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	❑	❑

4. 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 not 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 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*.

6. 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 Nebraska Health Insurance Marketplace or marketplacenebraska.com or HealthCare.gov
- ❑ Medicaid
- ❑ TRICARE or other military healthcare
- ❑ Indian Health Services or Tribal Clinic
- ❑ Other health insurance ⟶ Please tell us: ____________
- ❑ I didn't have any health insurance during the *month before* I got pregnant

7. *<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)
- ❑ Private health insurance from the Nebraska Health Insurance Marketplace or marketplacenebraska.com or HealthCare.gov
- ❑ Medicaid
- ❑ TRICARE or other military healthcare
- ❑ Indian Health Services or Tribal Clinic
- ❑ Other health insurance ⟶ Please tell us: ____________
- ❑ I didn't have any health insurance *during my pregnancy*

8. 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)
- ❑ Private health insurance from the Nebraska Health Insurance Marketplace or marketplacenebraska.com or HealthCare.gov
- ❑ Medicaid
- ❑ TRICARE or other military healthcare
- ❑ Indian Health Services or Tribal Clinic
- ❑ Other health insurance ⟶ Please tell us: ____________
- ❑ I don't have any health insurance *now*

If you <u>have</u> health insurance <u>now</u>, go to Question 10.

9. What is the reason that you do not have any health insurance *now*?

Check ALL that apply

- ❑ Health insurance is too expensive
- ❑ I can't get health insurance from my job or the job of my spouse or partner
- ❑ I applied for health insurance, but I'm still waiting to get it
- ❑ I had problems with the health insurance application or website
- ❑ My income is too high to qualify for Medicaid
- ❑ My income is too high to qualify for a tax credit from the Nebraska Health Insurance Marketplace or HealthCare.gov
- ❑ I don't know how to get health insurance
- ❑ Other → Please tell us:

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	❑	❑

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	❑	❑	❑

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

❑ No
❑ Yes

16. *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 17. If you didn't, go to Question 18.

17. *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	❑	❑

18. *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 20**
❑ Yes

19. *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	❑	❑

20. Did you have any of the following problems *during* your most recent pregnancy?
For each one, check **No** or **Yes**.

		No	Yes
a.	Vaginal bleeding	❑	❑
b.	Kidney or bladder (urinary tract) infection (UTI)	❑	❑
c.	***Severe*** nausea, vomiting, or dehydration that sent me to the doctor or hospital	❑	❑
d.	Cervix had to be sewn shut (cerclage for incompetent cervix)	❑	❑
e.	Problems with the placenta (such as abruptio placentae or placenta previa)	❑	❑
f.	Labor pains more than 3 weeks before my baby was due (preterm or early labor)	❑	❑
g.	Water broke more than 3 weeks before my baby was due (preterm premature rupture of membranes [PPROM])	❑	❑
h.	I had to have a blood transfusion	❑	❑
i.	I was hurt in a car accident	❑	❑

The next questions are about cigarettes, e-cigarettes, and other tobacco products.

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

- ❑ No → **Go to Question 25**
- ❑ Yes

22. 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

23. 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

24. 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

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

- ❑ No → **Go to Page 6, Question 29**
- ❑ Yes

26. 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

27. 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

28. 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.

29. ***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 31.

30. ***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.**

31. 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	❑	❑

32. 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

33. During the ***12 months before*** **your new baby was born, how often did you feel emotionally upset (for example, angry, sad, or frustrated) because of how you were treated based on your race, ethnicity, or skin color?**

- ❑ Very often
- ❑ Somewhat often
- ❑ Not very often
- ❑ Never

34. 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	❑	❑

35. *<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	❑	❑

AFTER PREGNANCY

The next questions are about the time since your new baby was born.

36. Did your healthcare provider try to induce your labor to start your contractions?

- ❑ No → **Go to Question 38**
- ❑ Yes
- ❑ I don't know → **Go to Question 38**

37. Why did your healthcare provider try to induce your labor?

Check ALL that apply

- ❑ My water broke, and there was a fear of infection
- ❑ I was past my due date
- ❑ My healthcare provider worried about the size of the baby
- ❑ My baby was not doing well and needed to be born
- ❑ I had a complication in my pregnancy (such as low amniotic fluid or pre-eclampsia)
- ❑ I wanted to schedule my delivery
- ❑ I wanted to give birth with a specific healthcare provider
- ❑ Other → Please tell us:

____

38. How was your new baby delivered?

- ❑ Vaginally → **Go to Page 8, Question 41**
- ❑ Cesarean delivery (c-section)

39. What was the reason that your new baby was born by cesarean delivery (c-section)?

Check ALL that apply

- ❑ I had a previous cesarean delivery (c-section)
- ❑ My baby was in the wrong position (such as breech)
- ❑ I was past my due date
- ❑ My healthcare provider worried that my baby was too big
- ❑ I had a medical condition that made labor dangerous for me (such as a heart condition or physical disability)
- ❑ I had a complication in my pregnancy (such as pre-eclampsia, placental problems, infection, preterm labor)
- ❑ My healthcare provider tried to induce my labor, but it didn't work
- ❑ Labor was taking too long
- ❑ The fetal monitor showed that my baby was having problems before or during labor (fetal distress)
- ❑ I wanted to schedule my delivery
- ❑ I didn't want to have my baby vaginally
- ❑ Other → Please tell us:

____

40. Which statement best describes whose idea it was for you to have a cesarean delivery (c-section)?

Check ONE answer

- ❑ My healthcare provider recommended a cesarean delivery ***before*** I went into labor
- ❑ My healthcare provider recommended a cesarean delivery while I was in labor
- ❑ I asked for the cesarean delivery

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 Question 51**
- ❑ Yes

43. Is your baby living with you now?

- ❑ No → **Go to Question 51**
- ❑ 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 still breastfeeding or feeding pumped milk to my new baby → **Go to Question 46**

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 your baby is still in the hospital, go to Question 51.

46. 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	❑	❑

47. 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 49**

Go to Question 48

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

- ❑ No
- ❑ Yes

49. 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:

50. 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:

51. 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 Page 10, Question 53**
- ❑ I'm pregnant now → **Go to Page 10, Question 54**

52. 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 Page 10, Question 54.

53. 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: ____________________

54. *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 56**

55. 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 <u>not</u> have a postpartum checkup, go to Question 57.

56. ***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	❑	❑

57. ***Since your new baby was born*, have you received follow-up care for any of the following health conditions?** For each item, check **No** if you didn't get it, **Yes** if you did get it, or **N/A** if you didn't have the condition.

	No	Yes	N/A
a. Diabetes	❑	❑	❑
b. Hypertension (high blood pressure)	❑	❑	❑
c. Depression	❑	❑	❑
d. Anxiety	❑	❑	❑
e. Heart conditions (e.g., birth defects of the heart, fast or skipped heartbeat, heart failure, enlarged heart, heart attack, chest pain, heart transplant, pacemaker)	❑	❑	❑

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	❑	❑

63. ***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 66**
- ❑ Yes

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

- ❑ No
- ❑ Yes → **Go to Question 66**

65. 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:

____

66. Overall, *since my new baby was born*, I have felt…
For each one, check **No** or **Yes**.

	No	Yes
a. Comfortable asking questions about the *postpartum 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 *postpartum care* that I received	❑	❑

OTHER EXPERIENCES

The next questions are on a variety of topics.

67. 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

68. 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	❑	❑

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

- ❑ No
- ❑ Yes

If your baby is not alive or is not living with you, go to Question 71.

70. *Since your new baby was born*, how often does your baby's father or other parent contribute things such as money, food, clothing, shelter, or healthcare to provide for your new baby's basic needs?

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

71. *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:

____

72. *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

73. *During your life until now*, how often have you worried that you might be treated or judged unfairly because of your race, ethnicity, or skin color?

- ❑ Very often
- ❑ Somewhat often
- ❑ Not very often
- ❑ Never

74. 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	❑	❑

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

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

76. 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)

77. 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.

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 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

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

Number of people ____

80. 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 Nebraska healthier.