

# PAHS 2020

## Online Questionnaire

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**Note:** **PURPLE** indicate question sections that were not asked of participants who indicated that their baby is not alive or living with them.

We are asking you to fill out this survey because you had a baby about a year ago and you responded to the Pregnancy Risk Assessment Monitoring System (PRAMS) survey.

We understand that you may not identify as a woman. We welcome people of all gender identities to complete this survey. You will have the chance to share your gender identity later in the survey.

Your voice is very important. Thank you for your help.

## Screeners

3 questions

**1. Would you prefer to complete this survey in English or Spanish?** [translated to both languages]

- English
- Spanish -> GO TO SPANISH TRANSLATED SURVEY

*The next two questions are to help us make sure we are asking about things that are relevant to you.*

**2. Is your baby alive now?**

- Yes
- No
  - Thank you for letting us know. We are very sorry for your loss* -> [GO TO SEPARATE QUESTIONNAIRE WITHOUT INFANT QUESTIONS]

**3. Is your baby living with you now?**

- Yes
- No -> [GO TO SEPARATE QUESTIONNAIRE WITHOUT INFANT QUESTIONS]

## Sociodemographics

15 questions + 1 subquestion

*The next series of questions are meant to learn more about you and your family.*

### 4. How old are you?

- [DROP DOWN: 13-50] years

### 5. How do you describe your gender? [Select ONE]

- Female
- Male
- Trans Male/Trans Man
- Trans Female/Trans Women
- Genderqueer/Gender Nonconforming
- Prefer to self-describe, please specify: [open field]
- Prefer not to say

### 6. What do you consider your sexual orientation to be? [Select ONE]

- Heterosexual or straight
- Gay
- Lesbian
- Bisexual
- Prefer to self-describe, please specify: [open field]
- Prefer not to say

### 7. What is your current marital status? [Select ONE]

- Single
- Married or living with a partner
- Divorced, widowed, or separated

### 8. Are you working for pay now (including self-employment)? [Select ONE]

- Yes, full time
- Yes, part time
- No, and I am looking for work or plan to work in the next year
- No, and I don't plan to work in the next year



**9. What is your yearly total household income now, before taxes?** Include income from all family members living in household (your income, your spouse's 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 now getting.** [Select ONE] [DROP DOWN]

[Telephone: do not read options; select best based on participant response]

- \$0 to \$16,000
- \$16,001 to \$20,000
- \$20,001 to \$24,000
- \$24,001 to \$28,000
- \$28,001 to \$32,000
- \$32,001 to \$40,000
- \$40,001 to \$48,000
- \$48,001 to \$57,000
- \$57,001 to \$60,000
- \$60,001 to \$73,000
- \$73,001 to \$85,000
- \$85,001 to \$97,000
- \$97,001 to \$109,000
- \$109,001 to \$121,000
- \$121,001 or more

**10. How many children (less than 18 years of age) live in your household? Only include children who are living with you at least 50% of the time.**

- [DROP DOWN: None to 10+] Children

**11. How many adults (18 years of age or older), including yourself, live in your household? Only include adults who are living with you at least 50% of the time.**

- [DROP DOWN: 1 to 10+] Adults

**12. What is the highest level of school you have completed or the highest degree you have received?** [Select ONE]

- Did not finish high school
- High school graduate or GED
- Some college, no degree
- Associate's degree (2-year degree) or trade program
- Bachelor's degree (4-year degree)
- Graduate degree (Masters, PhD, JD, MD, etc.)



**13. Which categories describe your race or origin?** [Telephone: do not read options; select best based on participant response]? [Check ALL that apply]

- Asian or Asian-American (e.g., Chinese, Filipino, Asian Indian, Vietnamese, Japanese, Korean)
- Black or African-American (e.g., African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian)
- Latinx or Hispanic (e.g., Mexican, Puerto Rican, Cuban, Dominican, Salvadoran, Columbian)
- Native American or Alaska Native (e.g., Navajo Nation, Blackfeet Tribe, Muscogee (Creek) Nation, Mayan, Doyon, Native Village of Barrow Inupiat Traditional Government)
- Native Hawaiian or Pacific Islander (e.g., Samoan, Guamanian or Chamorro, Tongan, Fijian, Marshallese)
- Southwest Asian, Middle Eastern or North African (e.g., Arab, Lebanese, Egyptian, Palestinian, Iraqi, Iranian)
- White (e.g., German, Irish, Italian, English)
- Prefer to self-describe, please specify: [open field]
- Prefer not to say

**14. What is the language you are most comfortable speaking?** [DROP DOWN]. [Telephone: do not read options; select best based on participant response].

- English
- Spanish
- Arabic
- Cantonese
- French
- German
- Gujarati
- Haitian Creole
- Hindi
- Italian
- Japanese
- Korean
- Mandarin
- Persian (including Farsi, Dari and Tajik)
- Portuguese
- Polish
- Russian
- Tagalog (including Filipino)
- Urdu
- Vietnamese

- Yiddish
- Other, please specify: [open field]

**15. What is your citizenship status? Your answer will be kept confidential and is for research purposes only.** [Select ONE]

- US Citizen -> skip Q15a
- Permanent Resident (green card holder)
- Other
- Prefer not to answer
- I don't know

***NOTE: Q15 is not included in the NYC survey.***

**15a. About how many years have you lived in the United States?** [For less than a year, enter 1 year]

- [DROP DOWN: 1-50] years

**16. What is the ZIP code where you currently live?**

- [OPEN FIELD]

**17. What is the name of the county where you currently live?**

- [OPEN FIELD]

***NOTE: We will ask either Q16 or Q17.***

**18. How would you describe the community where you currently live?**

- Rural
- Suburban
- Urban
- I don't know

## Health Insurance

3 questions + 2 subquestions

*The next set of questions will ask about your health insurance.*

**19. What kind of health insurance did you have when you gave birth?** [Check ALL that apply]

- Private health insurance from my job, school, or the job of my spouse or partner
- Private health insurance through my parents
- Private health insurance from the [STATE MARKETPLACE NAME] or HealthCare.gov
- Medicaid or [STATE MEDICAID NAME(S)]
- [STATE OPTION: Other government plan or program such as SCHIP/CHIP]
- [STATE OPTION: Other government plan or program not listed above such as MCH program, indigent program or family planning program]
- TRICARE or [STATE TRICARE PLAN NAMES] or other military/Veteran health care
- [STATE OPTION: IHS or tribal plans]
- Other health insurance, please specify: [open field]
- I did not have health insurance when I gave birth

**20. What kind of health insurance do you have now?** [Check ALL that apply]

- Private health insurance from my job, school, or the job of my spouse or partner
- Private health insurance from my parents
- Private health insurance from the [STATE MARKETPLACE NAME] or HealthCare.gov
- Medicaid or [STATE MEDICAID NAME(S)]
- [STATE OPTION: Other government plan or program such as SCHIP/CHIP]
- [STATE OPTION: Other government plan or program not listed above such as MCH program, indigent program or family planning program]
- TRICARE or [STATE TRICARE PLAN NAMES] or other military/Veteran health care
- [STATE OPTION: IHS or tribal plans]
- Other health insurance, please specify: [open field]
- I do not have health insurance now -> SKIP Q20a, GO TO Q20b
- I don't know

**20a. Have you had any difficulty paying your health insurance premiums? A health insurance premium is the amount your family pays each month for health care coverage.**

-> SKIP Q20b, GO TO Q21

- Yes
- No
- I don't know

**20b. There are many reasons why people do not have health insurance. What is the main reason you are currently uninsured?** [Telephone: do not read options; select best based on participant response]. [Select ONE]

- Change in your/your partner's employment or school
- Became divorced, separated or widowed
- My employer or partner's employer doesn't offer or stopped offering coverage
- Health insurance is too expensive
- I had Medicaid or other public coverage but am no longer eligible
- I had trouble with the paperwork or missed a deadline for coverage
- I am not a US citizen or I don't have the right residency documents
- I don't know how to get health insurance
- I don't need or want health insurance
- Other reason, please specify: [open field]

**NOTE:** "I am not a US citizen" option to be removed for NYC survey.

**21. Since giving birth, approximately how many months have you been uninsured?**

[Select ONE]

- [DROP DOWN: None – I had health insurance for all 12 months; 1-12 months; I don't know]

## Child Health Insurance

2 questions

*Now we are going to ask questions about your baby's health insurance.*

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

- Private health insurance from my job, school, or the job of my spouse or partner
- Private health insurance from the [STATE MARKETPLACE NAME] or HealthCare.gov
- Medicaid or [STATE MEDICAID NAME(S)]
- [STATE OPTION: Other government plan or program such as SCHIP/CHIP]
- [STATE OPTION: Other government plan or program not listed above such as MCH program, indigent program or family planning program]
- TRICARE or [STATE TRICARE PLAN NAMES] or other military/Veteran health care
- [STATE OPTION: IHS or tribal plans]
- Other health insurance, please specify: [open field]
- My baby does not have health insurance now
- I don't know





**23. Since giving birth, has there ever been a period when your baby was not covered by any health insurance or government programs that cover children's health care bills?**

- Yes
- No
- I don't know

**INSERT MI1, MI2**

**INSERT NJ1, NJ2, NJ3, NJ4, NJ5**

**INSERT NYC1, NYC2, NYC3**

**INSERT PA1, PA2, PA3, PA4, PA5, PA6**

**INSERT UT1, UT2**

**INSERT VA1, VA2, VA3, VA4, VA5, VA6**

**INSERT KS1, KS2, KS3, KS4, KS5**

## Pregnancy and Birth

7 questions

*The next set of questions ask about your pregnancy and birth experiences from about a year ago.*

**24. Using a number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate the health care you got when you gave birth?**

- Rating: [NUMERIC ENTRY (RANGE=0 to 10)]

**25. Did you give birth vaginally or by cesarean-section (C-section surgery)?**

- Vaginally
- Planned or scheduled C-section
- Unplanned or emergency C-section

**26. Which type of maternity care clinician most often provided your health care during your pregnancy? [Select ONE]**

- An obstetrician-gynecologist doctor (sometimes called OB or ob-gyn)

- A primary care/family medicine doctor (sometimes called a family physician or family doctor)
- A doctor but I'm not sure what type
- Certified Nurse Midwife
- Direct Entry Midwife
- Other midwife or doula
- A nurse practitioner (NP) or physician assistant (PA)
- Other
- I don't know

**27. In addition to your health care clinicians, who was present in the room when you gave birth?** [Check ALL that apply]

- Partner or spouse
- Ex-partner or ex-spouse
- Family member(s)
- Doula
- Other
- No one was present

**28. How did the COVID-19 pandemic impact your childbirth experience?** [Check ALL that apply]

- I was unable to have my partner with me
- I was unable to have another support person with me (friend/family)
- I was unable to have my doula with me
- I was unable to receive visitors or guests
- I was required to wear a mask or other personal protective equipment (PPE)
- I scheduled an induction or cesarean section (C-section) because of COVID-19
- I gave birth in a facility other than where I planned
- I gave birth in a geographic area other than where I planned
- I was discharged from the hospital before I was ready
- Other
- None of these apply

**29. Where did you give birth?**

- Hospital
- Birthing clinic
- Home
- Other



**30. During your labor and delivery, did you experience any of the following issues or behaviors?**

- Your private or personal information was shared without your consent  Yes  No
- Your physical privacy was violated (e.g., being uncovered or having people in the delivery room without your consent)  Yes  
 No
- Health care clinicians (doctors, midwives, or nurses) shouted at or scolded you  Yes  
 No
- Health care clinicians threatened to withhold treatment or forced you to accept treatment you did not want  Yes  No
- Health care clinicians threatened you in any other way  Yes  No
- Health care clinicians ignored you, refused your request for help, or failed to respond to requests for help in a reasonable amount of time  Yes  
 No
- You experienced physical abuse (including aggressive physical contact, inappropriate sexual conduct, refusal to provide anesthesia for an episiotomy, etc.)  Yes  No
- Any other mistreatment  Yes  No
- I did not experience any of these  Yes  No

**Breastfeeding**

2 questions

**31. About how long did you feed your baby with breast milk? Please answer in months OR in weeks. Your best estimate is fine.**

- |\_\_|\_\_| months [RANGE: 1-15] **OR** |\_\_|\_\_| weeks [RANGE: 1-65]
- I am still feeding my baby with breast milk
- I never fed my baby with breast milk
- I don't know

**32. Did you feed your baby breast milk as long as you wanted to?**

- Yes
- No
- I don't know

**INSERT MI3**

**INSERT MI4**

**INSERT MI5**



## Contraception/Pregnancy Intention

3 questions + 1 subquestion

**33. To your knowledge, are you now pregnant?** [Select ONE]

- Yes -> (SKIP Q34 and Q35 and Q35a)
- No
- I don't know

**34. Have you had another pregnancy since the birth you had at about this time last year?**

[Select ONE]

- Yes
- No

**35. Are you currently trying to get pregnant?** [Select ONE]

- Yes -> SKIP Q35a
- No, but intend to have another baby at some time -> GO TO Q35a
- No, and do not intend to have another baby at some time -> GO TO Q35a
- No, and unsure if intend to have another baby at some time -> GO TO Q35a

**35a. What kind of birth control are you, or your spouse/partner using now to keep from getting pregnant?** [Check ALL that apply] [Telephone: do not read options; select best based on participant response].

- Not currently using any birth control
- Hysterectomy or tubes tied/blocked
- Partner has vasectomy
- IUD (Mirena<sup>®</sup>, ParaGuard<sup>®</sup>, Liletta<sup>®</sup>, etc.)
- Contraceptive implant in the arm (Norplant<sup>™</sup>, Implanon<sup>™</sup>, Nexplanon<sup>™</sup>, etc.)
- Birth control pills, shots/injections, patch, or vaginal ring
- Condoms
- Withdrawal (pulling out) or calendar rhythm/cycle-based method
- Not having sex (abstinence)
- I cannot get pregnant due to the sex of my partner
- Other
- I don't know

## Physical Health

14 questions

*The next set of questions focus on your postpartum physical health.*

**36. About how tall are you without shoes?**

- \_\_ / \_\_ Height (feet/inches)

**37. About how much do you currently weigh without shoes?**

- \_\_\_\_\_ Weight (pounds)

**38. Since giving birth, have you experienced any of the following health problems or events?** Do not include problems or events that occurred during the hospital stay for birth. For each item, check “No” if you did not experience it or “Yes” if you did.

	<b><u>NO</u></b>	<b><u>YES</u></b>
Breast problems, infections, or pain	<input type="checkbox"/>	<input type="checkbox"/>
Sexual dysfunction, pain, or other issues	<input type="checkbox"/>	<input type="checkbox"/>
Urinary problems, infections, or incontinence	<input type="checkbox"/>	<input type="checkbox"/>
Perineal tear problems, infections or pain	<input type="checkbox"/>	<input type="checkbox"/>
Pelvic, hip or back pain	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Blood clot in the legs or lungs	<input type="checkbox"/>	<input type="checkbox"/>
Eclampsia or seizure	<input type="checkbox"/>	<input type="checkbox"/>
Postpartum hemorrhage or excessive bleeding	<input type="checkbox"/>	<input type="checkbox"/>
Heart failure or cardiomyopathy (weakened heart muscle)	<input type="checkbox"/>	<input type="checkbox"/>
Sepsis or a severe infection treated in the hospital	<input type="checkbox"/>	<input type="checkbox"/>
Feelings of depression	<input type="checkbox"/>	<input type="checkbox"/>
Feelings of anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Overdose from medication or drugs	<input type="checkbox"/>	<input type="checkbox"/>



**39. Has a doctor or health care clinician ever diagnosed you with any of the following conditions?**

- Diabetes  No  Yes  
 ->when was your diagnosis?  Before,  during, or  after pregnancy?
- High blood pressure  No  Yes  
 -> when was your diagnosis?  Before,  during, or  after pregnancy?
- Asthma  No  Yes  
 -> when was your diagnosis?  Before,  during, or  after pregnancy?
- Depression, anxiety, or other mood disorder  No  Yes  
 -> when was your diagnosis?  Before,  during, or  after pregnancy?
- Substance use disorder or addiction (excluding smoking/tobacco)  No  Yes  
 -> when was your diagnosis?  Before,  during, or  after pregnancy?

*The following questions are used to create a summary measure of your physical and mental health and well-being.*

**Please respond to each question by marking one box per row:**

	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
<b>40.</b> In general, would you say your overall health is:					
<b>41.</b> In general, would you say your quality of life is:					
<b>42.</b> In general, how would you rate your physical health?					
<b>43.</b> In general, how would you rate your mental health, including your mood and your ability to think?					
<b>44.</b> In general, how would you rate your satisfaction with your social activities and relationships?					



<p><b>45.</b> In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)</p>																						
	<b>Completely</b>	<b>Mostly</b>	<b>Moderately</b>	<b>A little</b>	<b>Not at all</b>																	
<p><b>46.</b> To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?</p>																						
<b>In the past 7 days...</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>																	
<p><b>47.</b> How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?</p>																						
<b>In the past 7 days...</b>	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Very Severe</b>																	
<p><b>48.</b> How would you rate your fatigue on average?</p>																						
<p><b>49.</b> In the past 7 days...How would you rate your pain on average?</p>	<p>0 (no pain) <span style="float: right;">10 (worst pain imaginable)</span></p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td><b>0</b></td> <td><b>1</b></td> <td><b>2</b></td> <td><b>3</b></td> <td><b>4</b></td> <td><b>5</b></td> <td><b>6</b></td> <td><b>7</b></td> <td><b>8</b></td> <td><b>9</b></td> <td><b>10</b></td> </tr> </table>											<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>												

**INSERT MI5**



## Mental Health

5 questions

*The next questions will ask about your mood, mental health, and support system.*

**50. Over the past 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?** [Select ONE]

- Not at all
- Several days
- More than half the days
- Nearly every day

**51. Over the past 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?** [Select ONE]

- Not at all
- Several days
- More than half the days
- Nearly every day

**52. Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious, or on edge?**

- Not at all
- Several days
- More than half the days
- Nearly every day

**53. Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?**

- Not at all
- Several days
- More than half the days
- Nearly every day

**INSERT UT3**

**54. Since giving birth, have you received any of the following types of treatment for your emotional or mental health?**

- Counseling or therapy  Yes  No





- Medication (e.g., antidepressants or antianxiety medicines)  Yes  No
- Treatment at a hospital or emergency department  Yes  No
- Support group or care from an in-home visiting health professional (e.g., nurse, midwife)  Yes  No

## Behavioral Health

5 questions

**55. Since giving birth, how many alcoholic drinks did you have in an average week?**

- 14 drinks or more a week
- 8 to 13 drinks a week
- 4 to 7 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink

**56. Since giving birth, did you smoke cigarettes, use nicotine products, or vape/use e-cigarettes every day, some days or not at all? [Select ONE]**

- Every day
- Some days
- Not at all

**57. Since giving birth, did you use any marijuana/cannabis (e.g., joint, blunt, pipe, bong, edibles)? [Select ONE]**

- Every day
- Some days
- Not at all

**58. Since giving birth, did you use any prescription drugs on your own, meaning without a doctor's prescription or more than recommended by a doctor? (This includes sedatives, tranquilizers, amphetamines, or other stimulants, and prescription painkillers) [Select ONE]**

- Every day
- Some days
- Not at all

**59. Since giving birth, did you use any other drugs on your own, such as inhalants, cocaine or crack, LSD, meth, heroin and ecstasy? Do not include marijuana. [Select ONE]**

- Every day
- Some days
- Not at all

**INSERT UT4**

**INSERT KS6, KS7, KS8, KS9, KS10**

## Health Care Access

3 questions + 2 subquestions

*Now we are going to ask questions about your use of health care and experience with health care clinicians. Health care clinicians include doctors, nurses, midwives, OB/GYNs, and other similar clinicians.*

**60. Where do you USUALLY go if you are sick and need health care?**

- I don't have a usual place
- A private doctor's office or clinic
- A public health clinic, community health center, or tribal clinic
- A hospital emergency room
- An urgent care clinic
- Some other place not listed here

**61. Since giving birth, was there ever a time when you needed health care but you DELAYED getting care or DID NOT GET the care you needed? [Check ALL that apply]**

- Yes -> GO TO Q61a
- No

**61a. Since giving birth, why did you DELAY or NOT GET the health care you needed?**

[Check ALL that apply] [Telephone: do not read options; select best based on participant response].

- I couldn't afford care -> GO TO Q61b
- I couldn't get a referral
- I didn't have childcare
- I didn't have a way to get to the visit
- The hospital or clinic was too far away
- I didn't feel well enough

- I couldn't miss work or school
- I couldn't get an appointment
- I was in quarantine or concerned about infection from COVID-19
- Other reason, please specify: [open field]

**61b. Since giving birth, which of the following types of care did you DELAY or NOT GET for yourself because of COST? [Check ALL that apply]**

- Medical care (e.g., from a doctor, nurse, specialist, or hospital)
- Mental health care (e.g., from a psychiatrist, therapist or mental health counselor)
- Care for substance use or addiction
- Physical or occupational therapy
- Lactation support or counseling
- Dental care
- Family planning services or contraception/birth control
- Postpartum care
- Other

**62. Not including over the counter medications, since giving birth was there ever a time when you did not fill a prescription or take your medication as prescribed because of COST? This includes skipping or splitting doses to make your medication last longer.**

[Select ONE]

- Yes
- No

## Health Care Use

22 questions + 5 subquestions

*This next set of questions will focus on your postpartum health care use.*

**63. Did a doctor, nurse, or other health care provider ever talk with you about any of the following problems that could affect you up to one year after giving birth?** Please count only discussions and reading materials received from your provider. For each item, check “No” if no one talked with you about it or gave you reading materials or “Yes” if someone did.

	<b><u>NO</u></b>	<b><u>YES</u></b>
Chest pain or fast-beating heart	<input type="checkbox"/>	<input type="checkbox"/>
Trouble breathing or shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>



- |   |                          |                          |
|---|--------------------------|--------------------------|
| Dizziness or fainting   | <input type="checkbox"/> | <input type="checkbox"/> |
| Thoughts of hurting yourself or your baby   | <input type="checkbox"/> | <input type="checkbox"/> |
| Bleeding, soaking through one pad/hour or blood clots, the size of an egg or bigger | <input type="checkbox"/> | <input type="checkbox"/> |
| Severe swelling, redness or pain in your leg or arm                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Temperature of 100.4°F or higher  | <input type="checkbox"/> | <input type="checkbox"/> |
| Headache that won't go away or gets worse over time                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Changes in your vision  | <input type="checkbox"/> | <input type="checkbox"/> |
| Overwhelming tiredness  | <input type="checkbox"/> | <input type="checkbox"/> |

**64. Have you received any health care since giving birth?** This includes any health care for your physical, mental, or dental needs.

- Yes
- No - > GO TO 65a, then SKIP to FINANCIAL BURDEN

**65. In the first two months after you gave birth, did you have a postpartum checkup for yourself with a health care clinician such as a doctor, nurse, or midwife?** Include checkups that you had over the phone or online. Don't include labor and delivery care.

[Select ONE]

- Yes -> GO TO Q65b
- No -> GO TO Q65a

**65a. Why didn't you have a postpartum checkup in the first two months after you gave birth?** [Check ALL that apply] [Telephone: do not read options; select best based on participant response]. ->skip Q65b

- I couldn't afford care
- I couldn't get a referral
- I didn't have childcare
- I didn't have a way to get to the visit
- The hospital or clinic was too far away
- I didn't feel well enough
- I couldn't miss work or school
- I couldn't get an appointment
- I was in quarantine or concerned about infection from COVID-19
- Other reason, please specify: [open field]



**65b. How long did it take you to travel to your postpartum checkup? Your best estimate is fine.**

- |\_\_\_\_| minutes [RANGE: 0-999]
- I don't know

**INSERT VA7**

*For the following questions, we are interested in your experiences in the time since labor and delivery, including postpartum health complications. Do not include care received while you were hospitalized for giving birth.*

**66. Since giving birth, how many times did you go to an emergency room to get care for yourself?**

- |\_\_|\_\_| times [RANGE: Never; 1-10+]

**67. Since giving birth, how many different times were you a patient in a hospital overnight?**

- |\_\_|\_\_| times [RANGE: Never; 1-5+]

*The next two questions are going to describe different types of clinicians people might see after giving birth. The first question asks about different medical doctors and the second question is about other health care professionals.*

**68. Since giving birth, have you seen any of the following types of physicians/doctors? Include visits that you had over the phone or on videoconference [Check ALL that apply]**

- I did not see any physicians or doctors
- Primary care physician, family physician, or internist
- Obstetrician-gynecologist (also called OB or ob-gyn)
- Midwife (CNM or other midwife)
- Psychiatrist
- Cardiologist (e.g., doctor for heart conditions)
- Endocrinologist (e.g., doctor for diabetes or thyroid)
- Orthopedist (e.g., doctor for muscles and bones)
- Urologist (e.g., doctor for bladder)
- Surgeon



**69. Since giving birth, aside from the physicians/doctors noted above, have you seen any of the following other types of health care providers? Include visits that you had over the phone or online.** [Check ALL that apply]

- Nurse practitioner or physician assistant
- Midwife
- Substance use or addiction treatment provider
- Doula
- Lactation consultant
- Dietician
- Physical or occupational therapist
- Dentist
- Home visitor
- Other care provider not mentioned above
- I did not see any other types of health care providers

**70. Using a number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate your health care in general since giving birth?**

- Rating: \_\_\_\_\_ [NUMERIC ENTRY (RANGE = 0 to 10)]
- I don't know

*The next set of questions are going to ask about telehealth appointments. Telehealth refers to visits that took place over the phone or online instead of in person.*

**71. Since giving birth, how much of your health care was delivered using telehealth (phone or videoconference visits with a health care clinician)?** [Select ONE]

- All of my care was telehealth -> GO TO Q71a
- Some telehealth, some in-person -> GO TO Q71a
- No telehealth, all in-person – SKIP 71a
- I did not receive any health care since I gave birth – SKIP 71a
- I don't know – SKIP 71a

**71a. What challenges have you faced, if any, using telehealth (phone or videoconference visits with a health care clinician)? Please check all that apply to you.** [Check ALL that apply]

- No challenges
- Internet access issues (e.g., no internet, not enough data, poor connection)
- Phone access issues (e.g., no smartphone, not enough data, poor connection)
- Issues with the telehealth website or app



- Communication difficulties with my clinician
- Language barriers with my clinician
- Worried about privacy
- Concerned that I would get inadequate care without an in-person exam
- Other challenges not listed above

**INSERT PA7**

**INSERT UT5**

**INSERT KS11**

**72. Thinking of your experiences trying to get health care since giving birth, have you felt that you were treated unfairly or discriminated against for any reason? [Select ONE]**

- Yes -> GO TO Q72a, THEN Q72b
- No – SKIP TO Q73
- Did not seek health care treatment in past 12 months

**72a. What are the main reasons you felt that you were treated unfairly or discriminated against while trying to get health care?** [Telephone: do not read options; select best based on participant response. Prompt: some examples include your language, race/ethnicity, sexual orientation, religion, income, etc.] [Select ALL that apply]

- Race/ethnicity, or skin color
- Age
- Language/accent
- Health status or disability (including physical or mental health disability)
- Body weight
- Insurance status or type
- Income level
- Religion
- Sexual orientation
- Gender/sex
- Gender identity
- Marital status
- Drug use
- Immigration status
- Some other reason, please specify: [open field]



**72b. How did being treated unfairly or discriminated against change your experiences in health care?** [Check ALL that apply]

- Did not affect my health care
- Avoided or delayed health care
- Chose a different health care clinician
- Gave less information to health care clinician
- Got a second opinion
- Had less trust in the health care system
- Other, please specify: [open field]
- I don't know

*Below is a list of statements dealing with your general feelings about health care clinicians after giving birth. Think about what identity groups you belong to. Some examples include your language, race/ethnicity, sexual orientation, religion, income, etc.*

**73. Health care clinicians sometimes hide information from patients who belong to my identity group(s).**

- Strongly agree
- Agree
- Feel neutral
- Disagree
- Strongly disagree

**74. Health care clinicians have the best interests of people of my identity group(s) in mind.**

- Strongly agree
- Agree
- Feel neutral
- Disagree
- Strongly disagree

**75. People of my identity group(s) should not confide in doctors and healthcare workers health care clinicians because what we say will be used against us.**

- Strongly agree
- Agree
- Feel neutral
- Disagree
- Strongly disagree





**76. People of my identity group(s) should be suspicious of information from health care clinicians.**

- Strongly agree
- Agree
- Feel neutral
- Disagree
- Strongly disagree

**77. People of my identity group(s) cannot trust health care clinicians.**

- Strongly agree
- Agree
- Feel neutral
- Disagree
- Strongly disagree

**78. People of my identity group(s) should be suspicious of modern medicine.**

- Strongly agree
- Agree
- Feel neutral
- Disagree
- Strongly disagree

**79. Health care clinicians treat people of my identity group(s) like “guinea pigs”.**

- Strongly agree
- Agree
- Feel neutral
- Disagree
- Strongly disagree

**80. People of my identity group(s) receive the same medical care from doctors and health care workers as people from other groups.**

- Strongly agree
- Agree
- Feel neutral
- Disagree
- Strongly disagree



**81. Health care clinicians do not take the medical complaints of people of my identity group(s) seriously.**

- Strongly agree
- Agree
- Feel neutral
- Disagree
- Strongly disagree

**82. People of my identity group(s) are treated the same as people of other groups by health care clinicians.**

- Strongly agree
- Agree
- Feel neutral
- Disagree
- Strongly disagree

**83. In most hospitals, people of different identity group(s) receive the same kind of care.**

- Strongly agree
- Agree
- Feel neutral
- Disagree
- Strongly disagree

**84. I have personally been treated poorly or unfairly by health care clinicians because of my identity group(s).**

- Strongly agree
- Agree
- Feel neutral
- Disagree
- Strongly disagree

## Financial Burden

7 questions + 1 subquestion

*The next few questions are about paying for health care and other necessities.*

**85. About how much money did you spend out of pocket on health care for childbirth?**

**Your best estimate is fine.** [Select ONE] [Telephone: do not read options; select best based on participant response]

- I did not spend any money out of pocket -> SKIP Q86 and Q87
- \$1 - \$500
- \$501 - \$1,000
- \$1,001 - \$3,000
- \$3,001 - \$5,000
- \$5,001 - \$7,000
- \$7,001 - \$9,000
- Greater than \$9,001
- I don't know

**86. How did you pay for the health care costs of childbirth?** [Check ALL that apply]

- Cash or check
- Credit card
- Borrowed money from family or friends
- Skipped other bills
- Paid other bills late
- Payday loans
- I haven't made any payments yet
- Other
- I don't know

**87. Do you still owe any money for your childbirth costs? Include owing money to any source, such as the hospital, birthing center, midwife, credit cards or family.** [Select ONE]

- Yes
- No
- I don't know

**88. Since giving birth, how much money have you spent out of pocket on all other health care for yourself? Do not include costs of childbirth. Your best estimate is fine.** [Select ONE] [Telephone: do not read options; select best based on participant response]

- I did not spend any money out of pocket
- \$1 - \$500
- \$501 - \$1,000
- \$1,001 - \$3,000
- \$3,001 - \$5,000



- \$5,001 - \$7,000
- \$7,001 - \$9,000
- Greater than \$9,001
- I don't know

**89. In general, how worried are you about paying your health care bills?** [Select ONE]

- Not at all worried
- Somewhat worried
- Very worried
- I don't know

**INSERT NJ6**

**90. Since giving birth, have you had any difficulty paying for any of the following?** [Check ALL that apply]

- Rent/mortgage
- Student loans
- Utility bills (*e.g., heating, cooling, electricity, water, phone, internet*)
- Transportation
- Credit card bills
- Payday loans
- Child care
- I did not have difficulty paying for any of these services

**91. Have you had any debt go to collections since giving birth?** [Select ONE]

- Yes -> GO TO Q91a
- No
- I don't know

**91a. Did this debt collection have anything to do with costs related to your health care?** [Select ONE]

- Yes
- No
- I don't know
- I did not have any debt collections since I gave birth

## Social Determinants

4 questions



*The next questions will ask about financial assistance, utilities, housing, and food.*

**92. Since giving birth, did anyone in your household receive assistance from any of the following sources? [**

- COVID-19 stimulus payment  Yes  No
- Unemployment compensation or worker's compensation  Yes  No
- Cash assistance from a state or county welfare program. You may know this program as [STATE NAME].  Yes  
 No
- The Supplemental Nutrition Assistance Program (SNAP). You may know this program as [STATE NAME].  Yes  
 No
- Women, Infants and Children Nutrition Program (WIC) program  Yes  No
- Help paying for child care from a government agency  Yes  No
- A federal, state or local government housing program that lowers your rent or provides a housing voucher  Yes  No
- A federal, state or local government program that helps pay for energy costs  Yes  No
- Other government program(s) not listed here  Yes  No

**93. In the past 30 days, have you been concerned about having enough food for you or your family? [Select ONE]**

- Yes
- No

**INSERT NJ7**

**INSERT UT6**

**94. Since giving birth, have you been forced to move by a landlord, by a bank or other financial institution, by the government, or because of a natural disaster or fire?**

[Check ALL that apply]

- No, I have not been forced to move
- Yes, by a landlord (including eviction)
- Yes, by a bank or other financial institution (including foreclosure)
- Yes, by the government
- Yes, because of COVID-19
- Yes, because of a natural disaster or fire

**95. What is your current housing situation? [Select ONE]**

- Rent an apartment or house



- Own an apartment or house
- Staying with family or friends
- Live in temporary housing or a group shelter
- Live on the street or in a park, abandoned building, automobile or similar place
- Other
- I don't know

**INSERT NJ8, NJ9, NJ10**

**INSERT NYC4, NYC5, NYC6, NYC7**

**INSERT PA8, PA9**

**INSERT UT7**

**INSERT VA8**

## Social Support

6 questions + 1 subquestion

**96. How confident do you feel about taking care of your baby?** [Select ONE]

- Very confident
- Confident
- Somewhat confident
- Not very confident
- Not at all confident

**INSERT MI6**

**INSERT UT8**

**INSERT VA9**

*In the next few questions, we will ask how much you agree or disagree with a description of your personal relationships.*

**97. There is a special person with whom I can share my joys and sorrows.** [Select ONE]

- Very strongly disagree
- Strongly disagree
- Disagree
- Neutral
- Agree



- Strongly agree
- Very strongly agree

**98. I can count on my friends when things go wrong.** [Select ONE]

- Very strongly disagree
- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree
- Very strongly agree

**99. I get the emotional help and support I need from my family.** [Select ONE]

- Very strongly disagree
- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree
- Very strongly

**INSERT MI7**

**INSERT NYC8**

**INSERT UT9**

**100. Since giving birth, did your spouse or partner threaten you, physically harm you, limit your activities against your will, or make you feel unsafe in any way?**

- No
- Yes

*These next two questions will ask about common negative experiences people may have had.*

**101. In your day-to-day life, how often do you feel you have been treated with less respect or courtesy than other people.**

- 0 (never)
- 1 (rarely) -> GO TO Q101a
- 2 (sometimes) -> GO TO Q101a
- 3 (often) -> GO TO Q101a

**101a. What are the main reasons you feel that people treat you with less respect or courtesy?** [Select ALL that apply] [Telephone: do not read options; select best based on participant response]

- Race/ethnicity, or skin color
- Age
- Language/accent
- Health status or disability (including physical or mental health disability)
- Body weight
- Insurance status or type
- Income level
- Religion
- Sexual orientation
- Gender/sex
- Gender identity
- Immigration status
- Some other reason, please specify: [open field]

## COVID-19

6 questions + 3 subquestions

*We are interested in learning more about how coronavirus (COVID-19) may have affected your health and well-being.*

**102. Please tell us if any of the following have happened since March of 2020.** [Check ALL that apply]

- You tested positive for the coronavirus or for coronavirus antibodies  No  
 Yes -> GO TO Q102a
- You got sick and you think it was because you had coronavirus, regardless of whether you were tested  No  Yes -> GO TO Q102a
- Somebody in your household tested positive for the coronavirus or for coronavirus antibodies  No  Yes
- Somebody in your household got sick and you think it was because they had coronavirus  No  Yes

**102a. When do you think you had coronavirus or when did you test positive for coronavirus? Your best guess is fine.** [Check ALL that apply]

- Before I got pregnant -> GO TO Q102ab



- While I was pregnant -> GO TO Q102ai
- Since giving birth-> GO TO Q102ab

**102ai. When during your pregnancy did you have coronavirus? Your best guess is fine.**

[Select ONE]

- First trimester -> GO TO Q102ab
- Second trimester -> GO TO Q102ab
- Third trimester -> GO TO Q102ab
- I don't know -> GO TO Q102ab

**102ab. How serious were your symptoms when you had coronavirus?** [Check ALL that apply]

- No symptoms
- Managed at home (with or without doctor's help)
- Required emergency department visit
- Required hospitalization
- Required intensive care unit (ICU) admission

**103. Did someone close to you pass away from the coronavirus, regardless of whether they were tested?** [Select ONE]

- Yes
- No

**104. In what ways, if any, did the COVID-19 pandemic affect your health care during pregnancy?** [Check ALL that apply]

- I delayed or did not go to appointments because I was concerned about getting COVID-19
- My clinician cancelled appointments or procedures
- My clinician changed to phone or online visits
- My clinician told me to self-isolate or quarantine
- The pandemic did not affect my health care during pregnancy
- Other, please specify: [open field]

**105. In what ways has the COVID-19 pandemic affected your health care since giving birth?** [Check ALL that apply]

- I delayed or did not go to appointments because I was concerned about getting COVID-19

- My clinician cancelled appointments or procedures
- My clinician changed to phone or online visits
- My clinician told me to self-isolate or quarantine
- The pandemic did not affect my health care since giving birth
- Other

**106. Are you or is someone in your household considered an essential worker? An essential worker is required to work outside of the house during the COVID-19 pandemic.** [Check ALL that apply]

- Yes: I am
- Yes: someone in my household is
- No

**107. Since giving birth, how has the COVID-19 pandemic changed the way your immediate family members interact with one another, if at all?** [Check ALL that apply]

- No effect
- My spouse or partner and I argue more
- My child or children act out or argue more
- I have been more short-tempered with my child or children

## Leave

1 question + 2 subquestions

*We will now ask about your experiences with taking leave from work, if any.*

**108. How many weeks or months of maternity or family leave did you take in total, if any?** [Telephone: do not read options; select best based on participant response]

- \_\_\_ Weeks [RANGE: 1-65] OR \_\_\_ Months [RANGE: 1-15] -> GO TO Q108a
- I did not take leave -> GO TO Q108b
- None – I was not employed when my baby was born -> SKIP Q108a and Q108b

**108a. How much of that was paid?**

- Paid: \_\_\_ Weeks [RANGE: 0-65] OR \_\_\_ Months [RANGE: 0-15] -> GO TO Q108b
- None -> GO TO Q108b

**108b. Did any of the reasons listed below affect your decision about taking leave or the length of leave that you took after you gave birth?** [Check ALL that apply]



- I could not financially afford to take leave or stay out longer
- I was afraid I'd lose my job if I took leave or stayed out longer
- I was afraid that my chances at promotion would be affected if I took leave or stayed out longer
- I had too much work to do to take leave or stay out longer
- My job does not offer paid leave
- I had not built up enough leave time to take any more time off
- Concerns related to COVID-19 (infection risk, childcare, etc.)
- None of these apply

**INSERT MI8**

**Child Care**

3 questions

*Our final few questions ask you about child care.*

**109. Think about your baby's current child care arrangements. Are you very satisfied, satisfied, unsatisfied, or very unsatisfied?**

- Very satisfied
- Satisfied
- Unsatisfied
- Very unsatisfied

**INSERT MI9**

**INSERT PA10**

**INSERT VA10**

**110. In the last 30 days, who was your usual child care provider?** [Select ONE]

- Me
- Spouse or partner
- Baby's grandparent
- Other close family members or relatives
- Friend or neighbor
- Babysitter, nanny, or other childcare provider
- Staff at home-based or day care center
- Other

**111. On average, how much do you spend a month on child care for your baby?** [Select ONE]

- \_\_\_\_ US dollars