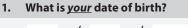
Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

BEFORE PREGNANCY

The first questions are about you.





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 (<u>not</u>	
	gestational diabetes or diabetes that	
	starts during pregnancy)	
b.	High blood pressure or hypertension \Box	
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.

	Regular checkup with a family doctor Regular checkup with an OB/GYN	Yes
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 $lacksquare$	
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	
ŀ	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*.

- Buring 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,
 - Private health insurance (paid for by me, someone else, or through a job)
 - Medicaid or Dr. Dynasaur
 - □ 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)
- □ Medicaid or Dr. Dynasaur
- □ 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 <u>now</u>?

Check ALL that apply

- Private health insurance (paid for by me, someone else, or through a job)
- Medicaid or Dr. Dynasaur
- □ 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

14

- □ 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.)

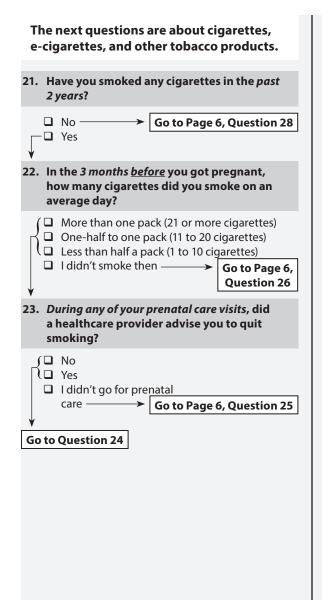
12. Did you get prenatal care during your most recent pregnancy?

🖵 No ———	>	Go to Question
└ U Yes		
★		
Go to Question 13		

13.	healthcare provider <u>do</u> any of the fol things? For each one, check No or Yes .	lowi	ng
		No	Yes
Т	alk to me about		
a.	How much weight I should gain during pregnancy	. 🗖	
b.	Doing tests to screen for birth defects o diseases that run in my family	r	
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	_	
P	lsk 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. j.	If I was drinking alcohol If someone was hurting me emotionally		_
	or physically		
k.	If I was using illegal drugs		
I. m.	If I was using marijuana If I wanted to be tested for HIV		
	In wanted to be tested for hiv	. 🛥	
14.	During the 12 months before your new was born, did a healthcare provider of 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		
c.	cough]) COVID-19 shot		

13 During any of your prenatal care visits did a

 15. Did you get the following shots or vaccinations before or during your pregnancy? For each shot, check ALL that apply: D for 2 months is form more pregnancy. 	If you <u>had</u> high blood pressure <u>before</u> or <u>during</u> your pregnancy, go to Question 18. If you didn't, go to Question 19.		
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	18. 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.		
B D N a. Flu shot Image: Constraint of the shot is a straint of the shot is a st	No Yes a. Refer me to a different healthcare provider b. Tell me to regularly check my blood pressure <i>during</i> pregnancy		
16. During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?	 c. Talk to me about getting to a healthy weight <i>after</i> pregnancy d. Talk to me about regularly checking my 		
NoYes	 e. Talk to me about the risk for having high blood pressure (chronic hypertension) 		
17. 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.	 and heart disease <i>after</i> pregnancy		
 No Yes a. Gestational diabetes (diabetes that <u>started</u> during <i>this</i> pregnancy) b. High blood pressure (that <u>started</u> during <i>this</i> pregnancy), pre-eclampsia, or 	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.		
c. Depression	□ No → Go to Question 21 ↓ Yes		
	20. 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 		



	healthcare provider do any of the foll things to help you quit smoking? For each one, check No or Yes.	lowi	ng
		No	Yes
a.	Spend time with me discussing how to quit smoking		
э.	Suggest that I set a specific date to stop smoking		
Ξ.	Suggest I attend a class or program to stop smoking		
d.	Provide me with booklets, videos, or other materials to help me quit smoking on my own		
2.	Refer me to counseling for help with quitting		
•	Ask if a family member or friend would support my decision to quit		
g.	Refer me to a national or state quit line (like 802Quits)		
า.	Recommend using or prescribe a nicotine gum		
•	Recommend using or prescribe a nicotine patch		
•	Recommend using or prescribe a nicotine lozenge		
۲.	Prescribe a nicotine nasal spray or nicotine oral inhaler		
•	Prescribe a pill like Zyban® or Wellbutrin®	0	
	(also known as bupropion) to help me quit		
n.	Prescribe a pill like Chantix [®] (also known as varenicline) to help me quit		

24. During any of your prenatal visits, did a

25.	During your most recent pregnancy, did you try any of the following things to quit smoking? For each one, check No or Yes.	o quit describes the rules about smokin es. home <u>during</u> your most recent pr even if no one who lived in your h			
	Set a specific date to stop smoking		smoker?		
	Set a specific date to stop smoking Use a text-messaging program for help		Check ONE answer		
	with quitting		No one was allowed to smoke anywhere inside my home		
c.	Use websites or apps for help with quitting		Smoking was allowed in some rooms or at some times		
	Use social media for help with quitting (such as Facebook, Instagram, TikTok) 🔲 🔲		Smoking was permitted anywhere inside my home		
e.	Call a national or state quit line (like 802Quits)				
f.	Attend a class or program to stop smoking	29.	In the <i>past 2 years</i> , have you used e-cigarettes ("vapes") or other electronic nicotine products?		
-	Go to counseling for help with quitting \Box \Box		Go to Question 33		
	Use a nicotine patch, gum, lozenge, nasal spray, or oral inhaler		□ Yes		
i.	Take a pill like Zyban [®] or Wellbutrin [®] (also known as bupropion) to stop	30.	During the <i>3 months <u>before</u></i> you got pregnant, on average, how often did you use		
	smoking 🖬 🔲 . Take a pill like Chantix® (also known as		e-cigarettes ("vapes") or other electronic		
J.	varenicline) to stop smoking		nicotine products?		
k.	Try to quit on my own (e.g., cold turkey)		Every day		
I.	Other 🔲 🗖		 Some days I didn't use e-cigarettes or other electronic 		
			nicotine products then		
		31.	During the <i>last 3 months</i> of your pregnancy,		
26.	In the <i>last 3 months</i> of your pregnancy, how many cigarettes did you smoke on an average day?		on average, how often did you use e-cigarettes ("vapes") or other electronic nicotine products?		
	 More than one pack (21 or more cigarettes) One-half to one pack (11 to 20 cigarettes) 		Every daySome days		
	 Less than half a pack (1 to 10 cigarettes) I didn't smoke then 		 I didn't use e-cigarettes or other electronic nicotine products then 		
27.	How many cigarettes do you smoke on an	32.	In the <i>past 2 years</i> , did you ever use		
	average day now?		e-cigarettes ("vapes") or other electronic nicotine products as a way of cutting down or		
	 More than one pack (21 or more cigarettes) One-half to one pack (11 to 20 cigarettes) 		stopping cigarette smoking?		
	Less than half a pack (1 to 10 cigarettes)		□ No		
	I don't smoke now		Yes		

б

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.

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

No Yes

- trimester)?

If you did <u>not</u> have any alcoholic drinks <u>during</u> your pregnancy, go to Question 35.

34. 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

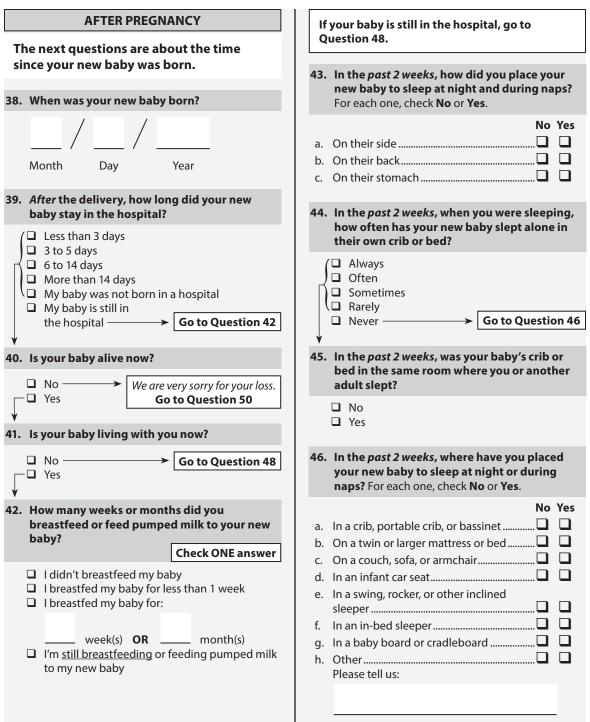
- c. The last 3 months of pregnancy (3rd trimester)?

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.

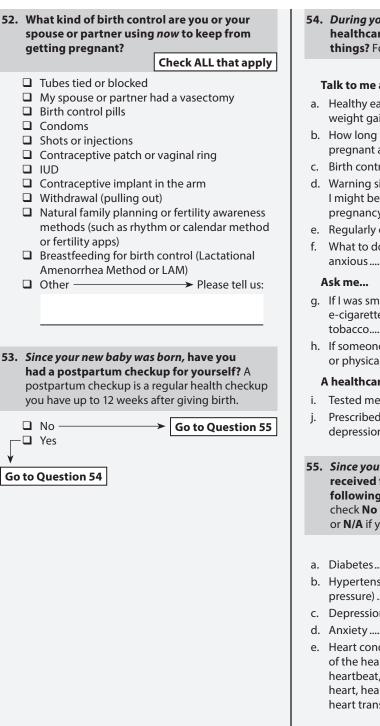
35. Did any of the following things happen during the 12 months before your new baby was born? For each one, check No or Yes.

a.	I got separated or divorced		Yes
b. c.	I was evicted or forced to move 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. f.	My spouse, partner, or I lost a job My spouse, partner, or I had a cut in	. 🖵	
1.	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	. 🗖	
86.	In the 12 months <u>before</u> you got pregn with your new baby, did any of the fo people push, hit, slap, kick, choke, or physically hurt you in any other way? For each one, check No or Yes .	llow	ving
			Yes
a.	My spouse or partner		
b.	My ex-spouse or ex-partner		
c.	Someone else	. 🖵	
37.	During your most recent pregnancy, of the following people push, hit, sla choke, or physically hurt you in any o way? For each one, check No or Yes.	p, ki	ck,
		No	Yes

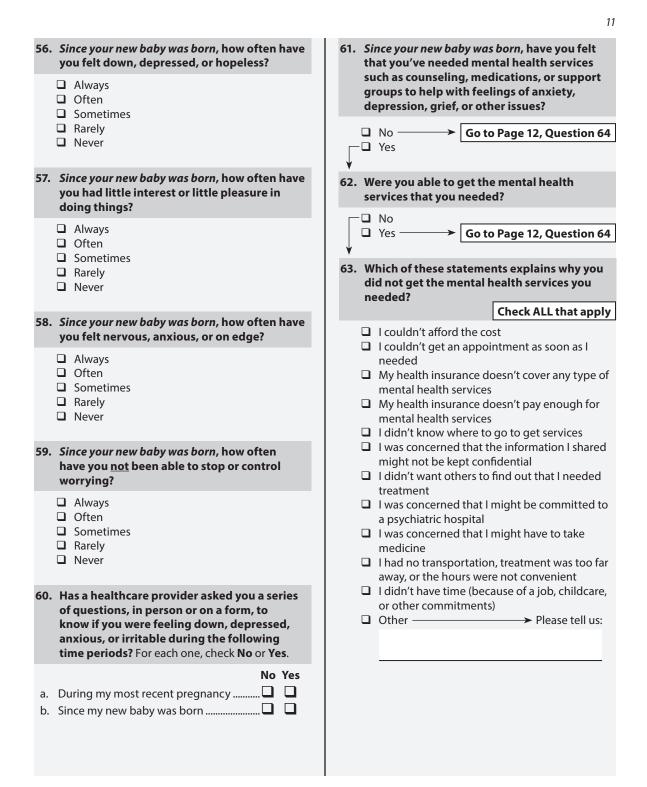
b. My ex-spouse or ex-partner
c. Someone else



a. b. c. d. e.	In the past 2 weeks, has your new baby been placed to sleep with the following? For each one, check No or Yes. In a sleeping sack or wearable blanket	 50. 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 52 I'm pregnant now Go to Page 10, Question 53 51. 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
48	 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 Go to Question 50 Yes 	 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
49.	Who was the home visitor that came to your home <i>since your new baby was born</i> ? Check ALL that apply	□ Other → Please tell us:
	 A nurse, nurse's aide, or midwife A teacher or health educator A doula or childbirth educator A lactation consultant Someone else> Please tell us: 	If you're <u>not doing</u> anything to keep from getting pregnant <u>now</u> , go to Page 10, Question 53.
	□ I don't know	



+ .	healthcare provider <u>do</u> any of the fol things? For each one, check No or Yes .		ng
		No	Yes
T	alk to me about		
•	Healthy eating, exercise, and losing weight gained during pregnancy		
).	How long to wait before getting pregnant again Birth control methods		
I.	Warning signs of medical problems I might be at risk for due to my pregnancy		
	Regularly checking my blood pressure		—
	What to do if I feel depressed or anxious		
	Ask me		
J.	If I was smoking cigarettes or using e-cigarettes ("vapes") or other smokeless tobacco		
۱.	If someone was hurting me emotionally or physically	. 🗖	
F	healthcare provider		
	Tested me for diabetes	. 🗖	
	Prescribed me medication for depression or anxiety	. 🗖	
5.	Since your new baby was born, have yo received follow-up care for any of the following health conditions? For each check No if you didn't get it, Yes if you o or N/A if you didn't have the condition.	e iten	
	No Tiabetes	Yes	N/A
).	Hypertension (high blood pressure)		
	Depression		
I.	Anxiety		
	Heart conditions (e.g., birth defects of the heart, fast or skipped heartbeat, heart failure, enlarged heart, heart attack, chest pain, heart transplant, pacemaker)		



OTHER EXPERIENCES

The next questions are on a variety of topics.

- 64. Before you got pregnant with your new baby, did your spouse or partner ever try to keep you from using your birth control so that you would get pregnant when you did not want to? For example, did they hide your birth control, throw it away, or do anything else to keep you from using it?
 - 🛛 No
 - Yes
 - I didn't have a partner at that time, or I was in a same sex relationship
- 65. *Before* you got pregnant with your new baby, did your spouse or partner ever refuse to use a condom when you wanted them to use one to keep from getting pregnant?
 - 🛛 No
 - Yes
 - I didn't have a partner at that time, or I was in a same sex relationship
- 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. At any time during the 3 months before you got pregnant OR <u>during</u> your most recent pregnancy, did you use marijuana or cannabis in any form? No — Go to Question 72 Yes 69. During the 3 months before 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 70. 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 didn't use Go to Question 72 marijuana then -71. Why did you use marijuana products during pregnancy? For each item, 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:

If you did <u>not</u> get prenatal care, go to Question 73.		74. Since your new baby was born, have you received information about warning signs of postpartum complications from any of the
72.	During any of your prenatal care visits, did a healthcare provider do any of the following	following sources? For each one, check No or Yes .
b.	things? Please include if they asked you on a written form or in a conversation. For each one, check No or Yes. No Yes Ask me if I was using marijuana	 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.	Advise me not to breastfeed my baby if I was using marijuana	d. Family or friends
73.	<i>During</i> 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 .	If your baby is not alive or is not living with you, go to Page 14, Question 76. 75. Since your new baby was born, have you used
	No Yes	WIC services for yourself or your new baby?
b. c. d. e. f. g. h. i. j. k. l. n.	Medication for depression. Image: Construct State	 No Yes, only I am using WIC services Yes, both my new baby and I use WIC services Yes, only my new baby uses WIC services

76.	<i>While <u>getting</u> healthcare</i> 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	Ye
a.	My race, ethnicity, or skin color		
b.	My disability status	. 🗖	
c.	My immigration status	. 🗖	
d.	My age	. 🗖	
e.	My weight	. 🗖	
f.	My income	. 🗖	
g.	My sex or gender	. 🗖	
h.	My sexual orientation		
i.	My religion		
j.	My language or accent		
k.	My type or lack of health insurance	. 🗖	
I.	My use of substances (alcohol, tobacco, or other drugs)		
m.	My involvement with the justice system (jail or prison)		
n.	Another reason Please tell us:	. 🗖	

- 77. 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

78. 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.

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

Number of	people	_	
81. What is to	day's date?		
/	′ /		
Month	Dav	Year	

Day

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 Vermont healthier.