ○ |
| b. | An emergency room | ○ | ○ | ○ | ○ |
| c. | A treatment facility as an outpatient where you did <u>not</u> stay at night | ○ | ○ | ○ | ○ |
| d. | A hospital as an inpatient where you stayed at night | ○ | ○ | ○ | ○ |
| e. | A residential treatment facility where you stayed at night | ○ | ○ | ○ | ○ |
| f. | A prison or jail | ○ | ○ | ○ | ○ |
| g. | Did you receive treatment somewhere else? | ○ | ○ | ○ | ○ |
| h. | **If YES, ask:** Where? _____ | --- | --- | --- | --- |

**23 What was the outcome of the treatment or counseling you last received?** Would you say that _____?

(1) ◯ You are still in treatment → **Go to Question 25**

(2) ◯ You completed treatment, or → **Go to Question 25**

(3) ◯ You did not finish treatment

**(Don't Read)**

(8) ◯ Refused → **Go to Question 25**

(9) ◯ Don't know/Don't Remember → **Go to Question 25**

**24 I'm going to read a list of reasons why some people may not finish their treatment or counseling. For each one, please tell me if it was a reason for you.** Was it because _____?

(**PROBE:** Why didn't you finish treatment or counseling?)

| | | No (1) | Yes (2) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|
| a. | You felt the treatment or counseling was not working | ◯ | ◯ | ◯ | ◯ |
| b. | You had a problem with the program | ◯ | ◯ | ◯ | ◯ |
| c. | You could not afford to continue treatment | ◯ | ◯ | ◯ | ◯ |
| d. | You didn't have anyone to help you take care of your baby or other children | ◯ | ◯ | ◯ | ◯ |
| e. | You began using medications, drugs, or alcohol or other substances again | ◯ | ◯ | ◯ | ◯ |
| f. | Was there another reason? | ◯ | ◯ | ◯ | ◯ |
| g. | **If YES, ask:** What was it? _____ | --- | --- | --- | --- |

**The next questions are about tobacco products.**

**25 *Since your baby was born,* have you used cigarettes, e-cigarettes or any other tobacco products?**

(1) ◯ No → **Go to Question 30**

(2) ◯ Yes

**(Don't Read)**

(8) ◯ Refused → **Go to Question 30**

(9) ◯ Don't Know/Don't Remember → **Go to Question 30**

**26** ***Since your baby was born,*** **how many cigarettes do you smoke on an average day?** A pack has 20 cigarettes.

(1) ◯ 41 cigarettes or more
(2) ◯ 21 to 40 cigarettes
(3) ◯ 11 to 20 cigarettes
(4) ◯ 6 to 10 cigarettes
(5) ◯ 1 to 5 cigarettes
(6) ◯ Less than 1 cigarette a day
(7) ◯ You haven't smoked cigarettes
**(Don't Read)**
(8) ◯ Refused
(9) ◯ Don't Know/Don't Remember

**27** ***Since your baby was born,*** **how often have you used the following tobacco products?** For each one, please tell me if you used them Every day, Some days, or Never. Have you used _____?

(**PROBE:** Would you say you have used _____ Everyday, Some Days, or Never?)

| | | Every Day (1) | Some Days (2) | Never (3) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|---|
| a. | E-cigarettes or other electronic vaping products with nicotine | ◯ | ◯ | ◯ | ◯ | ◯ |
| b. | Hookah | ◯ | ◯ | ◯ | ◯ | ◯ |
| c. | Chewing tobacco, snuff, snus, or dip | ◯ | ◯ | ◯ | ◯ | ◯ |
| d. | Cigars, cigarillos, or little filtered cigars | ◯ | ◯ | ◯ | ◯ | ◯ |

**28** ***Since your baby was born*****, has a doctor, nurse or other health care worker advised you to quit smoking or stop using tobacco products?**

(1) ◯ No
(2) ◯ Yes
**(Don't Read)**
(8) ◯ Refused
(9) ◯ Don't Know/Don't Remember

**29** ***Since your baby was born*****, have you received smoking cessation treatment to help you stop using cigarettes or other tobacco products?** Some examples include attending counseling or calling a quit-line, using self-help materials, or using nicotine replacement treatment such as the patch, gum or other medication.

(1) ◯ No
(2) ◯ Yes
**(Don't Read)**
(8) ◯ Refused
(9) ◯ Don't Know/Don't Remember

**The next questions are about your baby's health when he or she was a newborn.**

**30** ***After your baby was born*, did a doctor, nurse, or other healthcare worker tell you that your baby had drug withdrawal, sometimes known as neonatal abstinence syndrome or neonatal opioid withdrawal syndrome?**

(1) ◯ No → **Go to Question 34**

(2) ◯ Yes

**(Don't Read)**

(8) ◯ Refused → **Go to Question 34**

(9) ◯ Don't know/Don't Remember → **Go to Question 34**

**31** **Did your baby receive any of the following types of special care or treatment to help him or her with drug withdrawal symptoms?** I'm going to read a list of special care or treatments. For each item, please tell me if your baby received it. Did your baby receive_____?

| | | **No** (1) | **Yes** (2) | **Ref** (8) | **DKDR** (9) |
|---|---|---|---|---|---|
| a. | Medications such as morphine, methadone, or buprenorphine | ◯ | ◯ | ◯ | ◯ |
| b. | Fluids through an IV | ◯ | ◯ | ◯ | ◯ |
| c. | Skin-to-skin care or Kangaroo Care | ◯ | ◯ | ◯ | ◯ |
| d. | Sleeping in quiet, dimly lit room | ◯ | ◯ | ◯ | ◯ |
| e. | High calorie formula | ◯ | ◯ | ◯ | ◯ |
| f. | Breastfeeding or pumped breast milk | ◯ | ◯ | ◯ | ◯ |
| g. | Donor breast milk | ◯ | ◯ | ◯ | ◯ |
| h. | Did he or she receive other treatment? | ◯ | ◯ | ◯ | ◯ |
| i. | **If YES, ask:** What did he or she receive? _____ | --- | --- | --- | --- |

**32 I'm going to read a list of things that a doctor, nurse, or health care workers might have done *after your baby was born*.** For each one, please tell me if they did it *after your baby was born*.

| | | No (1) | Yes (2) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|
| a. | Talk to you about why your baby had drug withdrawal | ◯ | ◯ | ◯ | ◯ |
| b. | Talk to you about the treatment for babies with drug withdrawal | ◯ | ◯ | ◯ | ◯ |
| c. | Talk to you about how long your baby's withdrawal signs may last | ◯ | ◯ | ◯ | ◯ |
| d. | Talk to you about the things your baby could experience | ◯ | ◯ | ◯ | ◯ |
| e. | Talk to you about your baby's behavior | ◯ | ◯ | ◯ | ◯ |
| f. | Talk to you about when your baby would be able to go home | ◯ | ◯ | ◯ | ◯ |
| g. | Ask you about medications you were taking or took during pregnancy | ◯ | ◯ | ◯ | ◯ |
| h. | Suggest you receive counseling or treatment for your use of medications, drugs, or alcohol | ◯ | ◯ | ◯ | ◯ |
| i. | Suggest you receive services for your baby such as early intervention or home visiting programs | ◯ | ◯ | ◯ | ◯ |
| j. | Did a scoring test to evaluate your baby for neonatal abstinence syndrome | ◯ | ◯ | ◯ | ◯ |

**33 *After your baby was born*, did a doctor, nurse, or other health care worker suggest that you not breastfeed your baby because of concerns that any medications or drugs you were using would pass to the baby through your milk?**

(1) ◯ No
(2) ◯ Yes
**(Don't Read)**
(8) ◯ Refused
(9) ◯ Don't know/Don't Remember

**34 Was your baby born in the hospital?**

(1) ◯ No → **Go to Question 39**
(2) ◯ Yes
**(Don't Read)**
(8) ◯ Refused → **Go to Question 39**
(9) ◯ Don't know/Don't Remember → **Go to Question 39**

**35** ***During your hospital stay when your baby was born*, did you feel you were treated poorly because of any of the following things?** I'm going to read a list. For each one, please tell me if you felt you were treated poorly because of it or not.

(**PROBE:** Did you feel you were treated poorly because of _____?)

| | | No (1) | Yes (2) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|
| a. | Your age | ○ | ○ | ○ | ○ |
| b. | Your weight | ○ | ○ | ○ | ○ |
| c. | Your income | ○ | ○ | ○ | ○ |
| d. | Your education level | ○ | ○ | ○ | ○ |
| e. | Your race or ethnicity | ○ | ○ | ○ | ○ |
| f. | Your culture or language | ○ | ○ | ○ | ○ |
| g. | Your sexual orientation or gender identity | ○ | ○ | ○ | ○ |
| h. | Your type of health insurance or your lack of health insurance | ○ | ○ | ○ | ○ |
| i. | Your use of substances such as alcohol or drugs during pregnancy | ○ | ○ | ○ | ○ |
| j. | Differing opinions with medical staff about how to take care of yourself | ○ | ○ | ○ | ○ |
| k. | Differing opinions with medical staff about how to take care of your baby | ○ | ○ | ○ | ○ |
| l. | Did you feel you were treated poorly because of something else? | ○ | ○ | ○ | ○ |
| m. | **IF YES, ASK:** For what? _____ | --- | --- | --- | --- |

**36** **Were you and your baby discharged from the hospital <u>at the same time</u> after the birth?** Would you say _____?

(1) ○ Yes, you were discharged at the same time, and your baby went home with you

(2) ○ Yes, you were discharged at the same time, but your baby <u>did not</u> go home with you

(3) ○ No, you and your baby were discharged at different times

(4) ○ No, your baby passed away before leaving the hospital
**If YES, say:** We are very sorry for your loss. → **Go to Question 48**

**(Don't Read)**

(8) ○ Refused

(9) ○ Don't know/Don't Remember

**37** ***After being discharged from the hospital following birth*, did your baby have to go back to the hospital and spend the night for any reason?**

(1) ◯ No → **Go to Question 39**

(2) ◯ Yes

**(Don't Read)**

(8) ◯ Refused → **Go to Question 39**

(9) ◯ Don't know/Don't Remember → **Go to Question 39**

**38** **Why did your baby have to go back to the hospital *after being discharged*?** I'm going to read a list of reasons, for each one please tell me if it was a reason for your baby. Was it because of _____?

(**PROBE:** *After being discharged*, did your baby have to go back to the hospital because of _____?)

| | | No (1) | Yes (2) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|
| a. | Breathing problems | ◯ | ◯ | ◯ | ◯ |
| b. | Feeding difficulties | ◯ | ◯ | ◯ | ◯ |
| c. | Dehydration | ◯ | ◯ | ◯ | ◯ |
| d. | Surgery | ◯ | ◯ | ◯ | ◯ |
| e. | Injury | ◯ | ◯ | ◯ | ◯ |
| f. | Drug withdrawal | ◯ | ◯ | ◯ | ◯ |
| g. | Jaundice | ◯ | ◯ | ◯ | ◯ |
| h. | Fever | ◯ | ◯ | ◯ | ◯ |
| i. | Infection | ◯ | ◯ | ◯ | ◯ |
| j. | Audiology screening or rescreening | ◯ | ◯ | ◯ | ◯ |
| k. | Did they have to go back to the hospital for another reason? | ◯ | ◯ | ◯ | ◯ |
| l. | **If YES, ask:** Why? _____ | --- | --- | --- | --- |

**INTERVIEWER: If PIDS indicates that the baby is deceased, please answer "No" to Question 39, and select the option for deceased baby in Question 40. Otherwise, continue reading Question 39.**

**39** **Is your baby living with you *now*?**

(1) ◯ No

(2) ◯ Yes → **Go to Question 41**

**(Don't Read)**

(8) ◯ Don't know/Don't Remember → **Go to Question 48**

(9) ◯ Refused → **Go to Question 48**

**40 Where is he or she living *now?***

(1) ◯ Living with biological father
(2) ◯ Living with another family member
(3) ◯ In Foster care
(4) ◯ Adopted by someone else, OR
(5) ◯ Is he or she living somewhere else?
**IF YES, ask:** Where?
_____
(6) ◯ **IF NONE OF THE OPTIONS ABOVE ARE YES, ASK:**
Is your baby deceased? **IF YES, SAY: We are so sorry for your loss.**
(8) ◯ Refused
(9) ◯ Don't know/Don't Remember

**INTERVIEWER: If the baby is not living with the mother *now* or the baby is deceased, please go to Question 48.**

## The following questions are about your baby's health.

**41 How old was your baby the last time you took him or her to a health care visit or checkup?**
*If you don't remember the exact age, please tell us your best guess.*

(1) ◯ Age in months _____ (Range: 0 – 10)
(2) ◯ Baby has never had a health care visit or check up → **Go to Question 43**
**(Don't Read)**
(8) ◯ Refused → **Go to Question 43**
(9) ◯ Don't know/Don't Remember → **Go to Question 43**

**42 I'm going to read a list of things that a doctor, nurse, or health care worker might do during your baby's health care visits or check-ups.** For each one, please tell me how often they did this during your visits.

(**PROBE:** Would you say they would always, sometimes, or never _____?)

| | | Always (1) | Some times (2) | Never (3) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|---|
| a. | Spend enough time with you and your baby | ◯ | ◯ | ◯ | ◯ | ◯ |
| b. | Listened carefully to you | ◯ | ◯ | ◯ | ◯ | ◯ |
| c. | Showed sensitivity to your family's values and customs | ◯ | ◯ | ◯ | ◯ | ◯ |
| d. | Provided the information you needed concerning your baby | ◯ | ◯ | ◯ | ◯ | ◯ |
| e. | Asked you if you had concerns about your baby's development | ◯ | ◯ | ◯ | ◯ | ◯ |

**43 These next questions are about your baby's behavior. Think about what you would expect of other babies who are the same age, and tell us how much each statement applies to your baby.** For each one, please tell me if it

applies to your baby Frequently, Sometimes or Not at all.

(**PROBE:** Would you say frequently, sometimes or not at all?)

| | | Frequently (1) | Sometimes (2) | Not at all (3) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|---|
| a. | Does your baby have a hard time being with new people? | ◯ | ◯ | ◯ | ◯ | ◯ |
| b. | Does your baby have a hard time in new places? | ◯ | ◯ | ◯ | ◯ | ◯ |
| c. | Does your baby have a hard time with change? | ◯ | ◯ | ◯ | ◯ | ◯ |
| d. | Does your baby mind being held by other people? | ◯ | ◯ | ◯ | ◯ | ◯ |
| e. | Does your baby cry a lot? | ◯ | ◯ | ◯ | ◯ | ◯ |
| f. | Does your baby have a hard time calming down? | ◯ | ◯ | ◯ | ◯ | ◯ |
| g. | Is your baby fussy or irritable? | ◯ | ◯ | ◯ | ◯ | ◯ |
| h. | Is it hard to comfort your baby? | ◯ | ◯ | ◯ | ◯ | ◯ |
| i. | Is it hard to keep your baby on a schedule or routine? | ◯ | ◯ | ◯ | ◯ | ◯ |
| j. | Is it hard to put your baby to sleep? | ◯ | ◯ | ◯ | ◯ | ◯ |
| k. | Is it hard for you to get enough sleep because of your baby? | ◯ | ◯ | ◯ | ◯ | ◯ |
| l. | Does your baby have trouble staying asleep? | ◯ | ◯ | ◯ | ◯ | ◯ |

**44 I'm going to read a list of things about your baby's development. For each one, please tell me how much your baby is doing it right now.** For each one, please tell me if your baby does it frequently, sometimes or not yet**.**

(**PROBE:** Would you say that your baby does it frequently, sometimes, or not yet?)

| | | Freq-uently (1) | Sometimes (2) | Not yet (3) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|---|
| a. | Holds up arms to be picked up | ◯ | ◯ | ◯ | ◯ | ◯ |
| b. | Gets into a sitting position by him or herself | ◯ | ◯ | ◯ | ◯ | ◯ |
| c. | Picks up food and eats it | ◯ | ◯ | ◯ | ◯ | ◯ |
| d. | Pulls up to standing | ◯ | ◯ | ◯ | ◯ | ◯ |
| e. | Plays games like "peek-a-boo" or "pat-a-cake" | ◯ | ◯ | ◯ | ◯ | ◯ |
| f. | Calls parents "mama" or "dada" or similar name | ◯ | ◯ | ◯ | ◯ | ◯ |
| g. | Looks around when people say things like "Where's your bottle?" or "Where's your blanket?" | ◯ | ◯ | ◯ | ◯ | ◯ |
| h. | Copies sounds that other people make | ◯ | ◯ | ◯ | ◯ | ◯ |
| i. | Walks across a room without help | ◯ | ◯ | ◯ | ◯ | ◯ |
| j. | Is able to follow directions like "Come here" or "Give me the ball" | ◯ | ◯ | ◯ | ◯ | ◯ |

**45 Has a doctor, nurse, or other health care worker told you that your baby has any developmental delays?**

(1) ◯ No → **Go to Question 47**

(2) ◯ Yes
**(Don't Read)**

(8) ◯ Refused → **Go to Question 47**

(9) ◯ Don't know/Don't Remember → **Go to Question 47**

**46** **Have you received any referrals or services to support your baby's early learning and development?** I'm going to read a list of services. For each one, please tell me if you have received a referral or service for your baby.

| | | No (1) | Yes (2) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|
| a. | Referral to a developmental specialist | ◯ | ◯ | ◯ | ◯ |
| b. | Referral for physical therapy | ◯ | ◯ | ◯ | ◯ |
| c. | Services from an early intervention program for babies and children | ◯ | ◯ | ◯ | ◯ |
| d. | Services from a home visitation program | ◯ | ◯ | ◯ | ◯ |
| e. | Have you received any other referrals or services for your baby? | ◯ | ◯ | ◯ | ◯ |
| f. | **If YES, ask:** What were they? _____ | --- | --- | --- | --- |

**47** ***Since your baby was born*, have you used any of the following community or government supported services?** I'm going to read a list of services. For each one, please tell me if you have used it *since your baby was born*.

| | | No (1) | Yes (2) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|
| a. | Special Supplemental Nutrition Program for Women, Infants, and Children or WIC | ◯ | ◯ | ◯ | ◯ |
| b. | Supplemental Nutrition Assistance Program, also known as SNAP or food stamps | ◯ | ◯ | ◯ | ◯ |
| c. | In-person parenting groups | ◯ | ◯ | ◯ | ◯ |
| d. | Parenting groups online or through social media | ◯ | ◯ | ◯ | ◯ |
| e. | Housing assistance programs, such as short-term rental assistance or shelters | ◯ | ◯ | ◯ | ◯ |
| f. | Financial assistance programs, such as the Temporary Assistance for Needy Families program known as TANF or welfare, child-care subsidies, or home energy assistance programs | ◯ | ◯ | ◯ | ◯ |
| g. | Transportation assistance programs, such as transportation vouchers, reduced fare programs, volunteer drive programs or non-emergency medical transportation services | ◯ | ◯ | ◯ | ◯ |

**The following questions are about things that may have happened to you in the past 30 days.**

**48** **Please tell me how often the following statement was true in the *past 30 days*:**

**"I worried whether our food would run out before I got money to buy more".**

Would you say this was often true, sometimes true or never true in the *past 30 days*?

(1) ◯ Often true
(2) ◯ Sometimes true
(3) ◯ Never true
**(Don't Read)**
(8) ◯ Refused
(9) ◯ Don't know/Don't Remember

**49** **Please tell me how often the following statement was true in the *past 30 days*:**

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

Would you say this was often true, sometimes true or never true in the *past 30 days*?

(1) ◯ Often true
(2) ◯ Sometimes true
(3) ◯ Never true
**(Don't Read)**
(8) ◯ Refused
(9) ◯ Don't know/Don't Remember

**50** ***In the past 30 days*, how often have you felt down, depressed, or hopeless?** Would you say it has been always, often, sometimes, rarely, or never?

(1) ◯ Always
(2) ◯ Often
(3) ◯ Sometimes
(4) ◯ Rarely
(5) ◯ Never
**(Don't Read)**
(8) ◯ Refused
(9) ◯ Don't know/Don't Remember

**51** ***In the past 30 days*, how often have you had little interest or little pleasure in doing things you usually enjoyed?** Would you say it has been always, often, sometimes, rarely, or never?

(1) ◯ Always

(2) ◯ Often
(3) ◯ Sometimes
(4) ◯ Rarely
(5) ◯ Never
**(Don't Read)**
(8) ◯ Refused
(9) ◯ Don't know/Don't Remember

**The next questions are about you and your family.**

**52 I'm going to read a list of people who might live in the same home with you *now*. For each one, please tell me if that person is living with you <u>at this time</u>.**

(**PROBE**: Does _____ live with you now?)

| | | No (1) | Yes (2) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|
| a. | Your husband or partner | ◯ | ◯ | ◯ | ◯ |
| b. | Children less than 12 months old | ◯ | ◯ | ◯ | ◯ |
| c. | **IF YES, ASK:** How many? _____ (Range: 0-20) | --- | --- | --- | --- |
| d. | Children 1 year to 5 years old | ◯ | ◯ | ◯ | ◯ |
| e. | **IF YES, ASK:** How many? _____ (Range: 0-20) | --- | --- | --- | --- |
| f. | Children 6 years old and over | ◯ | ◯ | ◯ | ◯ |
| g. | **IF YES, ASK:** How many? _____ (Range: 0-20) | --- | --- | --- | --- |
| h. | Your mother | ◯ | ◯ | ◯ | ◯ |
| i. | Your father | ◯ | ◯ | ◯ | ◯ |
| j. | Your husband's or partner's parents | ◯ | ◯ | ◯ | ◯ |
| k. | A friend or roommate | ◯ | ◯ | ◯ | ◯ |
| l. | Other family member or relative | ◯ | ◯ | ◯ | ◯ |
| m. | Does someone else live with you? | ◯ | ◯ | ◯ | ◯ |
| n. | **IF YES, ASK:** Who? _____ | --- | --- | --- | --- |
| o. | **IF NONE OF ABOVE IS 'YES', ASK:** Do you live alone? | ◯ | ◯ | ◯ | ◯ |

**53 Are you pregnant *now*?**

(1) ◯ No → **Go to Question 55**

(2) ◯ Yes

**(Don't Read)**

(8) ◯ Refused → **Go to Question 55**

(9) ◯ Don't know/Don't Remember → **Go to Question 55**

**54** **Thinking back to *just before* you got pregnant, how did you feel about becoming pregnant?** I'm going to read a list of options. Please choose the one that best describes how you felt.

(**PROBE:** *Just before* you got pregnant with your baby, how did you feel about becoming pregnant?)

(1) ◯ You wanted to be pregnant later

(2) ◯ You wanted to be pregnant sooner

(3) ◯ You wanted to be pregnant then

(4) ◯ You did not want to be pregnant then or at any time in the future

(5) ◯ You were not sure what you wanted

**(Don't Read)**

(8) ◯ Refused

(9) ◯ Don't know/Don't Remember

**INTERVIEWER: If the mom is currently pregnant, go to Question 58.**

**55** **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.

(1) ◯ No

(2) ◯ Yes → **Go to Question 57**

**(Don't Read)**

(8) ◯ Refused → **Go to Question 58**

(9) ◯ Don't know/Don't Remember → **Go to Question 58**

**56 I'm going to read a list of reasons some women or their husbands or partners have for not doing anything to keep from getting pregnant. For each one, please tell me if it is one of the reasons for you or your husband or partner *now*.** Is it because_____?

(**PROBE:** Is one of the reasons you aren't doing anything to keep from getting pregnant now because_____?)

| | | No (1) | Yes (2) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|
| a. | You want to get pregnant | ○ | ○ | ○ | ○ |
| b. | You had your tubes tied or blocked | ○ | ○ | ○ | ○ |
| c. | You don't want to use birth control | ○ | ○ | ○ | ○ |
| d. | You are worried about side effects from birth control | ○ | ○ | ○ | ○ |
| e. | You are not having sex | ○ | ○ | ○ | ○ |
| f. | Your husband or partner doesn't want to use anything | ○ | ○ | ○ | ○ |
| g. | You have problems paying for birth control | ○ | ○ | ○ | ○ |
| h. | Is there any other reason you're not doing anything to keep from getting pregnant now? | ○ | ○ | ○ | ○ |
| i. | **If YES, ask:** What is the reason? _____ | --- | --- | --- | --- |

**INTERVIEWER: If the mom and partner are not doing anything to avoid getting pregnant, go to Question 58.**

**57 I'm going to read a list of birth control methods. For each one, please tell me if you or your husband or partner are using this method *now*.**

(**PROBE:** What are you or your husband or partner using now to keep from getting pregnant?)

| | | No (1) | Yes (2) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|
| a. | Tubes tied or blocked, female sterilization, or Essure® | ○ | ○ | ○ | ○ |
| b. | Vasectomy or male sterilization | ○ | ○ | ○ | ○ |
| c. | Birth control pills | ○ | ○ | ○ | ○ |
| d. | Condoms | ○ | ○ | ○ | ○ |
| e. | Shots, injections or Depo-Provera® | ○ | ○ | ○ | ○ |
| f. | Contraceptive patch or OrthoEvra® or vaginal ring or NuvaRing® | ○ | ○ | ○ | ○ |
| g. | IUD, including Mirena®, ParaGard®, Liletta®, or Skyla® | ○ | ○ | ○ | ○ |
| h. | Contraceptive implant in the arm, including Nexplanon® or Implanon® | ○ | ○ | ○ | ○ |
| i. | Natural family planning including rhythm method | ○ | ○ | ○ | ○ |
| j. | Withdrawal or pulling out | ○ | ○ | ○ | ○ |
| k. | Not having sex or abstinence | ○ | ○ | ○ | ○ |
| l. | Are you or your husband or partner using anything else to keep from getting pregnant ***now***? | ○ | ○ | ○ | ○ |
| m. | **If YES, ask:** What are you using? _____ | --- | --- | --- | --- |

**These last questions are about things that could have happened or that you may have experienced before you were 18 years of age. We understand that some of these questions may be difficult, but your answers will help us understand some of the things people may experience when they are growing up.**

**58 During the first 18 years of your life…**

| | | No (1) | Yes (2) | Ref (8) | DKDR (9) |
|---|---|---|---|---|---|
| a. | Were your parents *ever* separated or divorced? | ○ | ○ | ○ | ○ |
| b. | Was your mom less than 18 years old when she had you? | ○ | ○ | ○ | ○ |
| c. | Was your dad less than 18 years old when you were born? | ○ | ○ | ○ | ○ |
| d. | Did you like going to school? | ○ | ○ | ○ | ○ |
| e. | Did you drop out of school before you were able to graduate? | ○ | ○ | ○ | ○ |
| f. | Were you ever bullied? | ○ | ○ | ○ | ○ |
| g. | Did you live with anyone who was a problem drinker or alcoholic? | ○ | ○ | ○ | ○ |
| h. | Did you live with anyone who was depressed, mentally ill, or suicidal? | ○ | ○ | ○ | ○ |
| i. | Did you live with anyone who used illegal drugs or who abused prescription medications? | ○ | ○ | ○ | ○ |
| j. | Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? | ○ | ○ | ○ | ○ |

**This finishes the interview. Is there anything else you would like to say about your experiences or the health of mothers and babies in Massachusetts?**

_____

_____

_____

_____

**Today's Date: _____**
(Date survey was completed)

**Thank you for answering these questions!**
**Your answers will help us understand how to improve the health of mothers and babies.**
**Goodbye.**