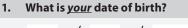
Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

#### **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><b>not</b></u>	
	gestational diabetes or diabetes that	
	starts during pregnancy)	
b.	High blood pressure or hypertension $lacksquare$	
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
	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...

My weight	
Regularly checking my blood pressure	
My desire to have or not have children $\Box$	
Birth control methods	
How I could improve my health before a pregnancy	
Sexually transmitted infections such as chlamydia, gonorrhea, syphilis, or HIV	
Ask me	
If I smoked cigarettes or used	
e-cigarettes ("vapes") or other	_
smokeless tobacco	Ц
If someone was hurting me emotionally or physically	
If I felt depressed or anxious	
	Regularly checking my blood pressure My desire to have or not have children Birth control methods

# The next questions are about your *health insurance*.

8. During the <u>month before</u> you got pregnant with your new baby, what kind of health insurance did you have?

#### Check ALL that apply

- Private health insurance (paid for by me, someone else, or through a job)
- Private health insurance from the Illinois Health Insurance Marketplace, Getcoveredillinois.gov, or Healthcare.gov
- Medicaid
- CHIP or All Kids
- □ TRICARE or other military healthcare
- □ Other health insurance > Please tell us:
- I didn't have any health insurance during the month before I got pregnant
- 9. <u>During</u> your most recent pregnancy, what kind of health insurance did you have?

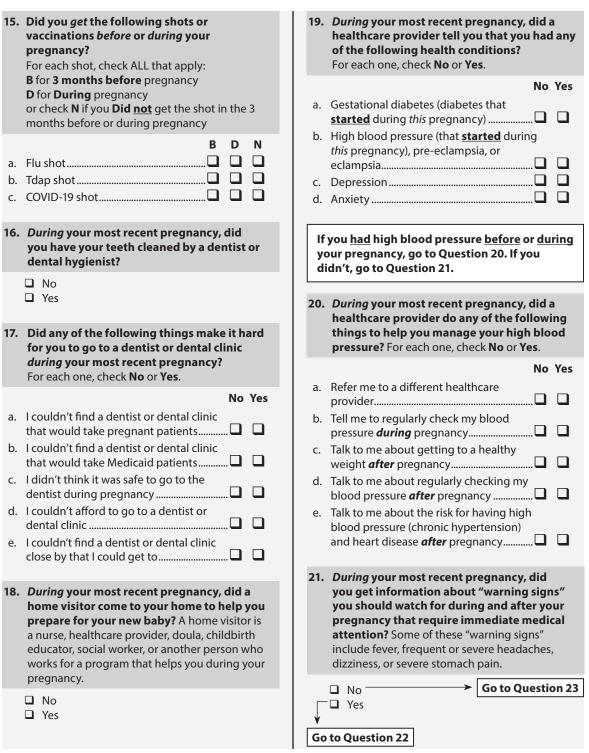
#### Check ALL that apply

- Private health insurance (paid for by me, someone else, or through a job)
- Private health insurance from the Illinois Health Insurance Marketplace, Getcoveredillinois.gov, or Healthcare.gov
- Medicaid
- CHIP or All Kids
- □ TRICARE or other military healthcare
- □ Other health insurance > Please tell us:
- I didn't have any health insurance during my pregnancy

0. What kind of health ins	surance do you have	13.	During an
<u>now</u> ?	Check ALL that apply		healthcar things? Fo
	ugh a job) ice from the Illinois Health e, Getcoveredillinois.gov, tary healthcare re — → Please tell us:	a. b. c.	The signs labor (labor the baby i What to during my is born
11. Thinking back to just be with your new baby, ho becoming pregnant?		e. f.	Is borrian Isk <b>me</b> If I planne If I planne baby was
<ul> <li>I wanted to be pregna</li> <li>I wanted to be pregna</li> <li>I wanted to be pregna</li> <li>I didn't want to be pretime in the future</li> <li>I wasn't sure what I wasn't sur</li></ul>	ant later ant sooner ant then egnant then or at any		If I was tak medication If I smoked e-cigarette smokeless If I was drin If someone
DURING PRE	GNANCY		or physica
The next questions are a care. This can include vi nurse, or other healthca	sits to a doctor, are worker before	l I.	If I was usin If I was usin If I wanted
your baby was born to g advice about pregnancy at the calendar to answer	<b>y.</b> (It may help to look	14.	During th was born, the follow For each o
12. Did you get prenatal ca recent pregnancy?	are during your most		
□ No ↓ Yes	→ Go to Question 14	a. b.	Flu shot Tdap shot diphtheria cough])
Go to Question 13		c.	COVID-19

3.	During any of your prenatal care visits healthcare provider <u>do</u> any of the foll things? For each one, check <b>No</b> or <b>Yes</b> .		
		No	Yes
T	alk to me about		
1.	How much weight I should gain during pregnancy		
).	Doing tests to screen for birth defects or diseases that run in my family		
	The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)		
1.	What to do if I feel depressed or anxious during my pregnancy or after my baby is born		
P	lsk me		
2.	If I planned to breastfeed my new baby		
•	If I planned to use birth control after my baby was born		
J.	If I was taking any prescription medication		
۱.	If I smoked cigarettes or used e-cigarettes ("vapes") or other		
	smokeless tobacco If I was drinking alcohol		
	If someone was hurting me emotionally or physically		
ζ.	If I was using illegal drugs		
•	If I was using marijuana		
n.	If I wanted to be tested for HIV		
4.	During the 12 months before your new was born, did a healthcare provider o the following shots or vaccinations? For each one, check <b>No</b> or <b>Yes</b> .		
ı. D.	Flu shot Tdap shot (protects against tetanus,		Yes

diphtheria, and pertussis [whooping cough])
 COVID-19 shot



22. During your most recent pregnancy, did you get information about warning signs from any of the following sources? For each one, check **No** or **Yes**.

No Yes

- a. A healthcare provider (such as a doctor, nurse, or midwife) .....
- b. Websites or social media (such as Facebook, Instagram, or Twitter)......
- c. Any source of information that used the slogan "Hear Her" (such as websites, social media, or paper handouts)......
  d. Family or friends ......

### The next questions are about cigarettes, e-cigarettes, and other tobacco products.

- 23. Have you smoked any cigarettes in the *past* 2 years?
  - □ No → Go to Question 27
    □ Yes
- 24. In the *3 months <u>before</u>* you got pregnant, how many cigarettes did you smoke on an average day?
  - More than one pack (21 or more cigarettes)
  - One-half to one pack (11 to 20 cigarettes)
  - Less than half a pack (1 to 10 cigarettes)
  - I didn't smoke then
- 25. In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day?
  - □ More than one pack (21 or more cigarettes)
  - One-half to one pack (11 to 20 cigarettes)
  - Less than half a pack (1 to 10 cigarettes)
  - I didn't smoke then

26. How many cigarettes do you smoke on an average day now? □ More than one pack (21 or more cigarettes) • One-half to one pack (11 to 20 cigarettes) Less than half a pack (1 to 10 cigarettes) I don't smoke now 27. In the past 2 years, have you used e-cigarettes ("vapes") or other electronic nicotine products? No – Go to Page 6, Question 31 • Yes 28. During the 3 months before you got pregnant, on average, how often did you use e-cigarettes ("vapes") or other electronic nicotine products? Every day □ Some days □ I didn't use e-cigarettes or other electronic nicotine products then 29. During the *last 3 months* of your pregnancy, on average, how often did you use e-cigarettes ("vapes") or other electronic nicotine products? Every day □ Some days □ I didn't use e-cigarettes or other electronic nicotine products then 30. In the past 2 years, did you ever use e-cigarettes ("vapes") or other electronic nicotine products as a way of cutting down or stopping cigarette smoking? No No Yes

The next questions are about drinking alcohol. A drink can be 1 glass of wine, can or bottle of beer or hard seltzer, shot of liquor, or mixed drink.

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

No Yes

- c. The last 3 months of pregnancy (3<sup>rd</sup> trimester)?

If you did <u>not</u> have any alcoholic drinks <u>during</u> your pregnancy, go to Question 33.

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

No Yes

- trimester)? ..... C In last 3 months of pregnancy (3<sup>rd</sup> \_ \_ \_
- trimester)? .....

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

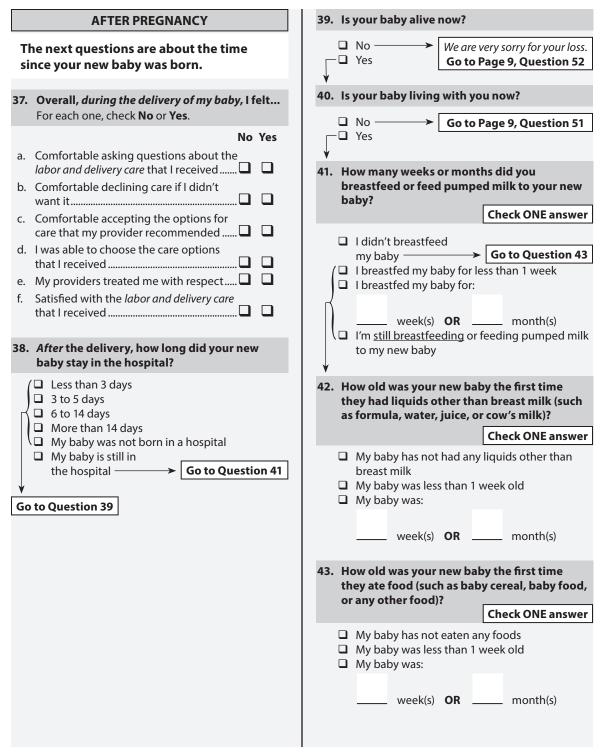
33. Did any of the following things happen during the 12 months before your new baby was born? For each one, check No or Yes.

		No	Yes
a.	I got separated or divorced	. 🗖	
b.	I was evicted or forced to move	. 🗖	
c.	I didn't have a regular place to sleep	. 🗖	
d.	I was homeless or had to sleep outside, in a car, or in a shelter		
e.	My spouse, partner, or I lost a job	. 🗖	
f.	My spouse, partner, or I had a cut in work hours or pay		
g.	I had problems paying the rent, mortgage, or other bills	. 🗖	
h.	My spouse or partner went to jail/prison.	. 🗖	
i.	I went to jail/prison	. 🗖	
j.	Someone close to me had a problem with drinking or drugs	. 🗖	
k.	Someone close to me was very sick or died		

34. During the 12 months before your new baby was born, how often did you feel unsafe in the neighborhood where you lived?

- Always
- Often
- Sometimes
- □ Rarely
- Never

#### Questions 35–36 have been removed. Please continue with Question 37.



8	
If you ever breastfed your baby, go to Question 45.	48. In the past 2 weeks, where have you placed your new baby to sleep at night or during naps? For each one, check No or Yes.
<ul> <li>44. What were your reasons for not breastfeeding your new baby?</li> <li>Check ALL that apply</li> <li>I was sick or on medicine <ul> <li>I had other children to take care of</li> <li>I had too many other things going on</li> <li>I didn't like breastfeeding</li> <li>I tried, but it was too hard</li> <li>I didn't want to</li> <li>I went back to work</li> <li>I went back to school</li> </ul> </li> <li>Other — Please tell us:</li> </ul>	No Yes         a. In a crib, portable crib, or bassinet         b. On a twin or larger mattress or bed         c. On a couch, sofa, or armchair         d. In an infant car seat         e. In a swing, rocker, or other inclined         sleeper         g. In a in-bed sleeper         h. Other         Please tell us:
<ul> <li>If your baby is still in the hospital, go to Question 51.</li> <li>45. In the <i>past 2 weeks</i>, how did you place your new baby to sleep at night and during naps?</li> </ul>	<ul> <li>49. In the past 2 weeks, has your new baby been placed to sleep with the following? For each one, check No or Yes.</li> <li>No Yes</li> <li>a. In a sleeping sack or wearable blanket □</li> </ul>
For each one, check No or Yes. No Yes a. On their side b. On their back c. On their stomach 46. In the <i>past 2 weeks</i> , when you were sleeping,	<ul> <li>b. In a swaddled blanket</li></ul>
<ul> <li>how often has your new baby slept alone in their own crib or bed?</li> <li>↓ Always</li> <li>↓ Often</li> <li>↓ Sometimes</li> <li>↓ Rarely</li> <li>↓ Never → Go to Question 48</li> </ul> 47. In the past 2 weeks, was your baby's crib or bed in the same room where you or another adult slept?	

No Yes

No Yes

- No
- Yes

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

		NO	Yes
a.	My family doctor		
b.	My OB/GYN		
c.	A nurse or midwife		
d.	Doula or a childbirth educator		
e.	My baby's doctor or healthcare provider.		
f.	Websites or apps about pregnancy or infant care		
g.	Social media (such as Facebook, Instagram, TikTok)		
h.	Other sources Please tell us:		
			-
51.	Since your new baby was born, has a h visitor come to your home to help you how to take care of yourself or your n baby? A home visitor is a nurse, healthc provider doula social worker or anothe	<b>u lea</b> ew are	arn

- who works for a program that helps families with newborns.
  - D No
  - Yes
- 52. Are you or your spouse or partner doing anything now to keep from getting pregnant? This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.



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

### **Check ALL that apply**

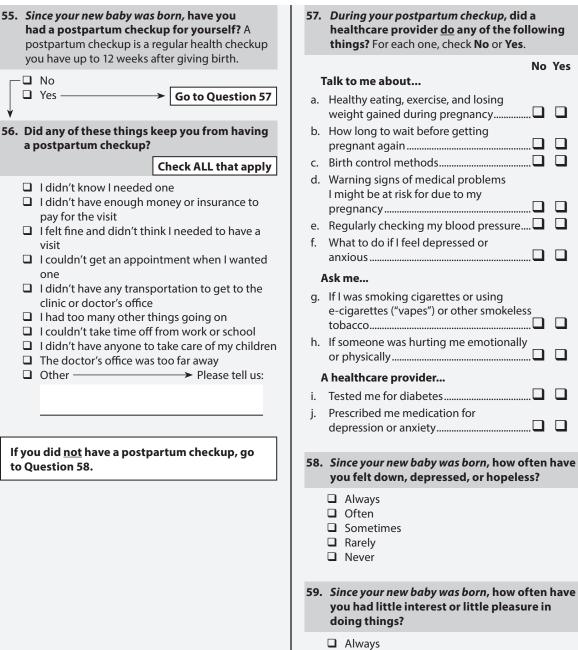
- □ I want to get pregnant or don't mind if I do
- I had my tubes tied or blocked
- My spouse or partner had a vasectomy
- □ I don't want to use birth control
- I'm worried about side effects from birth control
- My spouse or partner doesn't want to use condoms
- My spouse or partner doesn't want me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

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

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

## Check ALL that apply

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



- Often
- Sometimes

No Yes

- □ Rarely
- Never

60. Since your new baby was born, how often have	OTHER EXPERIENCES
you felt nervous, anxious, or on edge?  Always Often Sometimes	The next questions are on a variety of topics.
<ul><li>Rarely</li><li>Never</li></ul>	66. Please tell us how often each of the following happened during the <i>12 months before</i> your new baby was born.
61. Since your new baby was born, how often have you <u>not</u> been able to stop or control worrying?	a. I worried whether my food would run out before I got money to buy more
<ul> <li>Always</li> <li>Often</li> <li>Sometimes</li> <li>Rarely</li> <li>Never</li> </ul>	<ul> <li>Often</li> <li>Sometimes</li> <li>Never</li> <li>b. The food that I bought just didn't last, and I didn't have money to get more</li> <li>Often</li> <li>Sometimes</li> <li>Never</li> </ul>
62. Has a healthcare provider asked you a series of questions, in person or on a form, to know if you were feeling down, depressed, anxious, or irritable during the following	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.
time periods? For each one, check No or Yes. No Yes a. During my most recent pregnancy	No Yes         a. Going to medical appointments         b. Going to non-medical appointments, meetings, or work         c. Doing errands
63. Since your new baby was born, has a healthcare provider told you that you had depression?	68. During the <i>3 months <u>before</u> you got</i> pregnant, on average, about how often did you use marijuana products?
<ul> <li>No → Go to Question 66</li> <li>Yes</li> <li>64. Since your new baby was born, have you gotten counseling for your depression?</li> <li>No</li> <li>No</li> </ul>	<ul> <li>Daily</li> <li>2-6 days a week</li> <li>1 day a week</li> <li>2-3 days a month</li> <li>1 day a month or less</li> <li>I didn't use marijuana then</li> </ul>
<ul> <li>Yes</li> <li>65. Since your new baby was born, have you taken processing and ising for your depression?</li> </ul>	69. <i>During</i> your most recent pregnancy, on average, about how often did you use marijuana products?
prescription medicine for your depression?  No Yes	<ul> <li>Daily</li> <li>2-6 days a week</li> <li>1 day a week</li> <li>2-3 days a month</li> <li>1 day a month or less</li> <li>I didn't use marijuana then</li> </ul>

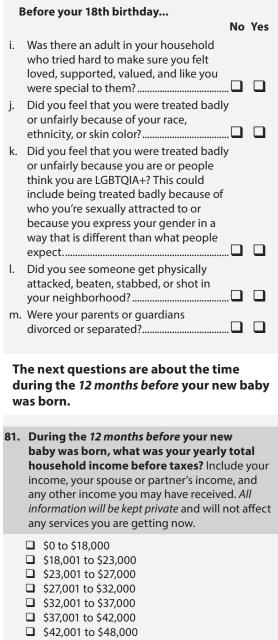
70.	<i>During</i> your most recent pregnancy, did you use prescription pain relievers such as hydrocodone (Vicodin <sup>®</sup> ), oxycodone (Percocet <sup>®</sup> ), or codeine?	75.	Since your new baby was born, how often does your spouse or partner provide you with encouragement and emotional support?
	<ul> <li>No</li> <li>Yes</li> </ul>		<ul> <li>Always</li> <li>Often</li> <li>Sometimes</li> <li>Rarely</li> </ul>
71.	<i>During</i> your most recent pregnancy, which types of <u>prenatal care</u> appointments did you attend?		<ul> <li>Never</li> <li>I don't have a spouse or partner</li> </ul>
	Check ONE answer  In-person appointments only  Virtual appointments (video or talephone) apply	76.	The following questions are about the people in your life and the support they provide you <u>now</u> . For each one, check <b>No</b> or <b>Yes</b> .
	<ul> <li>Virtual appointments (video or telephone) only</li> <li>Both, in-person and virtual appointments</li> </ul>		No Yes
	I didn't have prenatal care		Do you have someone you can go to if you're feeling lonely?
72.	During your most recent pregnancy or since your new baby was born, have you gone to the hospital emergency room or an urgent		Do you have someone you can talk with about things that are important to you or how you're feeling?
	care clinic for complications related to your pregnancy, your delivery, or your postpartum recovery?	c.	Do you have someone you can count on to listen to your problems, worries, and fears?
	<ul><li>No</li><li>Yes</li></ul>		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?
73.	During your most recent pregnancy or since your new baby was born, did you have to reschedule or skip a healthcare visit for yourself because you had no one to watch	f.	Do you have someone you can count on to loan you money for things like food or bills?
	your child(ren)?	g.	Do you have someone who can take care of your children if you need help?
	<ul><li>No</li><li>Yes</li></ul>	h.	Do you have someone who can help with daily chores if you're sick?
74.	Did you use doula support during any of the following time periods? A doula is a trained pregnancy and labor companion who gives comfort, emotional support, and information during birth. A doula does not provide medical care. For each time period, check <b>No</b> or <b>Yes</b> .	i.	Do you have someone who can take you to the clinic or doctor's office if you need a ride?
	No Yes		
b.	During my most recent pregnancyIDuring the birth of my new babyISince my new baby was bornI		

77. While getting healthcare during your pregnancy, at delivery, or at postpartum care, did you experience discrimination or were you prevented from doing something, hassled, or made to feel inferior? For each one, check **No** if you did not experience discrimination because of it or Yes if you did.

		No	Yes
a.	My race, ethnicity, or skin color		
b.	My disability status		
c.	My immigration status		
d.	My age		
e.	My weight		
f.	My income		
g.	My sex or gender		
h.	My sexual orientation		
i.	My religion		
j.	My language or accent		
k.	My type or lack of health insurance		
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:		

- 78. During your life until now, how often have you been discriminated against, prevented from doing something, hassled, or made to feel inferior because of your race, ethnicity, or skin color?
  - Very often
  - Somewhat often
  - Not very often
  - Never

79.	Have you <i>ever</i> been treated unfairly due to your race, ethnicity, or skin color in any of the following situations? For each one, check <b>No</b> or <b>Yes</b> .		
a. b. c. d. e. f.	Job (hiring, promotion, firing) Housing (renting, buying, mortgage) Police (stopped, searched, threatened) In the courts At school or my child's school Getting medical care		Yes
80.	The next questions are about things t may have happened to you during yo childhood, <u>before your 18th birthday</u> For each one, check <b>No</b> or <b>Yes</b> .	ur	
		No	Yes
a.	Did you live with someone who was depressed, mentally ill, or suicidal?		
b.	Did you live with someone who had a problem with alcohol or drug use?		
c.	Were you separated from a parent or guardian because they went to jail, prison, or a detention center?		
d.	Question removed		
e.	Question removed		
f.	Did a parent or other adult in your home swear at you, insult you, or put you down?	_	
g.	Question removed		ā
h.	Was there an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?	_	



- □ \$48,001 to \$60,000
- □ \$60,001 to \$85,000
- □ \$85,001 or more

Dav

Year

Month

We would love to hear more about your story! Is there anything else you would like to share with us about your experiences around the time of your pregnancy? Please use this space to tell us.

Thanks for answering our questions!

Your answers will help us work to make mothers and babies in Illinois healthier.