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 had any healthcare visits in the 12 months before you got pregnant, go to Page 2, Question 6.

5. Why didn't you have any healthcare visits in the *12 months before* you got pregnant with your new baby?

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 any healthcare visits, 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 Maryland Health Insurance Marketplace, www.marylandhealthconnection.gov, or HealthCare.gov
- ❑ Medicaid or HealthChoice
- ❑ TRICARE or other military healthcare
- ❑ Other health insurance ⟶ Please tell us:

_____

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

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

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Private health insurance from the Maryland Health Insurance Marketplace, www.marylandhealthconnection.gov, or HealthCare.gov
- ❑ Medicaid or HealthChoice
- ❑ TRICARE or other military healthcare
- ❑ Other health insurance ⟶ Please tell us:

_____

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

If you <u>had</u> health insurance <u>during</u> your most recent pregnancy, go to Question 10.

9. What was the reason that you did not have any health insurance *during* your most recent pregnancy?

Check ALL that apply

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

_____

10. 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 Maryland Health Insurance Marketplace, www.marylandhealthconnection.gov, or HealthCare.gov
- ❑ Medicaid or HealthChoice
- ❑ TRICARE or other military healthcare
- ❑ Other health insurance → Please tell us:

_____

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

11. 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.)

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

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

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

- ❑ No
- ❑ Yes → **Go to Page 4, Question 15**

Go to Page 4, Question 14

14. 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 or HealthChoice 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 16.

15. *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	❑	❑

16. 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	❑	❑

17. 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	❑	❑	❑

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

❑ No
❑ Yes

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

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

20. *During* your most recent pregnancy, did a 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 21. If you didn't, go to Page 6, Question 22.

21. *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	❑	❑

22. *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 24**
- ❑ Yes

23. *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.

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

- ❑ No → **Go to Question 28**
- ❑ Yes

25. 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

26. 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

27. 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

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

- ❑ No → **Go to Question 32**
- ❑ Yes

29. 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

30. 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

31. 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.

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

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

If you did <u>not</u> have any alcoholic drinks <u>during</u> your pregnancy, go to Question 34.

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

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

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

34. 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	❑	❑

35. 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	❑	❑

36. <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.

37. *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 40**

38. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 10, Question 49**
- ❑ Yes

39. Is your baby living with you now?

- ❑ No → **Go to Page 10, Question 49**
- ❑ Yes

40. 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
- ❑ 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

If you ever breastfed your baby, go to Question 42.

41. 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:

_____

42. What kind of health insurance is your new baby covered by *now*?

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Private health insurance from the Maryland Health Insurance Marketplace, www.marylandhealthconnection.gov, or HealthCare.gov
- ❑ Medicaid or HealthChoice
- ❑ TRICARE or other military healthcare
- ❑ Other health insurance → Please tell us:

_____

- ❑ I don't have any health insurance for my new baby

If your baby is still in the hospital, go to Page 10, Question 49.

43. 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	❑	❑

44. 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 46**

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

- ❑ No
- ❑ Yes

46. 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:

_____

47. 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:

_____

48. Did you get information about how to place your baby to sleep during any of the following times? For each one, check **No** or **Yes**.

		No	Yes
a.	During a prenatal care visit	❑	❑
b.	In the hospital, when my baby was born	❑	❑
c.	During my baby's healthcare visit	❑	❑
d.	During a postpartum care visit	❑	❑
e.	Other	❑	❑

Please tell us:

_____

49. 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 51**
- ❑ I'm pregnant now → **Go to Question 52**

50. 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 52.

51. 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:

_____

52. *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 54**

53. 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 55.

54. *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	❑	❑

55. *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)	❑	❑	❑

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

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

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

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

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

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

59. *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

60. 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	❑	❑

61. *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 63**
- ❑ Yes

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

- ❑ No
- ❑ Yes

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

- ❑ No → **Go to Question 68**
- ❑ Yes

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

- ❑ Daily
- ❑ 2-6 days a week
- ❑ 1 day a week
- ❑ 2-3 days a month
- ❑ 1 day a month or less
- ❑ I did not use marijuana then → **Go to Question 68**

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

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

Please tell us:

_____

68. *Since your new baby was born*, have you received information about warning signs of postpartum complications 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 a website, social media, or paper handout)	❑	❑
d.	Family or friends	❑	❑

69. *Since your new baby was born*, have you had your teeth cleaned by a dentist or dental hygienist?

- ❑ No
- ❑ Yes

70. *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:	❑	❑

_____

71. *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

72. 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.

73. 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

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

Number of people ____

75. What is today's date?

____ / ____ / _____

Month Day Year

The next questions are about the use of pain relievers *during* pregnancy.

O1. *During* your most recent pregnancy, did you use any of the following *over-the-counter* pain relievers? Over-the-counter pain relievers are those *usually* available without a prescription. For each one, check **No** or **Yes**.

	No	Yes
a. Acetaminophen (regular Tylenol®, Tylenol Extra Strength®, or Tylenol PM®)	❑	❑
b. Ibuprofen (Motrin® or Advil®), including high dose pills that may be prescribed	❑	❑
c. Aspirin (Bayer® or Ecotrin®)	❑	❑
d. Naproxen (Aleve® or Midol®)	❑	❑

O2. *During* your most recent pregnancy, did you use any of the following *prescription* pain relievers? Do *not* include pain relievers you used *only* during labor and delivery. For each one, check **No** or **Yes**.

	No	Yes
a. Hydrocodone (Vicodin®, Norco®, or Lortab®)	❑	❑
b. Codeine (Tylenol® #3 or #4, not regular Tylenol®)	❑	❑
c. Oxycodone (Percocet®, Percodan®, OxyContin®, or Roxicodone®)	❑	❑
d. Tramadol (Ultram® or Ultracet®)	❑	❑
e. Hydromorphone or meperidine (Demorol®, Exalgo®, or Dilaudid®)	❑	❑
f. Oxymorphone (Opana®)	❑	❑
g. Morphine (MS Contin®, Avinza®, or Kadian®)	❑	❑
h. Fentanyl (Duragesic®, Fentora®, or Actiq®)	❑	❑

If you checked "*Yes*" for any of the options in Question O2, continue with the next question. If not, go to Page 16, Question O10.

The next questions are only about the use of *prescription* pain relievers listed in Question O2.

O3. Where did you get the *prescription* pain relievers that you used *during* your most recent pregnancy?

Check ALL that apply

- ❑ OB-GYN, midwife, or prenatal care provider
- ❑ Family doctor or primary care provider
- ❑ Dentist or oral healthcare provider
- ❑ Doctor in the emergency room
- ❑ I had pain relievers left over from an old prescription
- ❑ Friend or family member gave them to me
- ❑ I got the pain relievers without a prescription some other way
- ❑ Other → Please tell us:

_____

O4. What were your reasons for using *prescription* pain relievers *during* your most recent pregnancy?

Check ALL that apply

- ❑ To relieve pain from an injury, condition, or surgery I had **before** pregnancy
- ❑ To relieve pain from an injury, condition, or surgery that happened **during** my pregnancy
- ❑ To relax or relieve tension or stress
- ❑ To help me with my feelings or emotions
- ❑ To help me sleep
- ❑ To feel good or get high
- ❑ Because I was "hooked" or had to have them
- ❑ Other → Please tell us:

_____

O5. In each of the following time periods *during* your pregnancy, for how many weeks or months did you use *prescription* pain relievers? Please write the total number of weeks or months in each time period.

a. In the **first** 3 months of pregnancy

_____ weeks **OR** _____ months

- ❑ Less than a week
- ❑ Never

b. In the **second** 3 months of pregnancy

_____ weeks **OR** _____ months

- ❑ Less than a week
- ❑ Never

c. In the **last** 3 months of pregnancy

_____ weeks **OR** _____ months

- ❑ Less than a week
- ❑ Never

O6. *During* your most recent pregnancy, did you want or need to cut down or stop using *prescription* pain relievers?

- ❑ No → **Go to Question O10**
- ❑ Yes

O7. *During* your most recent pregnancy, did you have trouble cutting down or stopping use of the *prescription* pain relievers?

- ❑ No
- ❑ Yes

O8. *During* your most recent pregnancy, did you get help from a healthcare provider to cut down or stop using *prescription* pain relievers?

- ❑ No → **Go to Question O10**
- ❑ Yes

O9. *During* your most recent pregnancy, did you receive medication-assisted treatment to help you stop using *prescription* pain relievers? This is when a doctor prescribes medicines such as methadone, buprenorphine, Suboxone®, Subutex®, or naltrexone (Vivitrol®).

- ❑ No
- ❑ Yes

O10. Do you think the use of *prescription* pain relievers *during pregnancy* could be harmful to a *baby's* health?

Check ONE answer

- ❑ Not harmful at all
- ❑ Not harmful, if taken as prescribed
- ❑ Harmful, even if taken as prescribed

O11. Do you think the use of *prescription* pain relievers could be harmful to a woman's *own* health?

Check ONE answer

- ❑ Not harmful at all
- ❑ Not harmful, if taken as prescribed
- ❑ Harmful, even if taken as prescribed

O12. At any time *during* your most recent pregnancy, did a healthcare provider talk with you about how using *prescription* pain relievers during pregnancy could affect a baby?

- ❑ No
- ❑ Yes

The last question is about the use of other medications or drugs during pregnancy.

O13. *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)	❑	❑

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 Maryland healthier.