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

BEFORE PREGNANCY

The first questions are about *you*.

1. What is *your* date of birth?

____ / ____ / _____

Month Day Year

2. How would you describe your sexual orientation?

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

_____

3. 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.

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. Anxiety	❑	❑

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

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

Please tell us:

_____

If you did <u>not</u> have any healthcare visits in the <u>12 months before</u> you got pregnant, go to Question 7.

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

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

The next questions are about your *health insurance*.

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

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Medicaid or MassHealth
- ❑ ConnectorCare
- ❑ TRICARE or other military healthcare
- ❑ Other health insurance ⟶ Please tell us:

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

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

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Medicaid or MassHealth
- ❑ ConnectorCare
- ❑ TRICARE or other military healthcare
- ❑ Other health insurance ⟶ Please tell us:

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

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

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Medicaid or MassHealth
- ❑ ConnectorCare
- ❑ TRICARE or other military healthcare
- ❑ Other health insurance ⟶ Please tell us:

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

10. 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

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.)

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

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

Go to Question 12

12. *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	❑	❑

13. 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)	❑	❑

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

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

If you did not get a flu shot before or during your pregnancy, go to Question 16.

15. Where did you get your flu shot?

Check ONE answer

- ❑ My OB/GYN's office
- ❑ My family doctor or other doctor's office
- ❑ A health department or community clinic
- ❑ A hospital
- ❑ A pharmacy, drug store, or grocery store
- ❑ My workplace or school
- ❑ Other → Please tell us:

If you got a flu shot before or during your pregnancy, go to Question 17.

16. What were your reasons for not getting a flu shot during the *12 months before the birth* of your new baby? For each one, check **No** or **Yes**.

	No	Yes
a. My doctor didn't mention anything about a flu shot	❑	❑
b. I was worried about side effects of the flu shot for me	❑	❑
c. I was worried that the flu shot might harm my baby	❑	❑
d. I wasn't worried about getting sick with the flu	❑	❑
e. I don't think the flu shot works	❑	❑
f. I don't normally get a flu shot	❑	❑
g. Other	❑	❑

Please tell us:

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

- ❑ No
- ❑ Yes

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

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

19. Did any of the following things make it hard for you to go to a dentist or dental clinic *during* your most recent pregnancy?
For each one, check **No** or **Yes**.

	No	Yes
a. I couldn't find a dentist or dental clinic that would take pregnant patients	❑	❑
b. I couldn't find a dentist or dental clinic that would take Medicaid patients	❑	❑
c. I didn't think it was safe to go to the dentist during pregnancy	❑	❑
d. I couldn't afford to go to a dentist or dental clinic	❑	❑
e. I couldn't find a dentist or dental clinic close by that I could get to	❑	❑

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

❑ No
❑ Yes

21. Overall, *during my pregnancy*, I felt...
For each one, check **No** or **Yes**.

	No	Yes
a. Comfortable asking questions about the *prenatal care* that I received	❑	❑
b. Comfortable declining care if I didn't want it	❑	❑
c. Comfortable accepting the options for care that my provider recommended	❑	❑
d. I was able to choose the care options that I received	❑	❑
e. My providers treated me with respect	❑	❑
f. Satisfied with the *prenatal care* that I received	❑	❑

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 a healthcare provider tell you that you had any of the following health conditions?
For each one, check **No** or **Yes**.

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

If you had high blood pressure before or during your pregnancy, go to Question 24. If you didn't, go to Page 6, Question 25.

24. *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	❑	❑

25. At any time *during* your most recent pregnancy, did you *ask for help* for depression from a healthcare provider?

- ❑ No
- ❑ Yes

26. At any time *during* your most recent pregnancy, did you *ask for help* for anxiety from a healthcare provider?

- ❑ No
- ❑ Yes

27. *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 29**
- ❑ Yes

28. *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.

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

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

Go to Question 30

30. 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

31. 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

32. 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

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

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

34. 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

35. 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

36. 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.

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

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

If you did <u>not</u> have any alcoholic drinks <u>during</u> your pregnancy, go to Question 39.

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

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

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

39. 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	❑	❑

40. In the *12 months <u>before</u> 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	❑	❑

41. <u>*During*</u> 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.

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

- ❑ Less than 3 days
- ❑ 3 to 5 days
- ❑ 6 to 14 days
- ❑ More than 14 days
- ❑ My baby was not born in a hospital
- ❑ My baby is still in the hospital → **Go to Question 45**

43. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Question 54**
- ❑ Yes

44. Is your baby living with you now?

- ❑ No → **Go to Question 53**
- ❑ Yes

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 <u>still breastfeeding</u> or feeding pumped milk to my new baby

Go to Question 46

46. How old was your new baby the first time they had liquids other than breast milk (such as formula, water, juice, or cow's milk)?

Check ONE answer

- ❑ My baby has not had any liquids other than breast milk
- ❑ My baby was less than 1 week old
- ❑ My baby was:

  _____ week(s) **OR** _____ month(s)

If your baby was <u>not</u> born in a hospital, go to Question 48.

47. *During your hospital stay* after your new baby was born, did any of the following things happen? For each one, check **No** or **Yes**.

		No	Yes
a.	Hospital staff talked to me about how to breastfeed (how often and long to breastfeed)	❑	❑
b.	My baby stayed in the same room with me at the hospital	❑	❑
c.	Hospital staff helped me learn how to breastfeed	❑	❑
d.	I breastfed as soon as possible after my baby was born	❑	❑
e.	My baby was placed in skin-to-skin contact as soon as possible after birth	❑	❑
f.	My baby was fed only breast milk at the hospital	❑	❑
g.	Hospital staff helped me recognize when my baby was hungry	❑	❑
h.	The hospital gave me a gift pack with formula	❑	❑
i.	The hospital gave me information about who I could contact for breastfeeding support when I left the hospital	❑	❑

If your baby is still in the hospital, go to Question 53.

48. 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	❑	❑

49. 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 51**

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

- ❑ No
- ❑ Yes

51. 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:

_____

52. 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:

_____

53. *Since your new baby was born*, has a home visitor come to your home to help you learn how to take care of yourself or your new baby? A home visitor is a nurse, healthcare provider, doula, social worker, or another person who works for a program that helps families with newborns.

- ❑ No
- ❑ Yes

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

- ❑ No → **Go to Page 10, Question 55**
- ❑ Yes → **Go to Page 10, Question 56**
- ❑ I'm pregnant now → **Go to Page 10, Question 57**

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

Check ALL that apply

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

If you're <u>not doing</u> anything to keep from getting pregnant <u>now</u>, go to Question 57.

56. 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:

57. *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 59**
- ❑ Yes

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

	No	Yes
Talk to me about...		
a. 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	❑	❑

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

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

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

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

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

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

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

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

63. 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	❑	❑

64. *Since your new baby was born*, have you *asked for help* for depression from a healthcare provider?

- ❑ No
- ❑ Yes

65. *Since your new baby was born*, has a healthcare provider *told you that you had* depression?

- ❑ No → **Go to Question 67**
- ❑ Yes

66. *Since your new baby was born*, have you gotten counseling for your depression?

- ❑ No
- ❑ Yes

67. *Since your new baby was born*, have you *asked for help* for anxiety from a healthcare provider?

- ❑ 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 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	❑	❑

OTHER EXPERIENCES

The next questions are on a variety of topics.

69. 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

70. 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	❑	❑

71. *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)	❑	❑

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

- ❑ No → **Go to Question 77**
- ❑ Yes

73. Did you take leave from work *after* your new baby was born?
Check ALL that apply

- ❑ Yes, I took *paid* leave from my job
- ❑ Yes, I took *unpaid* leave from my job
- ❑ Yes, I took Massachusetts Paid Family and Medical Leave
- ❑ No, I didn't take any leave → **Go to Question 75**

74. How many weeks or months of leave, in total, did you take or will you take?
Write ONE answer

- ❑ Less than 1 week

_____ week(s) **OR** _____ month(s)

75. Did any of the following things affect your decision about taking leave from work *after* your new baby was born?
For each one, check **No** or **Yes**.

	No	Yes
a. I couldn't financially afford to take leave	❑	❑
b. I was afraid I'd lose my job if I took leave or stayed out longer	❑	❑
c. I had too much work to do to take leave or stay out longer	❑	❑
d. My job doesn't have paid leave	❑	❑
e. My job doesn't offer a flexible work schedule	❑	❑
f. I hadn't built up enough leave time to take any or more time off	❑	❑

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

Check ONE answer

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

77. The following questions are about the people in your life and the support they provide you *now*. For each one, check **No** or **Yes**.

	No	Yes
a. Do you have someone you can go to if you're feeling lonely?	❑	❑
b. Do you have someone you can talk with about things that are important to you or how you're feeling?	❑	❑
c. Do you have someone you can count on to listen to your problems, worries, and fears?	❑	❑
d. Do you have someone who shows you love and affection?	❑	❑
e. Do you have someone who does things with you to relax or have fun?	❑	❑
f. Do you have someone you can count on to loan you money for things like food or bills?	❑	❑
g. Do you have someone who can take care of your children if you need help?	❑	❑
h. Do you have someone who can help with daily chores if you're sick?	❑	❑
i. Do you have someone who can take you to the clinic or doctor's office if you need a ride?	❑	❑

78. Did you experience any of the following things *during* your pregnancy or *after* your baby was born? For each one, check **No** or **Yes**.

	No	Yes
a. I felt something wasn't right with my health	❑	❑
b. I felt my concerns for my health weren't taken seriously	❑	❑
c. I felt my doctor ignored my concerns about my health or symptoms	❑	❑

If your baby is not alive, is not living with you, or is still in the hospital, go to Question 82.

79. Do you have an infant car seat that you can use for your new baby?

- ❑ No → **Go to Question 82**
- ❑ Yes

80. How did you learn to install and use your infant car seat?

Check ALL that apply

- ❑ I read the instructions
- ❑ A friend or family member showed me
- ❑ A health or safety professional showed me
- ❑ I figured it out myself
- ❑ I already knew how to install it because I have other children
- ❑ Some other way → Please tell us:

_____

81. When riding in a car, truck, or van, how often does your baby ride in an infant car seat?

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

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

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

83. *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:	❑	❑

_____

84. *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

85. 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	❑	❑

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

86. 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

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

Number of people _____

88. What is today's date?

_____ / _____ / _____

Month Day Year

The next questions are about marijuana.

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

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

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

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

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

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

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

Check ALL that apply

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

_____

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

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

_____

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

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

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

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

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

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

- ❑ No
- ❑ Yes

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

Check ONE answer

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

The next questions are about prescription drugs.

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

- ❑ No
- ❑ Yes

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

- ❑ No → **Go to Question S1**
- ❑ Yes

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

Check ALL that apply

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

The next questions are about *you*.

S1. What is your living situation *today*?

Check ONE answer

- ❑ I have a steady place to live
- ❑ I have a place to live today, but I'm worried about losing it in the future
- ❑ I don't have a steady place to live (I'm temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

S2. During the *last 12 months*, how often were you unable to afford to eat balanced meals?
A balanced meal includes all the types of food that you think should be in a healthy meal. For example, a starch like potatoes or rice, vegetables or fruit, and some protein like meat, fish, cheese, or eggs.

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

S3. During the *last 12 months*, how often did your healthcare providers explain things about your health in a way that was easy to understand?

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

S4. *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 S7**
- ❑ Yes

Go to Question S5

S5. Were you able to get the mental health services that you needed?

- ❑ No
- ❑ Yes → **Go to Question S7**

S6. Which of these statements explains why you did not get the mental health services you needed?

Check ALL that apply

- ❑ I couldn't afford the cost
- ❑ I couldn't get an appointment as soon as I needed
- ❑ My health insurance doesn't cover any type of mental health services
- ❑ My health insurance doesn't pay enough for mental health services
- ❑ I didn't know where to go to get services
- ❑ I was concerned that the information I shared might not be kept confidential
- ❑ I didn't want others to find out that I needed treatment
- ❑ I was concerned that I might be committed to a psychiatric hospital
- ❑ I was concerned that I might have to take medicine
- ❑ I had no transportation, treatment was too far away, or the hours were not convenient
- ❑ I didn't have time (because of a job, childcare, or other commitments)
- ❑ Other → Please tell us:

_____

S7. During the *last 12 months*, how often would you say you get the social and emotional support you need?

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

S8. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because their mind is troubled all the time.

***Within the last 30 days*, how often have you felt this kind of stress?**

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

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 Massachusetts healthier.