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 would you describe your gender?

- ❑ Female
- ❑ Male
- ❑ Transgender
- ❑ Genderqueer or gender nonconforming
- ❑ Prefer to self-describe ⟶ Please tell us:

_____

3. How would you describe your sexual orientation?

- ❑ Heterosexual or "straight"
- ❑ Lesbian or Gay
- ❑ Bisexual
- ❑ Prefer to self-describe ⟶ Please tell us:

_____

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. 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 8.

7. 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*.

8. 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 Illinois Health Insurance Marketplace, Getcoveredillinois.gov, or Healthcare.gov
- ❑ Medicaid
- ❑ CHIP or All Kids
- ❑ 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

9. *<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 Illinois Health Insurance Marketplace, Getcoveredillinois.gov, or Healthcare.gov
- ❑ Medicaid
- ❑ CHIP or All Kids
- ❑ TRICARE or other military healthcare
- ❑ Other health insurance ⟶ Please tell us:

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

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 Illinois Health Insurance Marketplace, Getcoveredillinois.gov, or Healthcare.gov
- ❑ Medicaid
- ❑ CHIP or All Kids
- ❑ 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 Question 14**
- ❑ Yes

Go to Question 13

13. *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	❑	❑

14. 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	❑	❑

15. 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	❑	❑	❑

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

❑ No
❑ Yes

17. 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	❑	❑

18. *During* your most recent pregnancy, did a home visitor come to your home to help you prepare for your new baby? A home visitor is a nurse, healthcare provider, doula, childbirth educator, social worker, or another person who works for a program that helps you during your pregnancy.

❑ No
❑ Yes

19. *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 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 ***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	❑	❑

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.

❑ No → **Go to Question 23**
❑ Yes

Go to Question 22

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
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 Question 27**
❑ Yes

24. 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

25. 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

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

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

❑ No → **Go to Page 6, Question 31**
❑ Yes

28. 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

29. 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

30. 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.

31. *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 33.

32. *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.

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 died	❑	❑

34. 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

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	❑	❑
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. Overall, *during the delivery of my baby*, I felt... For each one, check **No** or **Yes**.

	No	Yes
a. Comfortable asking questions about the *labor and delivery 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 *labor and delivery care* that I received	❑	❑

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 the hospital → **Go to Question 41**

Go to Question 39

39. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 9, Question 52**
- ❑ Yes

40. Is your baby living with you now?

- ❑ No → **Go to Page 9, Question 51**
- ❑ Yes

41. 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 43**
- ❑ I breastfed my baby for less than 1 week
- ❑ I breastfed my baby for:

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

42. How old was your new baby the first time they had liquids other than breast milk (such as formula, water, juice, or cow's milk)?

Check ONE answer

- ❑ My baby has not had any liquids other than breast milk
- ❑ My baby was less than 1 week old
- ❑ My baby was:

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

43. How old was your new baby the first time they ate food (such as baby cereal, baby food, or any other food)?

Check ONE answer

- ❑ My baby has not eaten any foods
- ❑ My baby was less than 1 week old
- ❑ My baby was:

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

If you ever breastfed your baby, go to Question 45.

44. 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 Question 51.

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
- ❑ Never → **Go to Question 48**

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

- ❑ 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 sleeper	❑	❑
f. In an in-bed sleeper	❑	❑
g. In a baby board or cradleboard	❑	❑
h. Other	❑	❑

Please tell us:

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

		No	Yes
a.	My family doctor	❑	❑
b.	My OB/GYN	❑	❑
c.	A nurse or midwife	❑	❑
d.	Doula or a childbirth educator	❑	❑
e.	My baby's doctor or healthcare provider	❑	❑
f.	Websites or apps about pregnancy or infant care	❑	❑
g.	Social media (such as Facebook, Instagram, TikTok)	❑	❑
h.	Other sources Please tell us:	❑	❑

51. *Since your new baby was born*, has a home visitor come to your home to help you learn how to take care of yourself or your new baby? A home visitor is a nurse, healthcare provider, doula, social worker, or another person who works for a program that helps families with newborns.

- ❑ No
- ❑ Yes

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

- ❑ No
- ❑ Yes → **Go to Question 54**
- ❑ I'm pregnant now → **Go to Page 10, Question 55**

Go to Question 53

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

Check ALL that apply

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

If you're <u>not doing</u> anything to keep from getting pregnant <u>now</u>, go to Page 10, Question 55.

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

Check ALL that apply

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

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

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

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

Check ALL that apply

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

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

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

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

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

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

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

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

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

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

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

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

62. Has a healthcare provider asked you a series of questions, in person or on a form, to know if you were feeling down, depressed, anxious, or irritable during the following time periods? For each one, check **No** or **Yes**.

	No	Yes
a. During my most recent pregnancy	❑	❑
b. Since my new baby was born	❑	❑

63. *Since your new baby was born*, has a healthcare provider *told you that you had* depression?

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

64. *Since your new baby was born*, have you gotten counseling for your depression?

- ❑ No
- ❑ Yes

65. *Since your new baby was born*, have you taken prescription medicine for your depression?

- ❑ No
- ❑ Yes

OTHER EXPERIENCES

The next questions are on a variety of topics.

66. 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

67. 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	❑	❑

68. During the *3 months <u>before</u>* you got pregnant, 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 didn't use marijuana then

69. *<u>During</u>* 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 didn't use marijuana then

70. *During* your most recent pregnancy, did you use prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine?

- ❑ No
- ❑ Yes

71. *During* your most recent pregnancy, which types of *prenatal care* appointments did you attend?

Check ONE answer

- ❑ In-person appointments only
- ❑ Virtual appointments (video or telephone) only
- ❑ Both, in-person and virtual appointments
- ❑ I didn't have prenatal care

72. *During your most recent pregnancy* or *since your new baby was born*, have you gone to the hospital emergency room or an urgent care clinic for complications related to your pregnancy, your delivery, or your postpartum recovery?

- ❑ No
- ❑ Yes

73. *During your most recent pregnancy* or *since your new baby was born*, did you have to reschedule or skip a healthcare visit for yourself because you had no one to watch your child(ren)?

- ❑ No
- ❑ Yes

74. Did you use doula support during any of the following time periods? A doula is a trained pregnancy and labor companion who gives comfort, emotional support, and information during birth. A doula does not provide medical care. For each time period, check **No** or **Yes**.

		No	Yes
a.	During my most recent pregnancy	❑	❑
b.	During the birth of my new baby	❑	❑
c.	Since my new baby was born	❑	❑

75. *Since your new baby was born*, how often does your spouse or partner provide you with encouragement and emotional support?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never
- ❑ I don't have a spouse or partner

76. The following questions are about the people in your life and the support they provide you *now*. For each one, check **No** or **Yes**.

		No	Yes
a.	Do you have someone you can go to if you're feeling lonely?	❑	❑
b.	Do you have someone you can talk with about things that are important to you or how you're feeling?	❑	❑
c.	Do you have someone you can count on to listen to your problems, worries, and fears?	❑	❑
d.	Do you have someone who shows you love and affection?	❑	❑
e.	Do you have someone who does things with you to relax or have fun?	❑	❑
f.	Do you have someone you can count on to loan you money for things like food or bills?	❑	❑
g.	Do you have someone who can take care of your children if you need help?	❑	❑
h.	Do you have someone who can help with daily chores if you're sick?	❑	❑
i.	Do you have someone who can take you to the clinic or doctor's office if you need a ride?	❑	❑

77. *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:	❑	❑

_____

78. *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

79. 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	❑	❑

80. The next questions are about things that may have happened to you during your childhood, before your 18th birthday.
For each one, check **No** or **Yes**.

		No	Yes
a.	Did you live with someone who was depressed, mentally ill, or suicidal?	❑	❑
b.	Did you live with someone who had a problem with alcohol or drug use?	❑	❑
c.	Were you separated from a parent or guardian because they went to jail, prison, or a detention center?	❑	❑
d.	Did your parents or other adults in your home slap, hit, kick, punch, or beat each other up?	❑	❑
e.	Did a parent or other adult in your home hit, beat, kick, or physically hurt *you* in any way?	❑	❑
f.	Did a parent or other adult in your home swear at you, insult you, or put you down?	❑	❑
g.	Did an adult or person at least 5 years older than you ever make you do sexual things that you didn't want to do (such as kissing, touching, or having sexual intercourse)?	❑	❑
h.	Was there an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?	❑	❑

Before your 18th birthday...

	No	Yes
i. Was there an adult in your household who tried hard to make sure you felt loved, supported, valued, and like you were special to them?	❑	❑
j. Did you feel that you were treated badly or unfairly because of your race, ethnicity, or skin color?	❑	❑
k. Did you feel that you were treated badly or unfairly because you are or people think you are LGBTQIA+? This could include being treated badly because of who you're sexually attracted to or because you express your gender in a way that is different than what people expect.	❑	❑
l. Did you see someone get physically attacked, beaten, stabbed, or shot in your neighborhood?	❑	❑
m. Were your parents or guardians divorced or separated?	❑	❑

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

81. 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

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

Number of people ____

83. 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 Illinois healthier.