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

BEFORE PREGNANCY

The first questions are about *you*.

1. What is *your* date of birth?

____ / ____ / _____

Month Day Year

2. Before you got pregnant, did you...?
For each one, check **No** or **Yes**.

	No	Yes
a. Have serious difficulty hearing, or are you deaf?	❑	❑
b. Have serious difficulty seeing, even when wearing glasses, or are you blind?	❑	❑
c. Have serious difficulty walking or climbing stairs?	❑	❑
d. Have serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition?	❑	❑
e. Have difficulty with dressing or bathing yourself?	❑	❑
f. Have difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition?	❑	❑

The next questions are about the time *before* you got pregnant.

3. During the *3 months before* you got pregnant with your *new* baby, did you have any of the following health conditions?
For each one, check **No** if you did not have the condition or **Yes** if you did.

	No	Yes
a. Type 1 or Type 2 diabetes (**not** gestational diabetes or diabetes that starts during pregnancy)	❑	❑
b. High blood pressure or hypertension	❑	❑
c. Depression	❑	❑
d. Anxiety	❑	❑
e. Asthma	❑	❑
f. Anemia (poor blood, low iron)	❑	❑
g. Epilepsy (seizures)	❑	❑
h. Thyroid problems	❑	❑
i. PCOS (polycystic ovarian syndrome)	❑	❑

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

- ❑ I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin at all
- ❑ 1 to 3 times a week
- ❑ 4 to 6 times a week
- ❑ Every day of the week

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)
- ❑ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid (MO HealthNet, Healthy Blue, Home State Health, or United Health Care Community Plan)
- ❑ 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. *During* your most recent pregnancy, what kind of health insurance did you have?

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid (MO HealthNet, Healthy Blue, Home State Health, or United Health Care Community Plan)
- ❑ 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 *now*?

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid (MO HealthNet, Healthy Blue, Home State Health, or United Health Care Community Plan)
- ❑ 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

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

- ❑ No
- ❑ Yes ⟶ **Go to Page 4, Question 14**

12. When you got pregnant with your new baby, were you or your spouse or partner doing anything to keep from getting pregnant? This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.

- ❑ No
- ❑ Yes ⟶ **Go to Page 4, Question 14**

13. What were your reasons for not doing anything to keep from getting pregnant?

Check ALL that apply

- ❑ I didn't mind if I got pregnant
- ❑ I thought I couldn't get pregnant at that time
- ❑ I didn't want to use birth control
- ❑ I had side effects from the birth control method I was using
- ❑ I had problems getting birth control I wanted
- ❑ I thought my spouse or partner or I was sterile (couldn't get pregnant at all)
- ❑ My spouse or partner didn't want to use condoms
- ❑ My spouse or partner didn't want me to use birth control
- ❑ I forgot to use a birth control method
- ❑ Other ⟶ Please tell us:

  _____

DURING PREGNANCY

The next questions are about your prenatal care. This can include visits to a doctor, nurse, or other healthcare worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar to answer these questions.)

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

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

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

- ❑ No
- ❑ Yes → **Go to Question 17**

16. Did any of these things keep you from getting prenatal care when you wanted it? For each one, check **No** or **Yes**.

		No	Yes
a.	I couldn't get an appointment when I wanted one	❑	❑
b.	I didn't have enough money or insurance to pay for my visits	❑	❑
c.	I didn't have any transportation to get to the clinic or doctor's office	❑	❑
d.	The doctor or my health plan wouldn't start care as early as I wanted	❑	❑
e.	I had too many other things going on	❑	❑
f.	I couldn't take time off from work or school	❑	❑
g.	I didn't have my Medicaid, MO HealthNet, Healthy Blue, Home State Health, or United Health Care Community Plan card	❑	❑
h.	I didn't have anyone to take care of my children	❑	❑
i.	I didn't know that I was pregnant	❑	❑
j.	I didn't want anyone else to know I was pregnant	❑	❑
k.	I didn't want prenatal care	❑	❑
l.	The doctor's office was too far away	❑	❑

If you did <u>not</u> get prenatal care, go to Question 18.

17. *During any of your prenatal care visits*, 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.	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	❑	❑

18. 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)	❑	❑

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

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

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

❑ No
❑ Yes

21. 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	❑	❑

22. 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	❑	❑

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 **<u>started</u>** during *this* pregnancy)	❑	❑
b. High blood pressure (that **<u>started</u>** during *this* pregnancy), pre-eclampsia, or eclampsia	❑	❑
c. Depression	❑	❑
d. Anxiety	❑	❑

If you had high blood pressure before or during your pregnancy, go to Question 24. If you didn't, go to 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. *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 27**
❑ Yes

26. *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.

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

❑ No → **Go to Question 31**
❑ Yes

28. 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

29. In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day?

❑ More than one pack (21 or more cigarettes)
❑ One-half to one pack (11 to 20 cigarettes)
❑ Less than half a pack (1 to 10 cigarettes)
❑ I didn't smoke then

30. How many cigarettes do you smoke on an average day *now*?

❑ More than one pack (21 or more cigarettes)
❑ One-half to one pack (11 to 20 cigarettes)
❑ Less than half a pack (1 to 10 cigarettes)
❑ I don't smoke now

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

❑ No → **Go to Question 35**
❑ Yes

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

❑ Every day
❑ Some days
❑ I didn't use e-cigarettes or other electronic nicotine products then

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

- ❑ Every day
- ❑ Some days
- ❑ I didn't use e-cigarettes or other electronic nicotine products then

34. In the *past 2 years*, did you ever use e-cigarettes ("vapes") or other electronic nicotine products as a way of cutting down or stopping cigarette smoking?

- ❑ No
- ❑ Yes

The next questions are about drinking alcohol. A drink can be 1 glass of wine, can or bottle of beer or hard seltzer, shot of liquor, or mixed drink.

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

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

If you did not have any alcoholic drinks during your pregnancy, go to Question 37.

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

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

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

37. 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	❑	❑

38. In the *12 months before you got pregnant* with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way?
For each 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	❑	❑

39. *During* your most recent pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each one, check **No** or **Yes**.

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

40. Did your current, or ex, spouse or partner do any of the following things *during* your most recent pregnancy?
For each one, check **No** or **Yes**.

	No	Yes
a. Threatened me or made me feel unsafe in some way	❑	❑
b. Made me afraid for my safety or my family's safety because of their anger or threats	❑	❑
c. Tried to control my daily activities, for example, controlling who I could talk to or where I could go	❑	❑
d. Forced me to take part in touching or any sexual activity when I didn't want to	❑	❑

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 Question 44**

42. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 10, Question 52**
- ❑ Yes

43. Is your baby living with you now?

- ❑ No → **Go to Page 10, Question 52**
- ❑ Yes

44. 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 46**
- ❑ 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 47**

Go to Question 45

45. What were your reasons for stopping breastfeeding?

Check ALL that apply

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

_____

If you ever breastfed your baby, go to Question 47.

46. What were your reasons for not breastfeeding your new baby?

Check ALL that apply

- ❑ I was sick or on medicine
- ❑ I had other children to take care of
- ❑ I had too many other things going on
- ❑ I didn't like breastfeeding
- ❑ I tried, but it was too hard
- ❑ I didn't want to
- ❑ I went back to work
- ❑ I went back to school
- ❑ Other → Please tell us:

_____

If your baby is still in the hospital, go to Page 10, Question 52.

47. In the *past 2 weeks*, how did you place your new baby to sleep at night and during naps? For each one, check **No** or **Yes**.

	No	Yes
a. On their side	❑	❑
b. On their back	❑	❑
c. On their stomach	❑	❑

48. In the *past 2 weeks*, when you were sleeping, how often has your new baby slept alone in their own crib or bed?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never → **Go to Question 50**

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

- ❑ No
- ❑ Yes

50. In the *past 2 weeks*, where have you placed your new baby to sleep at night or during naps? For each one, check **No** or **Yes**.

	No	Yes
a. In a crib, portable crib, or bassinet	❑	❑
b. On a twin or larger mattress or bed	❑	❑
c. On a couch, sofa, or armchair	❑	❑
d. In an infant car seat	❑	❑
e. In a swing, rocker, or other inclined sleeper	❑	❑
f. In an in-bed sleeper	❑	❑
g. In a baby board or cradleboard	❑	❑
h. Other Please tell us:	❑	❑

_____

51. In the *past 2 weeks*, has your new baby been placed to sleep with the following?
For each one, check **No** or **Yes**.

	No	Yes
a. In a sleeping sack or wearable blanket	❑	❑
b. In a swaddled blanket	❑	❑
c. Comforters, quilts, blankets, or non-fitted sheets	❑	❑
d. Soft toys, cushions, or pillows, including nursing pillows	❑	❑
e. Crib bumper pads (mesh or non-mesh)	❑	❑
f. Other	❑	❑

Please tell us:

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

- ❑ No → **Go to Question 53**
- ❑ Yes → **Go to Question 54**
- ❑ I'm pregnant now → **Go to Question 55**

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

Check ALL that apply

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

If you're <u>not doing</u> anything to keep from getting pregnant <u>now</u>, go to Question 55.

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

Check ALL that apply

- ❑ Tubes tied or blocked
- ❑ My spouse or partner had a vasectomy
- ❑ Birth control pills
- ❑ Condoms
- ❑ Shots or injections
- ❑ Contraceptive patch or vaginal ring
- ❑ IUD
- ❑ Contraceptive implant in the arm
- ❑ Withdrawal (pulling out)
- ❑ Natural family planning or fertility awareness methods (such as rhythm or calendar method or fertility apps)
- ❑ Breastfeeding for birth control (Lactational Amenorrhea Method or LAM)
- ❑ Other → Please tell us:

55. *Since your new baby was born,* have you had a postpartum checkup for yourself? A postpartum checkup is a regular health checkup you have up to 12 weeks after giving birth.

- ❑ No
- ❑ Yes → **Go to Question 57**

56. Did any of these things keep you from having a postpartum checkup?

Check ALL that apply

- ❑ I didn't know I needed one
- ❑ I didn't have enough money or insurance to pay for the visit
- ❑ I felt fine and didn't think I needed to have a visit
- ❑ I couldn't get an appointment when I wanted one
- ❑ I didn't have any transportation to get to the clinic or doctor's office
- ❑ I had too many other things going on
- ❑ I couldn't take time off from work or school
- ❑ I didn't have anyone to take care of my children
- ❑ The doctor's office was too far away
- ❑ Other → Please tell us:

If you did not have a postpartum checkup, go to Question 58.

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

	No	Yes
Talk to me about...		
a. Healthy eating, exercise, and losing weight gained during pregnancy	❑	❑
b. How long to wait before getting pregnant again	❑	❑
c. Birth control methods	❑	❑
d. Warning signs of medical problems I might be at risk for due to my pregnancy	❑	❑
e. Regularly checking my blood pressure	❑	❑
f. What to do if I feel depressed or anxious	❑	❑
Ask me...		
g. If I was smoking cigarettes or using e-cigarettes ("vapes") or other smokeless tobacco	❑	❑
h. If someone was hurting me emotionally or physically	❑	❑
A healthcare provider...		
i. Tested me for diabetes	❑	❑
j. Prescribed me medication for depression or anxiety	❑	❑

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

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

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

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

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

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

61. *Since your new baby was born*, how often have you <u>not</u> been able to stop or control worrying?

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

62. 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	❑	❑

OTHER EXPERIENCES

The next questions are on a variety of topics.

63. 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

64. 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	❑	❑

65. *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)	❑	❑

66. Did a healthcare provider talk with you about the warning signs of both pregnancy and postpartum complications during any of the following time periods?
For each time period, check **No** or **Yes**.

	No	Yes
a. During the 12 months before my most recent pregnancy	❑	❑
b. During my most recent pregnancy	❑	❑
c. During my labor and delivery hospital stay	❑	❑
d. Since my new baby was born	❑	❑

67. 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?	❑	❑

68. *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:	❑	❑

69. *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

70. 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	❑	❑

71. Below is a list of things that some people do to prepare for a disaster.
For each one, check **No** or **Yes**.

	No	Yes
a. I have an emergency meeting place for family members (other than my home)	❑	❑
b. My family and I have practiced what to do in case of a disaster	❑	❑
c. I have a plan for how my family and I would keep in touch if we were separated	❑	❑
d. I have an evacuation plan if I need to leave my home and community	❑	❑
e. I have an evacuation plan for my children in case of a disaster (permission for day care or school to release my child to another adult)	❑	❑
f. I have copies of important documents like birth certificates and insurance policies in a safe place outside my home	❑	❑
g. I have emergency supplies in my home for my family such as enough extra water, food, and medicine to last for at least three days	❑	❑
h. I have emergency supplies that I keep in my car, at work, or at home to take with me if I have to leave quickly	❑	❑

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

72. During the *12 months before* your new baby was born, what was your yearly total household income before taxes? Include your income, your 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 to $100,000
- ❑ $100,001 to $125,000
- ❑ $125,001 to $150,000
- ❑ $150,001 or more

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

Number of people ____

74. What is today's date?

____ / ____ / ____

Month Day Year

We would love to hear more about your story!
Is there anything else you would like to share with us about your experiences around the time of your pregnancy? Please use this space to tell us.

Thanks for answering our questions!

Your answers will help us work to make mothers and babies in Missouri healthier.