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.



- Genderqueer or gender nonconforming
- □ Prefer to self-describe > Please tell us:
- 3. 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 <u>before</u> you got pregnant. 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.

4.

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	
Δ	Asthma	

5. 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

- e. Visit for family planning or to get birth control
 f. Visit for depression or anxiety
- h. Other...... Please tell us:

If you <u>had</u> any healthcare visits in the <u>12</u> <u>months before</u> you got pregnant, go to Page 2, Question 7.

No Yes

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

Check ALL that apply

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

If you did <u>not</u> have any healthcare visits, go to Question 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 \Box	
c.	My desire to have or not have children \Box	
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	
١.	If I felt depressed or anxious	

The next questions are about your health insurance.

 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)
- Medicaid
- Other public health insurance (such as the Essential Plan or Child Health Plus)
- □ 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

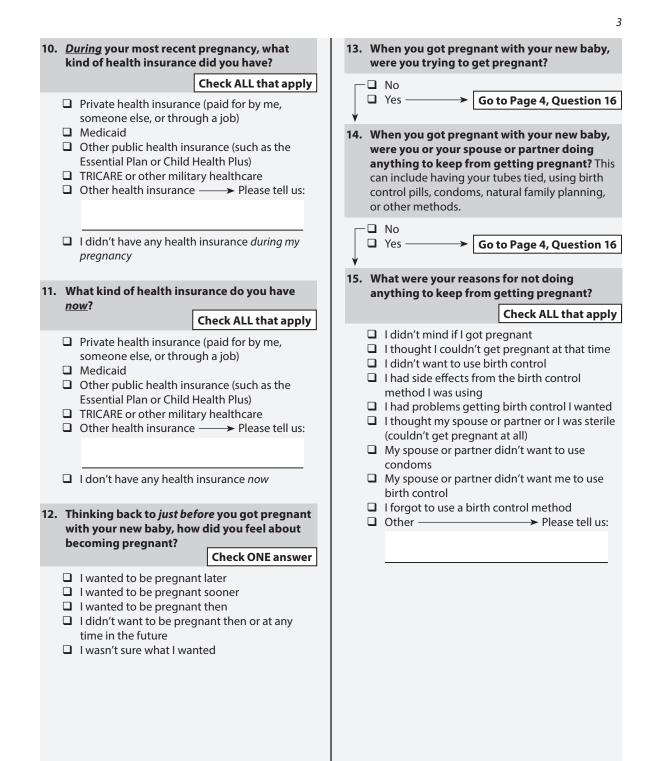
If you <u>had</u> health insurance during the <u>month</u> <u>before</u> you got pregnant, go to Question 10.

9. What was the reason that you did <u>not</u> have any health insurance during the *month before* you got pregnant with your new baby?

Check ALL that apply

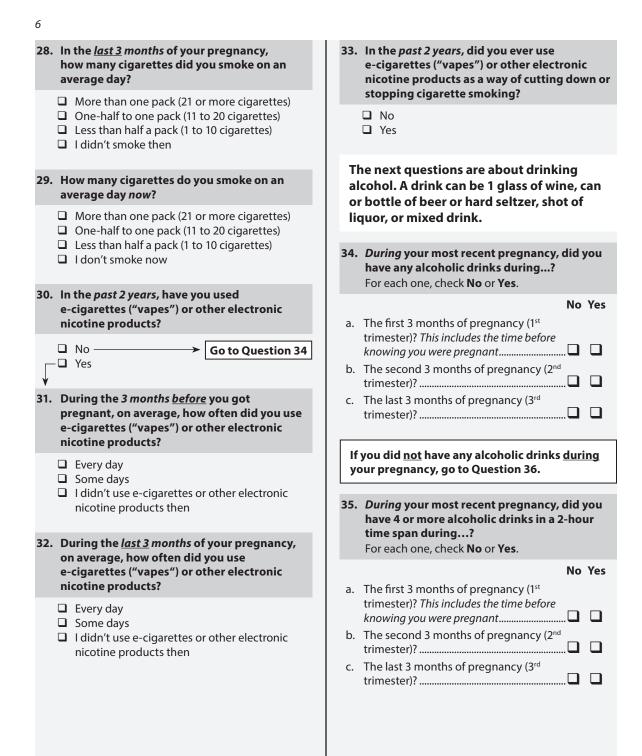
- □ Health insurance was too expensive
- □ I couldn't get health insurance from my job or the job of my spouse or partner
- I applied for health insurance but was waiting to get it
- I had problems with the health insurance application or website
- My income was too high to qualify for Medicaid
- My income was too high to qualify for a tax credit from the New York State of Health Marketplace or HealthCare.gov
- □ I didn't know how to get health insurance

Other	→ Please tell u	us:
other		u.



DURING PREGNANCY	18. During the <i>12 months before</i> your new baby
The next questions are about your prenaticare. This can include visits to a doctor,	was born, did a healthcare provider offer you the following shots or vaccinations? For each one, check No or Yes .
 nurse, or other healthcare worker before your baby was born to get checkups and advice about pregnancy. (It may help to loc at the calendar to answer these questions.) 16. Did you get prenatal care during your most 	k a. Flu shot a. Flu shot a. a. Flu shot a. a. Flu shot a. a. flu shot a. a. a. b. Tdap shot (protects against tetanus, diphtheria, and pertussis [whooping cough]) a. a. a. a. c. COVID-19 shot a.
recent pregnancy?	
□ No → Go to Question Ves	18 19. Did you <i>get</i> the following shots or vaccinations <i>before</i> or <i>during</i> your pregnancy?
17. During any of your prenatal care visits, did a healthcare provider <u>do</u> any of the following things? For each one, check No or Yes.	or check N if you Did <u>not</u> get the shot in the 3
No Ye 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 	B D N a. Flu shot Image: Description of the system of
 labor (labor more than 3 weeks before the baby is due) d. What to do if I feel depressed or anxious 	20. <i>During</i> your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?
during my pregnancy or after my baby is born	No Yes
Ask me e. If I planned to breastfeed my new baby.	21 Did any of the following things make it have
 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 	for you to go to a dentist or dental clinic
medication	No Yes
 h. If I smoked cigarettes or used e-cigarettes ("vapes") or other smokeless tobacco	c. I didn't think it was safe to go to the
or physically	dentist during pregnancy d. I couldn't afford to go to a dentist or dental clinic

 22. During your most recent p healthcare provider tell yo of the following health correct for each one, check No or Y a. Gestational diabetes (diabetes) 	ou that you had any nditions? es. No Yes	24. 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.
started during this pregnan	cy) 🗖 🗖	
 High blood pressure (that <u>st</u> this pregnancy), pre-eclamp eclampsia 	sia, or	Go to Question 26
c. Depression		25. <i>During</i> your most recent pregnancy, did you
d. Anxiety		get information about warning signs from any of the following sources? For each one, check No or Yes .
If you <u>had</u> high blood pressu your pregnancy, go to Quest		No Yes
didn't, got to Question 24.		a. A healthcare provider (such as a doctor, nurse, or midwife)
 23. During your most recent p healthcare provider do an things to help you manage pressure? For each one, che a. Refer me to a different healt 	y of the following e your high blood eck No or Yes. No Yes	 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
provider b. Tell me to regularly check m	y blood	The next questions are about cigarettes, e-cigarettes, and other tobacco products.
pressure during pregnancy.		e-cigarettes, and other tobacco products.
 c. Talk to me about getting to a weight <i>after</i> pregnancy d. Talk to me about regularly cl 		26. Have you smoked any cigarettes in the <i>past 2 years</i> ?
blood pressure after pregna		
e. Talk to me about the risk for		Go to Page 6, Question 30
blood pressure (chronic hype and heart disease after preg		
	,	27. In the <i>3 months <u>before</u></i> 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

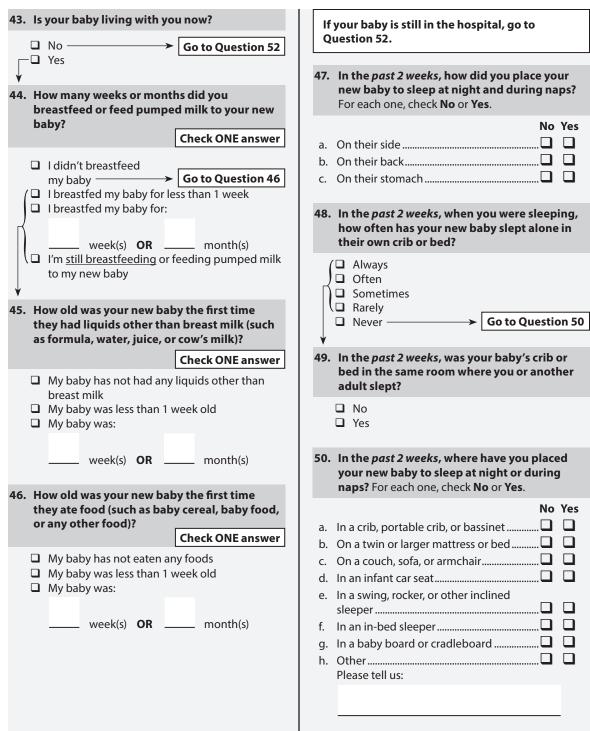


Pregnancy can be a difficult time. The next questions are about things that may have happened <u>before</u> and <u>during</u> your most recent pregnancy.

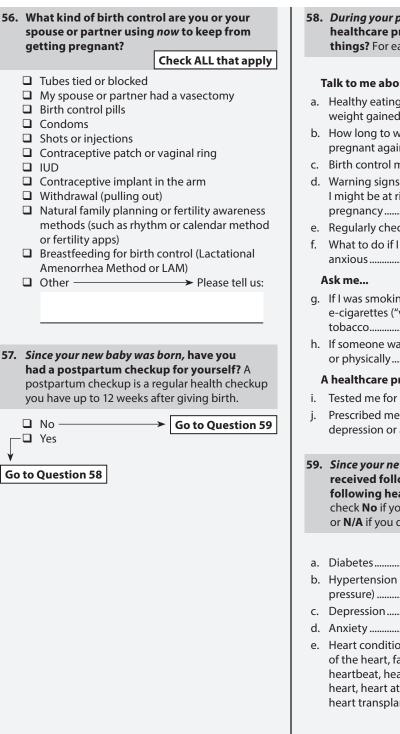
36. Did any of the following things happen during the 12 months before your new baby was born? For each one, check No or Yes.

		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		
0	My spouse, partner, or I lost a job		
e. f.	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		
		_	_
37.	In the 12 months <u>before</u> you got pregno with your new baby, did any of the fol people push, hit, slap, kick, choke, or physically hurt you in any other way? For each one, check No or Yes .	ant	ving
37.	In the 12 months <u>before</u> you got pregne with your new baby, did any of the fol people push, hit, slap, kick, choke, or physically hurt you in any other way? For each one, check No or Yes .	ant Iow	ving Yes
37. a.	In the 12 months <u>before</u> you got pregner with your new baby, did any of the fol people push, hit, slap, kick, choke, or physically hurt you in any other way? For each one, check No or Yes .	ant Iow No	-
	In the 12 months <u>before</u> you got pregner with your new baby, did any of the fol people push, hit, slap, kick, choke, or physically hurt you in any other way? For each one, check No or Yes .	ant Iow No	-
a.	In the 12 months <u>before</u> you got pregner with your new baby, did any of the fol people push, hit, slap, kick, choke, or physically hurt you in any other way? For each one, check No or Yes .	ant Iow No Iid a , ki	Yes
a. b.	In the 12 months <u>before</u> you got pregner with your new baby, did any of the fol people push, hit, slap, kick, choke, or physically hurt you in any other way? For each one, check No or Yes. My spouse or partner My ex-spouse or ex-partner During your most recent pregnancy, do of the following people push, hit, slap choke, or physically hurt you in any ot way? For each one, check No or Yes.	nnt Iow No Iid a , ki ihei	Yes
a. b.	In the 12 months <u>before</u> you got pregner with your new baby, did any of the fol people push, hit, slap, kick, choke, or physically hurt you in any other way? For each one, check No or Yes. My spouse or partner My ex-spouse or ex-partner During your most recent pregnancy, do of the following people push, hit, slap choke, or physically hurt you in any ot way? For each one, check No or Yes.	nnt Iow No Iid a , ki thei	Yes
a. b. 38.	In the 12 months <u>before</u> you got pregner with your new baby, did any of the fol people push, hit, slap, kick, choke, or physically hurt you in any other way? For each one, check No or Yes. My spouse or partner My ex-spouse or ex-partner During your most recent pregnancy, do of the following people push, hit, slap choke, or physically hurt you in any ot way? For each one, check No or Yes.	nnt Iow No Iid a , ki thei	Yes

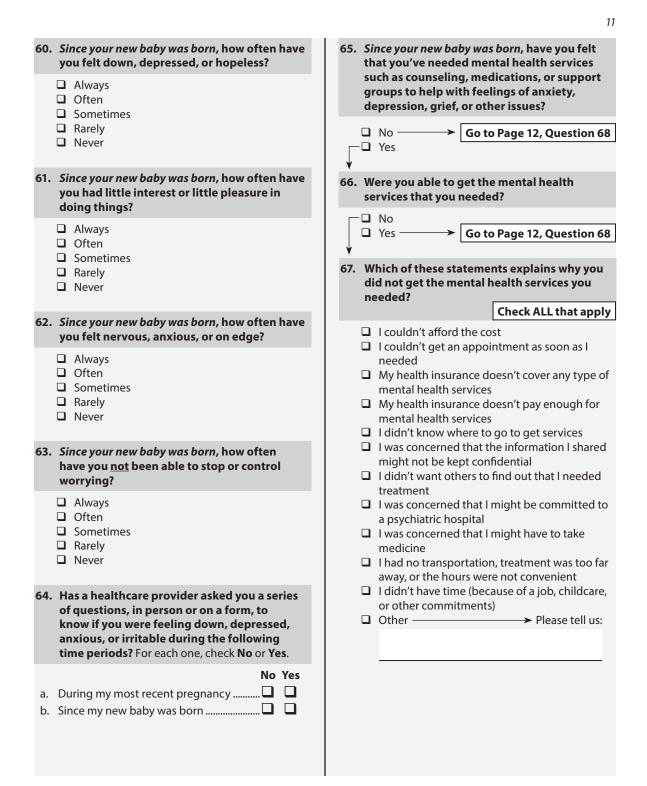
AFTER PREGNANCY					
The next questions are about the time since your new baby was born.					
39.	When was your new bab	oy born?			
	Month Day	Year	_		
40.	Overall, <i>during the deliv</i> For each one, check No of		/ baby, I f	elt	
			No	Yes	
a.	Comfortable asking quest labor and delivery care tha	t l receive	ed 🗖		
b.	want it				
	care that my provider reco	ommende	ed 🗖		
d. e	I was able to choose the c that I received My providers treated me				
f.		nd delivery	/ care		
41.	<i>After</i> the delivery, how l baby stay in the hospita		your new	1	
	 Less than 3 days 3 to 5 days 6 to 14 days More than 14 days My baby was not born in a hospital 				
¥	the hospital ———		Go to Pa Questio	ge 8, n 44	
42. Is your baby alive now?					
Ţ			rry for you , Questio		
Go to Page 8, Question 43					



51.	In the <i>past 2 weeks</i> , has your new baby been placed to sleep with the following? For each one, check No or Yes . No Yes	54. 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.
a.	In a sleeping sack or wearable blanket 🏼 🗳	ramily planning, or other methods.
b.		Go to Page 10, Question 56
с.	Comforters, quilts, blankets, or non-fitted	
	sheets	Go to Page 10,
d.	Soft toys, cushions, or pillows, including	Question 57
	nursing pillows	55. What are your reasons for not doing anything
	Crib bumper pads (mesh or non-mesh) Other	to keep from getting pregnant now?
f.	Other	Check ALL that apply
Ţ	 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 54 Yes Who was the home visitor that came to your home since your new baby was born? 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
	 A nurse, nurse's aide, or midwife A teacher or health educator A doula or childbirth educator Someone from the Nurse Family Partnership Someone from the NYC Department of Health's Newborn Home Visiting Program Someone else	If you're <u>not doing</u> anything to keep from getting pregnant <u>now</u> , go to Page 10, Question 57.



8.	During your postpartum checkup, did healthcare provider <u>do</u> any of the foll things? For each one, check No or Yes .		ng
		No	Yes
T	alk to me about		
a.	Healthy eating, exercise, and losing weight gained during pregnancy		
э. :.	How long to wait before getting pregnant again Birth control methods		
 1.	Warning signs of medical problems I might be at risk for due to my pregnancy	. 🗖	
2.	Regularly checking my blood pressure What to do if I feel depressed or anxious		
	\sk me		-
թ ց.	If I was smoking cigarettes or using		
J.	e-cigarettes ("vapes") or other smokeless tobacco		
٦.	If someone was hurting me emotionally or physically		
P	healthcare provider		
	Tested me for diabetes Prescribed me medication for		
	depression or anxiety	. 🖵	
9.	Since your new baby was born, have ye received follow-up care for any of the following health conditions? For each check No if you didn't get it, Yes if you c or N/A if you didn't have the condition.	iten	
	No No		
a.	Diabetes		
Э.	Hypertension (high blood pressure)		
	Depression		
d. ≥.	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	72. How many weeks or months of leave, in total, did you take or will you take?
The next questions are on a variety of	Write ONE answer
topics.68. Please tell us how often each of the following happened during the 12 months before your	 Less than 1 week week(s) OR month(s)
 new baby was born. a. I worried whether my food would run out before I got money to buy more Often Sometimes Never 	73. Did any of the following things affect your decision about taking leave from work <i>after</i> your new baby was born? For each one, check No or Yes .
 b. The food that I bought just didn't last, and I didn't have money to get more Often Sometimes Never 69. During the 12 months before your new baby was born, did lack of transportation keep you from any of the following? 	No Yes a. I couldn't financially afford to take leave b. I was afraid I'd lose my job if I took leave or stayed out longer c. I had too much work to do to take leave or stay out longer d. My job doesn't have paid leave
For each one, check No or Yes. a. Going to medical appointments b. Going to non-medical appointments, meetings, or work c. Doing errands	 e. My job doesn't offer a flexible work schedule
 70. At any time during your most recent pregnancy, did you work at a job for pay? No Go to Question 74 71. Did you take leave from work after your new 	 products. For each time period, check No or Yes. No Yes a. During the 3 months before I got pregnant b. During my most recent pregnancy c. Since my new baby was born
baby was born? Check ALL that apply Image: Check ALL that apply <tr< th=""><th>75. During any of the following time periods, did your spouse or partner threaten you, limit your activities against your will, or make you feel unsafe in any other way? For each time period, check No or Yes.</th></tr<>	75. During any of the following time periods, did your spouse or partner threaten you, limit your activities against your will, or make you feel unsafe in any other way? For each time period, check No or Yes.
 Yes, I took leave using Temporary Disability Insurance (TDI) No, I didn't take any leave	No Yes a. During the 12 months before I got pregnant b. During my most recent pregnancy c. Since my new baby was born

76.	The following questions are about th in your life and the support they prove <u>now</u> . 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 or 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 <u>getting</u> 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		
I.	My use of substances (alcohol, tobacco, or other drugs)		
m.	(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. During your life until now, how often have you The next questions are about the time worried that you might be treated or judged during the 12 months before your new baby unfairly because of your race, ethnicity, or was born. skin color? Verv often 82. During the 12 months before your new Somewhat often baby was born, what was your yearly total Not very often household income before taxes? Include your Never income, your spouse or partner's income, and any other income you may have received. All 80. Have you ever been treated unfairly due to *information will be kept private* and will not affect your race, ethnicity, or skin color in any of the any services you are getting now. following situations? □ \$0 to \$18,000 For each one, check **No** or **Yes**. □ \$18,001 to \$23,000 No Yes □ \$23,001 to \$27,000 a. Job (hiring, promotion, firing)..... □ \$27,001 to \$32,000 □ \$32,001 to \$37,000 b. Housing (renting, buying, mortgage) 🔲 🔲 □ \$37,001 to \$42,000 c. Police (stopped, searched, threatened).... □ \$42,001 to \$48,000 d. In the courts □ \$48,001 to \$60,000 e. At school or my child's school □ \$60,001 to \$85,000 f. Getting medical care..... □ \$85,001 or more 83. During the 12 months before your new baby 81. What is your living situation today? was born, how many people, including **Check ONE answer** yourself, depended on this income? □ I have a steady place to live □ I have a place to live today, but I'm worried Number of people about losing it in the future □ I don't have a steady place to live (I'm temporarily staying with others, in a hotel, in a 84. What is today's date? shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

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 families in New York City healthier.