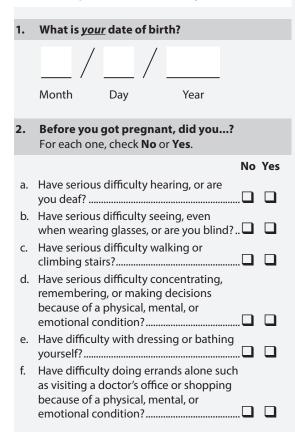
Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

BEFORE PREGNANCY

The first questions are about you.



<u>b</u>	<u>efore</u> you got pregnant.		
3.	During the 3 months before you got p with your new baby, did you have any following health conditions? For each one, check No if you did not ha condition or Yes if you did.	y of t	he
a. b. c. d.	Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy) High blood pressure or hypertension Depression		Yes
1.	In the 12 months before you got pregr with your new baby, did you have any following healthcare visits? For each one, check No or Yes .		
a. b. c. d. f. g. h.	Regular checkup with a family doctor Regular checkup with an OB/GYN Visit for an injury, illness, or chronic condition Visit to urgent care or the emergency room Visit for family planning or to get birth control Visit for depression or anxiety Visit to have my teeth cleaned Other Please tell us:		Yes

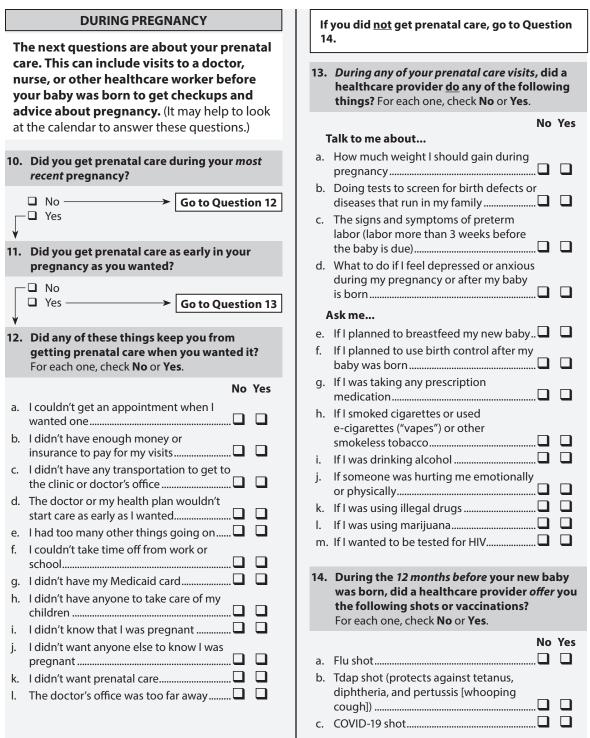
The next questions are about the time

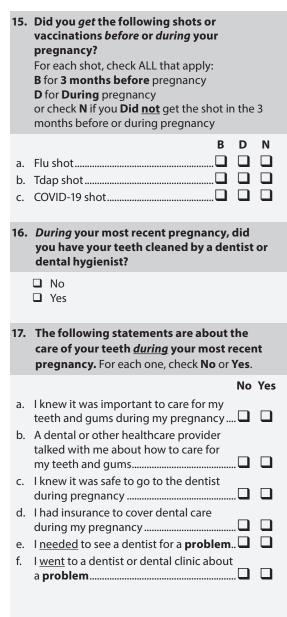
3.

Δ

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

_		_	
5.	During any of your healthcare visits in the 12 months before you got pregnant, did a	7.	<u>During</u> your most recent pregnancy, what kind of health insurance did you have?
	healthcare provider <u>do</u> any of the following things? For each one, check No or Yes .		Check ALL that apply
a. b. c. d. e.	No Yes Falk to me about My weight My desire to have or not have children Birth control methods How I could improve my health before a pregnancy Sexually transmitted infections such as chlamydia, gonorrhea, syphilis, or HIV		 Private health insurance (paid for by me, someone else, or through a job) Medicaid DC Alliance TRICARE or other military healthcare Other health insurance → Please tell us: I didn't have any health insurance during my pregnancy
-	Ask me	8.	What kind of health insurance do you have
g.	If I smoked cigarettes or used e-cigarettes ("vapes") or other		now? Check ALL that apply
	smokeless tobacco		 Private health insurance (paid for by me,
h.	If someone was hurting me emotionally		someone else, or through a job)
	or physically		Medicaid
i.	If I felt depressed or anxious 🔲 🔲		DC AllianceTRICARE or other military healthcare
Tł	ne next questions are about your <i>health</i>		Other health insurance
	surance.		
			I don't have any health insurance now
6.	During the <i>month before</i> you got pregnant		
	with your new baby, what kind of health insurance did you have?	9.	Thinking back to just before you got pregnant
	Check ALL that apply		with your new baby, how did you feel about
			becoming pregnant? Check ONE answer
	Private health insurance (paid for by me, someone else, or through a job)		I wanted to be pregnant later
	Medicaid		 I wanted to be pregnant sooner
	DC Alliance		I wanted to be pregnant then
	 TRICARE or other military healthcare Other health insurance —>>> Please tell us: 		I didn't want to be pregnant then or at any time in the future
			I wasn't sure what I wanted
	□ I didn't have any health insurance during the		
	month before I got pregnant		





	for you to go to a dentist or dental cli during your most recent pregnancy? For each one, check No or Yes.	nic	
		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		
19.	During your most recent pregnancy, of healthcare provider tell you that you of the following health conditions? For each one, check No or Yes.		
		No	Yes
a.	Gestational diabetes (diabetes that <u>started</u> during <i>this</i> pregnancy)		
b.	High blood pressure (that <u>started</u> durin <i>this</i> pregnancy), pre-eclampsia, or	g D	
	eclampsia	. 🖵	
c.	Depression		

18. Did any of the following things make it hard

If you <u>had</u> high blood pressure <u>before</u> or <u>during</u> your pregnancy, go to Question 20. If you didn't, go to Question 21.

20. 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 <i>after</i> 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.......
- 21. 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.

22. 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

Go to Question 23

- 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.

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

□ No → Go to Page 6, Question 27

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24. In the 3 months <u>before</u> you got pregnant, how many cigarettes did you smoke on an average day?

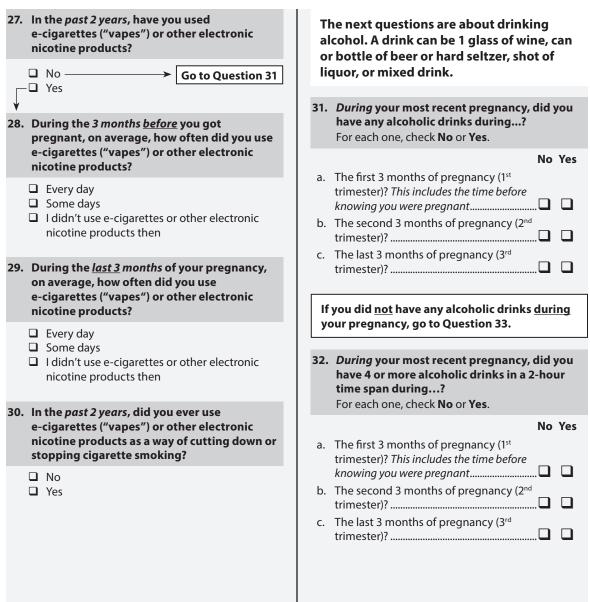
- □ More than one pack (21 or more cigarettes)
- One-half to one pack (11 to 20 cigarettes)
- Less than half a pack (1 to 10 cigarettes)
- I didn't smoke then

25. In the <u>last 3 months</u> 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

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

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



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

33. Did any of the following things happen during the 12 months before your new baby was born? For each one, check No or Yes.

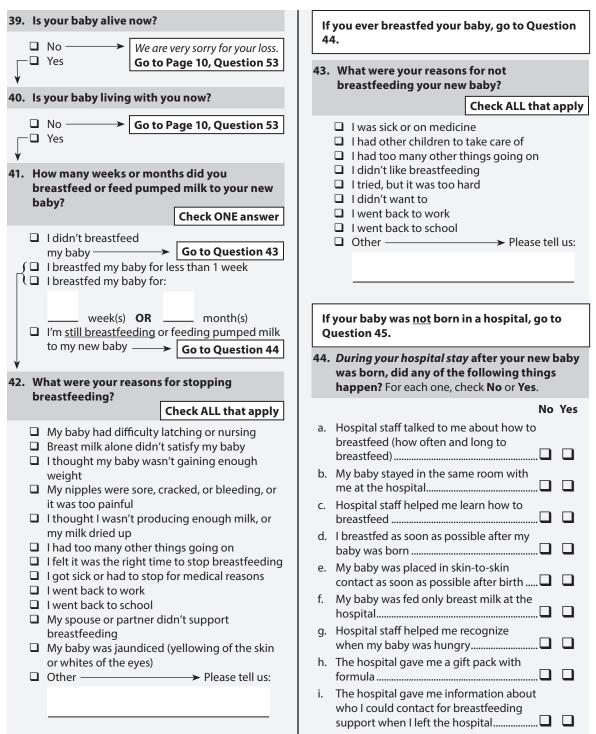
		No	Yes
a.	I got separated or divorced		
b.	I was evicted or forced to move		
c.	I didn't have a regular place to sleep		
d.	I was homeless or had to sleep outside, in a car, or in a shelter		
e.	My spouse, partner, or I lost a job		
f.	My spouse, partner, or I had a cut in work hours or pay		
g.	I had 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		

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

died.....

- Always
- Often
- Sometimes
- □ Rarely
- Never

35. 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 36. *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 AFTER PREGNANCY The next questions are about the time since your new baby was born. 37. When was your new baby born? Month Day Year 38. 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 Go to Page 8, the hospital — **Ouestion 41** Go to Page 8, Question 39



If your baby is still in the hospital, go to Page 10, Question 53. 45. 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 46. 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 Go to Question 48 Never – 47. In the *past 2 weeks*, was your baby's crib or bed in the same room where you or another adult slept? D No Yes 48. 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

49. 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: 50. Was your new baby seen by a healthcare provider for a one-week checkup after he or she was born? No Yes My baby was still in the hospital at that time 51. Has your new baby had a well-baby checkup? A well-baby checkup is a regular health visit for your baby usually at 1, 2, 4, and 6 months of age. No Yes — ➤ Go to Page 10, Question 53 52. Did any of these things keep your baby from having a well-baby checkup? Check ALL that apply I didn't have enough money or insurance to □ I had no way to get my baby to the clinic or doctor's office □ I didn't have anyone to take care of my other I couldn't get an appointment My baby was too sick to go for a well-baby Other — Please tell us:

ai pi tie	re you or your spouse or partner doing hything now to keep from getting regnant? This can include having your tubes ed, using birth control pills, condoms, natural mily planning, or other methods.	55. What kind spouse or getting pro
↓ 0 54. W	No Yes	 Tubes tie My spou Birth cor Condom Shots or Contrace IUD Contrace
	Check ALL that apply	Withdray Withdray Natural f
	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	methods or fertilit Breastfe Amenori Other —
	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	56. Since your had a post postpartum you have u
	I'm not having sex Other ───> Please tell us:	□ No ↓ Yes

If you're <u>not doing</u> anything to keep from getting pregnant now, go to Question 56.

of birth control are you or your partner using *now* to keep from egnant?

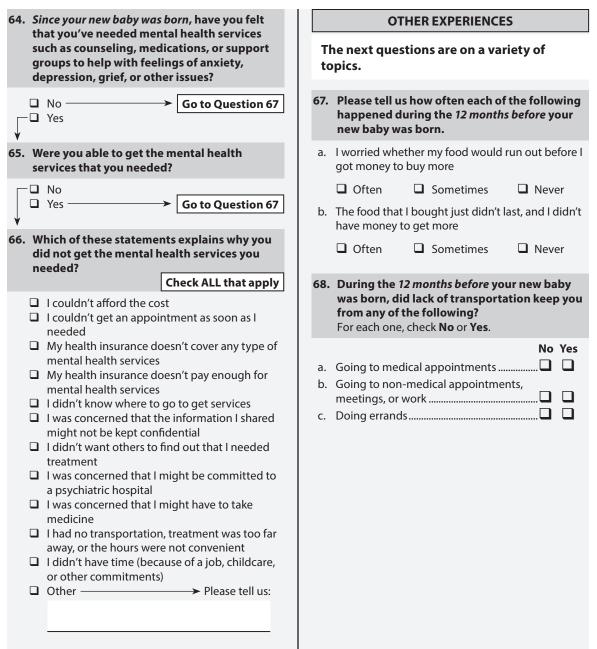
Check ALL that apply

- ed or blocked
- se or partner had a vasectomy
- ntrol pills
- าร
- injections
- eptive patch or vaginal ring
- eptive implant in the arm
- wal (pulling out)
- family planning or fertility awareness s (such as rhythm or calendar method ty apps)
- eding for birth control (Lactational rhea Method or LAM)
- → Please tell us:
- new baby was born, have you partum checkup for yourself? A n checkup is a regular health checkup p to 12 weeks after giving birth.

Go to Question 58

n 57

57.	During your postpartum checkup, did a healthcare provider <u>do</u> any of the following	60. Since your new baby was born, how often have you felt nervous, anxious, or on edge?
a.	things? For each one, check No or Yes. No Yes Falk to me about Healthy eating, exercise, and losing weight gained during pregnancy	 Always Often Sometimes Rarely Never
c.	pregnant again Birth control methods	61. <i>Since your new baby was born,</i> how often have you <u>not</u> been able to stop or control worrying?
e.	I might be at risk for due to my pregnancy I Regularly checking my blood pressure I What to do if I feel depressed or anxious I	 Always Often Sometimes Rarely Never
ŀ	Ask me	62. Has a healthcare provider asked you a series
	If I was smoking cigarettes or using e-cigarettes ("vapes") or other smokeless tobacco	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.
	A healthcare provider	No Yes
i.	Tested me for diabetes Prescribed me medication for depression or anxiety	 a. During my most recent pregnancy
58.	<i>Since your new baby was born</i> , how often have you felt down, depressed, or hopeless?	healthcare provider <i>told you that you had</i> depression?
	 Always Often Sometimes Rarely Never 	☐ No ☐ Yes
59.	<i>Since your new baby was born,</i> how often have you had little interest or little pleasure in doing things?	
	 Always Often Sometimes Rarely Never 	



		•
69.	During your most recent pregnancy, did you take or use any of the following medications or drugs for any reason? Your answers are	71. Did you take leave from work <i>after</i> your new baby was born? Check ALL that apply
	strictly confidential.	(Yes, I took <i>paid</i> leave from my job
	For each one, check No or Yes .	 Yes, I took paid leave from my job Yes, I took leave using DC Paid Family Leave
а	Medication for depression	□ No, I didn't take any
	Medication for anxiety	leave
	Prescription pain relievers such as	↓ ↓
с.	hydrocodone (Vicodin [®]), oxycodone (Percocet [®]), or codeine	72. How many weeks or months of leave, in total, did you take or will you take?
d.	Adderall [®] , Ritalin [®] , or another stimulant 🖵 🔲	Write ONE answer
	Benzodiazepines (Valium [®] , Ativan [®] ,	Less than 1 week
	Xanax®) or Tranquilizers (downers or	
	ludes) 🔲 🔲	
f.	Methadone, Subutex®, Suboxone®, or buprenorphine	week(s) OR month(s)
g.		73. Did any of the following things affect your
5	Marijuana or cannabis in any form (not	decision about taking leave from work after
	including hemp or CBD-only products) 🔲 🔲	your new baby was born?
i.	CBD products	For each one, check No or Yes .
j.	Synthetic marijuana (K2 or Spice) 🔲 🔲	No Yes
k.	Kratom	a. I couldn't financially afford to take leave \Box \Box
١.	Fentanyl or heroin (smack, junk, Black	b. I was afraid I'd lose my job if I took leave
	Tar or Chiva)	or stayed out longer 🔲 🔲
m	. Amphetamines (uppers, speed, crystal	c. I had too much work to do to take leave
	meth, crank, ice or <i>agua</i>)	or stay out longer
n.	Cocaine (crack, rock, coke, blow, snow	d. My job doesn't have paid leave
		e. My job doesn't offer a flexible work
0.	Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, or	
	bath salts)	f. I hadn't built up enough leave time to take any or more time off
70.	At any time during your most recent	74. After your new baby was born, did your
	pregnancy, did you work at a job for pay?	spouse or partner take time off from work?
	Go to Question 74	Check ONE answer
Г	- 🖵 Yes	No, they didn't take leave from work
♦		Yes, they took paid leave from work
Go	o to Question 71	 Yes, they took unpaid leave from work Yes they took unpaid and your sid leave from work
		 Yes, they took <i>paid and unpaid</i> leave from worl My spouse or partner didn't work at a job for
		pay
		I didn't have a spouse or partner

75.	While <u>getting</u> 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		
I.	My use of substances (alcohol, tobacco, or other drugs)		
m.	My involvement with the justice system (jail or prison)		
n.	Another reason Please tell us:		

- 76. 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

77. 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**.

	n	10	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.

78.	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
	<i>information will be kept private</i> 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 \$120,000
- \$120,001 or more
- 79. During the *12 months before* your new baby was born, how many people, *including yourself*, depended on this income?

	Number of p	eople	_		
80.	30. 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 the District of Columbia healthier.