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 tall are *you* without shoes?

Write ONE answer

____ feet **&** ____ inches

OR ____ centimeters

3. *Just before* you got pregnant with your new baby, how much did you weigh?

Write ONE answer

____ pounds **OR** ____ kilos

4. 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.

5. 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	❑	❑

6. 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

7. 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 9.

8. 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*.

9. 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 (LaMOMS or Healthy Louisiana)
- ❑ LaCHIP
- ❑ Take Charge or Take Charge Plus
- ❑ TRICARE or other military healthcare
- ❑ Greater New Orleans Community Health Connection (GNOCHC)
- ❑ Other health insurance ⟶ Please tell us:

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

10. *<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 (LaMOMS or Healthy Louisiana)
- ❑ LaCHIP
- ❑ Take Charge or Take Charge Plus
- ❑ TRICARE or other military healthcare
- ❑ Greater New Orleans Community Health Connection (GNOCHC)
- ❑ Other health insurance ⟶ Please tell us:

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

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

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Medicaid (LaMOMS or Healthy Louisiana)
- ❑ LaCHIP
- ❑ Take Charge or Take Charge Plus
- ❑ TRICARE or other military healthcare
- ❑ Greater New Orleans Community Health Connection (GNOCHC)
- ❑ Other health insurance → Please tell us:

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

12. 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

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

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

14. 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 Question 16**

Go to Question 15

15. 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.)

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

- ❑ No → **Go to Page 4, Question 19**
- ❑ Yes

17. How many weeks or months pregnant were you when you had your first visit for prenatal care?

Write ONE answer

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

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

- ❑ No
- ❑ Yes → **Go to Question 20**

19. 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 (LaMOMS or Healthy Louisiana) 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 22.

20. *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	❑	❑

21. How did your prenatal care provider suggest you deliver your new baby?

Check ONE answer

- ❑ Suggested I deliver my baby vaginally (naturally)
- ❑ Suggested I have a cesarean delivery (c-section)
- ❑ Didn't suggest how I deliver my baby

22. 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	❑	❑

23. 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	❑	❑	❑

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

❑ No
❑ Yes

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

❑ No → **Go to Question 27**
❑ Yes

26. When you went for WIC visits *during* your most recent pregnancy, did you receive information on breastfeeding?

❑ No
❑ Yes

27. *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 <u>had</u> high blood pressure <u>before</u> or <u>during</u> your pregnancy, go to Question 28. If you didn't, go to Question 29.

28. *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	❑	❑

29. *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 Page 6, Question 31**
❑ Yes

Go to Page 6, Question 30

30. *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 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.

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

❑ No → **Go to Question 35**
❑ Yes

32. 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

33. 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

34. 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

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

❑ No → **Go to Question 39**
❑ Yes

36. 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

37. 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

38. 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.

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

Check ONE answer

- ❑ 14 or more drinks a week
- ❑ 8 to 13 drinks a week
- ❑ 4 to 7 drinks a week
- ❑ 1 to 3 drinks a week
- ❑ Less than 1 drink a week
- ❑ I didn't drink then

40. *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 42.

41. *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.

42. 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	❑	❑

43. During the *12 months before* your new baby was born, how often did you feel unsafe in the neighborhood where you lived?

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

44. 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. Someone else	❑	❑

45. *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. Someone else	❑	❑

46. 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.

47. When was your new baby born?

Month ____ / Day ____ / Year ____

48. *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 51**

49. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 10, Question 61**
- ❑ Yes

50. Is your baby living with you now?

- ❑ No → **Go to Page 10, Question 61**
- ❑ Yes

51. *Before or after* your new baby was born, did you receive information about breastfeeding from any of the following sources? For each one, check **No** or **Yes**.

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

Please tell us: _____

52. 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 55**
- ❑ I breastfed my baby for less than 1 week
- ❑ I breastfed my baby for:

  _____ week(s) **OR** _____ month(s)
- ❑ I'm still breastfeeding or feeding pumped milk to my new baby

53. *After* your new baby was born, did you get any of the following kinds of help with breastfeeding? For each one, check **No** or **Yes**.

		No	Yes
a.	Someone to answer my questions	❑	❑
b.	Help getting my baby positioned correctly	❑	❑
c.	Help knowing if my baby was getting enough milk	❑	❑
d.	Help with managing pain or bleeding nipples	❑	❑
e.	Information about where to get a breast pump	❑	❑
f.	Help using a breast pump	❑	❑
g.	Information about breastfeeding support groups	❑	❑
h.	Other Please tell us:	❑	❑

54. Have you used a breast pump to express milk to feed to your new baby?

- ❑ No
- ❑ Yes

If you ever breastfed your baby, go to Question 56.

55. 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 61.

56. 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	❑	❑

57. 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 Page 10, Question 59**

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

- ❑ No
- ❑ Yes

59. 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:

60. 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:

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

- ❑ No
- ❑ Yes → **Go to Question 63**
- ❑ I'm pregnant now → **Go to Question 64**

Go to Question 62

62. 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 64.

63. 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:

64. ***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 66**
- ❑ Yes

65. ***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	❑	❑

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

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

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

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

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

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

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

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

70. 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	❑	❑

71. Has your current, or ex, spouse or partner done any of the following things *since your new baby was born*?
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	❑	❑

OTHER EXPERIENCES

The next questions are on a variety of topics.

72. 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

73. 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	❑	❑

74. *During* your most recent pregnancy, did you *receive* any of the following services?
For each one, check **No** or **Yes**.

	No	Yes
a. SNAP (the Supplemental Nutrition Assistance Program)	❑	❑
b. WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)	❑	❑
c. Counseling for family or personal problems	❑	❑
d. Help to quit smoking	❑	❑
e. Help to reduce violence in my home	❑	❑
f. Help to quit using drugs	❑	❑
g. Assistance with housing or rent	❑	❑
h. Other	❑	❑

Please tell us:

_____

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

❑ No → **Go to Question 79**
❑ Yes

76. Did you take leave from work *after* your new baby was born?

Check ALL that apply

❑ Yes, I took *paid* leave from my job
❑ Yes, I took *unpaid* leave from my job
❑ No, I didn't take any leave

77. 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	❑	❑

78. 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

79. *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 or gender	❑	❑
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:

_____

80. *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

81. 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.

82. 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

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

Number of people _____

84. 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 Louisiana healthier.