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

BEFORE PREGNANCY

The first questions are about *you*.

1. How tall are *you* without shoes?

_____ Feet _____ Inches

OR _____ Centimeters

2. *Just before* you got pregnant with your *new* baby, how much did you weigh?

_____ Pounds **OR** _____ Kilos

3. What is *your* date of birth?

_____ / _____ / _____

Month Day Year

The next questions are about the time *before* you got pregnant with your *new* baby.

4. During the *3 months before* you got pregnant with your *new* baby, did you have any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

	No	Yes
a. Type 1 or Type 2 diabetes (**not** gestational diabetes or diabetes that starts during pregnancy)	❑	❑
b. High blood pressure or hypertension	❑	❑
c. Depression	❑	❑

5. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

- ❑ I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the *month before* I got pregnant
- ❑ 1 to 3 times a week
- ❑ 4 to 6 times a week
- ❑ Every day of the week

6. In the *12 months before* you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?

- ❑ No → **Go to Page 2, Question 9**
- ❑ Yes

7. What type of health care visit did you have in the *12 months before* you got pregnant with your new baby?

Check ALL that apply

- ❑ Regular checkup at my family doctor's office
- ❑ Regular checkup at my OB/GYN's office
- ❑ Visit for an illness or chronic condition
- ❑ Visit for an injury
- ❑ Visit for family planning or birth control
- ❑ Visit for depression or anxiety
- ❑ Visit to have my teeth cleaned by a dentist or dental hygienist
- ❑ Other → Please tell us:

_____

8. During any of your health care visits in the *12 months before* you got pregnant, did a doctor, nurse, or other health care worker do any of the following things? For each item, check **No** if they did not or **Yes** if they did.

	No	Yes
a. Tell me to take a vitamin with folic acid	❑	❑
b. Talk to me about maintaining a healthy weight	❑	❑
c. Talk to me about controlling any medical conditions such as diabetes or high blood pressure	❑	❑
d. Talk to me about my desire to have or not have children	❑	❑
e. Talk to me about using birth control to prevent pregnancy	❑	❑
f. Talk to me about how I could improve my health before a pregnancy	❑	❑
g. Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis	❑	❑
h. Ask me if I was smoking cigarettes	❑	❑
i. Ask me if someone was hurting me emotionally or physically	❑	❑
j. Ask me if I was feeling down or depressed	❑	❑
k. Ask me about the kind of work I do	❑	❑
l. Test me for HIV (the virus that causes AIDS)	❑	❑

The next questions are about your *health insurance coverage* before, during, and after your pregnancy with your *new* baby.

9. During the *month before* you got pregnant with your new baby, what kind of health insurance did you have?

Check ALL that apply

- ❑ Private health insurance from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the New Mexico Health Insurance Marketplace, http://www.bewellnm.com, or HealthCare.gov
- ❑ Medicaid or Centennial Care
- ❑ SCHIP or CHIP (New MexiKids)
- ❑ Family Planning or Title X Program
- ❑ TRICARE or other military health care
- ❑ Indian Health Service (IHS) or Tribal-638 health care coverage
- ❑ Other health insurance ⟶ Please tell us:

  _____
- ❑ I did not have any health insurance during the *month before* I got pregnant

10. During your *most recent pregnancy*, what kind of health insurance did you have for your *prenatal care*?

Check ALL that apply

- ❑ I did not go for prenatal care → **Go to Question 12**
- ❑ Private health insurance from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the New Mexico Health Insurance Marketplace, http://www.bewellnm.com, or HealthCare.gov
- ❑ Medicaid or Centennial Care
- ❑ SCHIP or CHIP (New MexiKids)
- ❑ Discount/State prenatal HRF or sliding scale
- ❑ TRICARE or other military health care
- ❑ Indian Health Service (IHS) or Tribal-638 health care coverage
- ❑ Other health insurance → Please tell us:

  _____
- ❑ I did not have any health insurance for my *prenatal care*

If you had health insurance for your *prenatal care*, go to Question 11. Otherwise, go to Question 12.

11. Did the cost of health insurance for your *prenatal care* cause financial problems for you or your family?

- ❑ No
- ❑ Yes

12. What kind of health insurance do you have *now*?

Check ALL that apply

- ❑ Private health insurance from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the New Mexico Health Insurance Marketplace, http://www.bewellnm.com, or HealthCare.gov
- ❑ Medicaid or Centennial Care
- ❑ SCHIP or CHIP (New MexiKids)
- ❑ Family Planning or Title X Program
- ❑ TRICARE or other military health care
- ❑ Indian Health Service (IHS) or Tribal-638 health care coverage
- ❑ Other health insurance → Please tell us:

  _____
- ❑ I do not have health insurance *now*

13. Thinking back to *just before* you got pregnant with your new baby, how did you feel about becoming pregnant?

Check ONE answer

- ❑ I wanted to be pregnant later
- ❑ I wanted to be pregnant sooner
- ❑ I wanted to be pregnant then
- ❑ I didn't want to be pregnant then or at any time in the future
- ❑ I wasn't sure what I wanted

DURING PREGNANCY

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

14. How many weeks *or* months pregnant were you when you had your first visit for prenatal care?

_____ Weeks **OR** _____ Months

❑ I didn't go for prenatal care → **Go to Question 16**

15. Did you get prenatal care as early in your pregnancy as you wanted?

❑ No
❑ Yes → **Go to Question 17**

Go to Question 16

16. Did any of these things keep you from getting prenatal care when you wanted it? For each item, check **No** if it did not keep you from getting prenatal care or **Yes** if it did.

		No	Yes
a.	I couldn't get an appointment when I wanted one	❑	❑
b.	I didn't have enough money or insurance to pay for my visits	❑	❑
c.	I didn't have any transportation to get to the clinic or doctor's office	❑	❑
d.	I couldn't take time off from work or school	❑	❑
e.	I didn't have my Medicaid or Centennial Care card	❑	❑
f.	I didn't have anyone to take care of my children	❑	❑
g.	I didn't know that I was pregnant	❑	❑
h.	I didn't want anyone else to know I was pregnant	❑	❑
i.	The clinic or doctor's office was too far away	❑	❑
j.	I did not believe prenatal care was important or that it would help me	❑	❑
k.	I did not feel prenatal care was culturally appropriate	❑	❑
l.	I didn't want prenatal care	❑	❑

If you did not get prenatal care, go to Question 20.

17. Where did you go *most of the time* for your prenatal care visits? Do not include visits for WIC.

Check ONE answer

❑ Private doctor's office
❑ Hospital clinic
❑ Health department clinic
❑ Community or Federally Qualified Health clinic
❑ Indian Health Service (IHS), Tribal-638, or Tribal Urban health facility
❑ Other → Please tell us:

_____

18. *During any of your prenatal care visits*, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, check **No** if they did not ask you about it or **Yes** if they did.

	No	Yes
a. If I knew how much weight I should gain during pregnancy	❑	❑
b. If I was taking any prescription medication	❑	❑
c. If I was smoking cigarettes	❑	❑
d. If I was drinking alcohol	❑	❑
e. If someone was hurting me emotionally or physically	❑	❑
f. If I was feeling down or depressed	❑	❑
g. If I was using drugs such as marijuana, cocaine, crack, or meth	❑	❑
h. If I wanted to be tested for HIV (the virus that causes AIDS)	❑	❑
i. If I planned to breastfeed my new baby	❑	❑
j. If I planned to use birth control after my baby was born	❑	❑

19. How did you feel about the prenatal care you got during *your most recent* pregnancy? If you went to more than one place for prenatal care, answer for the place where you got *most* of your care. For each item, check **No** if you were not satisfied or **Yes** if you were satisfied.

	No	Yes
a. The amount of time I had to wait	❑	❑
b. The amount of time the doctor, nurse, or midwife spent with me	❑	❑
c. The advice I got on how to take care of myself	❑	❑
d. The understanding and respect shown toward me as a person	❑	❑
e. The cultural understanding or respect demonstrated in my care	❑	❑

20. During the 12 months *before the <u>delivery</u>* of your new baby, did a doctor, nurse, or other health care worker *offer* you a flu shot or *tell* you to get one?

- ❑ No
- ❑ Yes

21. During the 12 months *before the <u>delivery</u>* of your new baby, did you *get* a flu shot?

Check ONE answer

- ❑ No
- ❑ Yes, before my pregnancy
- ❑ Yes, during my pregnancy

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

- ❑ No
- ❑ Yes

23. During *your most recent* pregnancy, 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. Gestational diabetes (diabetes that **<u>started</u>** during *this* pregnancy)	❑	❑
b. High blood pressure (that **<u>started</u>** during *this* pregnancy), pre-eclampsia or eclampsia	❑	❑
c. Depression	❑	❑
d. Labor pains more than 3 weeks before my baby was due (preterm or early labor)	❑	❑

The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).

24. Have you smoked any cigarettes in the *past 2 years*?

- ❑ No → **Go to Question 28**
- ❑ Yes

25. In the *3 months before* you got pregnant, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.

- ❑ 41 cigarettes or more
- ❑ 21 to 40 cigarettes
- ❑ 11 to 20 cigarettes
- ❑ 6 to 10 cigarettes
- ❑ 1 to 5 cigarettes
- ❑ Less than 1 cigarette
- ❑ I didn't smoke then

26. In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.

- ❑ 41 cigarettes or more
- ❑ 21 to 40 cigarettes
- ❑ 11 to 20 cigarettes
- ❑ 6 to 10 cigarettes
- ❑ 1 to 5 cigarettes
- ❑ Less than 1 cigarette
- ❑ I didn't smoke then

27. How many cigarettes do you smoke on an average day *now*? A pack has 20 cigarettes.

- ❑ 41 cigarettes or more
- ❑ 21 to 40 cigarettes
- ❑ 11 to 20 cigarettes
- ❑ 6 to 10 cigarettes
- ❑ 1 to 5 cigarettes
- ❑ Less than 1 cigarette
- ❑ I don't smoke now

The next questions are about using other tobacco products around the time of pregnancy.

E-cigarettes (electronic cigarettes) and other electronic nicotine products (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.

A **hookah** is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

28. Have you used any of the following products in the *past 2 years*? For each item, check **No** if you did not use it or **Yes** if you did.

	No	Yes
a. E-cigarettes or other electronic nicotine products	❑	❑
b. Hookah	❑	❑
c. Cigars, cigarillos, or little filtered cigars	❑	❑

If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 29. Otherwise, go to Question 31.

29. During the *3 months before* you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?

- ❑ More than once a day
- ❑ Once a day
- ❑ 2-6 days a week
- ❑ 1 day a week or less
- ❑ I did not use e-cigarettes or other electronic nicotine products then

30. During the *last 3 months* of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?

- ❑ More than once a day
- ❑ Once a day
- ❑ 2-6 days a week
- ❑ 1 day a week or less
- ❑ I did not use e-cigarettes or other electronic nicotine products then

The next questions are about drinking alcohol around the time of pregnancy.

31. Have you had any alcoholic drinks in the *past 2 years*? A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

- ❑ No → **Go to Question 33**
- ❑ Yes

32. During the *3 months before* you got pregnant, 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 then

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

33. During the *12 months before* your new baby was born, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- ❑ No
- ❑ Yes

34. In the *12 months before you got pregnant* with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check **No** if they did not hurt you during this time or **Yes** if they did.

	No	Yes
a. My husband or partner	❑	❑
b. My ex-husband or ex-partner	❑	❑
c. Another family member	❑	❑
d. Someone else	❑	❑

35. During *your most recent pregnancy*, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check **No** if they did not hurt you during this time or **Yes** if they did.

	No	Yes
a. My husband or partner	❑	❑
b. My ex-husband or ex-partner	❑	❑
c. Another family member	❑	❑
d. Someone else	❑	❑

AFTER PREGNANCY

The next questions are about the time since your new baby was born.

36. When was your new baby born?

____ / ____ / 20____

Month Day Year

37. How was your new baby delivered?

- ❑ Vaginally → **Go to Page 8, Question 39**
- ❑ Cesarean delivery (c-section)

Go to Page 8, Question 38

38. Which statement best describes whose idea it was for you to have a cesarean delivery (c-section)?

Check ONE answer

- ❑ My health care provider recommended a cesarean delivery ***before*** I went into labor
- ❑ My health care provider recommended a cesarean delivery while I was in labor
- ❑ I asked for the cesarean delivery

39. After your baby was delivered, was he or she put in an intensive care unit (NICU)?

- ❑ No
- ❑ Yes
- ❑ I don't know

40. After your baby was delivered, how long did he or she stay in the hospital?

- ❑ Less than 24 hours (less than 1 day)
- ❑ 24 to 48 hours (1 to 2 days)
- ❑ 3 to 5 days
- ❑ 6 to 14 days
- ❑ More than 14 days
- ❑ My baby was not born in a hospital
- ❑ My baby is still in the hospital → **Go to Question 43**

41. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 11, Question 60**
- ❑ Yes

42. Is your baby living with you now?

- ❑ No → **Go to Page 11, Question 60**
- ❑ Yes

Go to Question 43

43. *Before or after your new baby was born*, did you receive information about breastfeeding from any of the following sources? For each one, check **No** if you did not receive information from this source or **Yes** if you did.

		No	Yes
a.	My doctor	❑	❑
b.	A nurse, midwife, or doula	❑	❑
c.	A breastfeeding or lactation specialist	❑	❑
d.	My baby's doctor or health care provider	❑	❑
e.	A breastfeeding support group	❑	❑
f.	A breastfeeding hotline or toll-free number	❑	❑
g.	Family or friends	❑	❑
h.	Other	❑	❑

Please tell us:

_____

44. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?

- ❑ No → **Go to Page 10, Question 52**
- ❑ Yes

Go to Question 45

45. *After* your new baby was born, did you receive the kinds of help with breastfeeding that are listed below? For each one, check **No** if you did not receive this kind of breastfeeding help or **Yes** if you did.

	No	Yes
a. Someone to answer my questions	❑	❑
b. Help getting my baby positioned correctly	❑	❑
c. Help knowing if my baby was getting enough milk	❑	❑
d. Help with managing pain or bleeding nipples	❑	❑
e. Information about where to get a breast pump	❑	❑
f. Help using a breast pump	❑	❑
g. Information about breastfeeding support groups	❑	❑
h. Other Please tell us: →	❑	❑

46. Are you currently breastfeeding or feeding pumped milk to your new baby?

❑ No
❑ Yes → **Go to Question 48**

47. How many weeks or months did you breastfeed or feed pumped milk to your baby?

❑ Less than 1 week

_____ Weeks **OR** _____ Months

48. Have you used a breast pump to express milk to feed to your new baby?

❑ No → **Go to Question 50**
❑ Yes

Go to Question 49

49. Did your health insurance pay for a breast pump for you to use with your *new* baby?

❑ No
❑ Yes, but I had to make a co-payment
❑ Yes, with no co-payment
❑ I did not have health insurance
❑ I don't know

If your baby was not born in a hospital, go to Page 10, Question 51.

50. This question asks about things that may have happened at the hospital where your new baby was born. For each item, check **No** if it did not happen or **Yes** if it did.

	No	Yes
a. Hospital staff gave me information about breastfeeding	❑	❑
b. My baby stayed in the same room with me at the hospital	❑	❑
c. I breastfed my baby in the hospital	❑	❑
d. Hospital staff helped me learn how to breastfeed	❑	❑
e. I breastfed in the first hour after my baby was born	❑	❑
f. My baby was placed in skin-to-skin contact within the first hour of life	❑	❑
g. My baby was fed only breast milk at the hospital	❑	❑
h. Hospital staff told me to breastfeed whenever my baby wanted	❑	❑
i. The hospital gave me a breast pump to use	❑	❑
j. The hospital gave me a gift pack with formula	❑	❑
k. The hospital gave me a telephone number to call for help with breastfeeding	❑	❑
l. Hospital staff gave my baby a pacifier	❑	❑

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

_____ Weeks **OR** _____ Months

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

If your baby is still in the hospital, go to Question 60.

52. In which *one* position do you *most often* lay your baby down to sleep now?

Check ONE answer

- ❑ On his or her side
- ❑ On his or her back
- ❑ On his or her stomach

53. In the *past 2 weeks*, how often has your new baby slept alone in his or her own crib or bed?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never → **Go to Question 55**

54. When your new baby sleeps alone, is his or her crib or bed in the same room where *you* sleep?

- ❑ No
- ❑ Yes

55. Listed below are some more things about how babies sleep. How did your new baby *usually* sleep in the *past 2 weeks*? For each item, check **No** if your baby did not *usually* sleep like this or **Yes** if he or she did.

		No	Yes
a.	In a crib, bassinet, or pack and play	❑	❑
b.	On a twin or larger mattress or bed	❑	❑
c.	On a couch, sofa, or armchair	❑	❑
d.	In an infant car seat or swing	❑	❑
e.	In a sleeping sack or wearable blanket	❑	❑
f.	With a blanket	❑	❑
g.	With toys, cushions, or pillows, including nursing pillows	❑	❑
h.	With crib bumper pads (mesh or non-mesh)	❑	❑

56. Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check **No** if they did not tell you or **Yes** if they did.

		No	Yes
a.	Place my baby on his or her back to sleep	❑	❑
b.	Place my baby to sleep in a crib, bassinet, or pack and play	❑	❑
c.	Place my baby's crib or bed in my room	❑	❑
d.	What things should and should not go in bed with my baby	❑	❑

57. How many times has your new baby gone for care when he or she was sick?

_____ Times

- ❑ None → **Go to Question 59**
- ❑ My baby has not been sick
- ❑ My baby is still in the hospital

→ **Go to Question 60**

58. Has your new baby gone for care as many times as you wanted when he or she was sick?

- ❑ No
- ❑ Yes → **Go to Question 60**

59. Did any of these things keep you from taking your baby for care when he or she was sick?

Check ALL that apply

- ❑ I didn't have health insurance to pay for the visit
- ❑ I couldn't get an appointment
- ❑ I didn't have a regular doctor for my baby
- ❑ I had no way to get my baby to the clinic or doctor's office
- ❑ I didn't have anyone to take care of my other children
- ❑ Other → Please tell us:

_____

60. Are you or your husband or partner doing anything *now* to keep from getting pregnant?
Some things people do to keep from getting pregnant include having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- ❑ No
- ❑ Yes → **Go to Question 62**

Go to Question 61

61. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?

Check ALL that apply

- ❑ I want to get pregnant
- ❑ I am pregnant now
- ❑ I had my tubes tied or blocked
- ❑ I don't want to use birth control
- ❑ I am worried about side effects from birth control
- ❑ I am not having sex
- ❑ My husband or partner doesn't want to use anything
- ❑ I have problems paying for birth control
- ❑ Other → Please tell us:

_____

If you or your husband or partner is <u>not doing</u> anything to keep from getting pregnant *now*, go to Page 12, Question 63.

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

Check ALL that apply

- ❑ Tubes tied or blocked (female sterilization or Essure®)
- ❑ Vasectomy (male sterilization)
- ❑ Birth control pills
- ❑ Condoms
- ❑ Shots or injections (Depo-Provera®)
- ❑ Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- ❑ IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- ❑ Contraceptive implant in the arm (Nexplanon® or Implanon®)
- ❑ Natural family planning (including rhythm method)
- ❑ Withdrawal (pulling out)
- ❑ Not having sex (abstinence)
- ❑ Other → Please tell us:

_____

63. *Since your new baby was born*, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.

- ❑ No → **Go to Question 65**
- ❑ Yes

64. *During your postpartum checkup*, did a doctor, nurse, or other health care worker <u>do</u> any of the following things? For each item, check **No** if they did not do it or **Yes** if they did.

		No	Yes
a.	Tell me to take a vitamin with folic acid	❑	❑
b.	Talk to me about healthy eating, exercise, and losing weight gained during pregnancy	❑	❑
c.	Talk to me about how long to wait before getting pregnant again	❑	❑
d.	Talk to me about birth control methods I can use after giving birth	❑	❑
e.	Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®), NuvaRing®, or condoms	❑	❑
f.	Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®)	❑	❑
g.	Ask me if I was smoking cigarettes	❑	❑
h.	Ask me if someone was hurting me emotionally or physically	❑	❑
i.	Ask me if I was feeling down or depressed	❑	❑
j.	Test me for diabetes	❑	❑

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

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

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

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

OTHER EXPERIENCES

The next questions are on a variety of topics.

67. Are you Hispanic, Spanish, or Latina?

- ❑ No
- ❑ Yes

68. Which one or more of the following would you say is your race? **Check ALL that apply**

- ❑ American Indian or Alaska Native
  Tribe: _____
- ❑ Asian
- ❑ Black or African American
- ❑ Native Hawaiian or Other Pacific Islander
- ❑ White
- ❑ Other → Please tell us:
  _____

69. Which <u>one</u> of these *best* describes you? **Check ONE answer**

- ❑ American Indian or Alaska Native
- ❑ Asian
- ❑ Black or African American
- ❑ Hispanic, Spanish, or Latina
- ❑ Native Hawaiian or Other Pacific Islander
- ❑ White
- ❑ Other → Please tell us:
  _____

70. Within the past 12 months, when seeking health care, did you feel your experiences were worse than, the same as, or better than for people of other races (or ethnicities)?

Check ONE answer

- ❑ Worse than other races
- ❑ The same as other races
- ❑ Better than other races
- ❑ Worse than some races, better than others
- ❑ I only encountered people of the same race
- ❑ I did not have health care in past 12 months
- ❑ Don't know / Not sure

71. During the *month before* you got pregnant, did you take or use any of the following drugs for any reason? Your answers are strictly confidential. For each item, check **No** if you did not use it or **Yes** if you did.

	No	Yes
a. Prescription for depression or anxiety	❑	❑
b. Over-the-counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve®	❑	❑
c. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine	❑	❑
d. Marijuana (pot, weed, bud, *mota* or hashish (hash))	❑	❑
e. Synthetic marijuana (K2, Spice)	❑	❑
f. Methadone, naloxone (Narcan®), subutex, or Suboxone®	❑	❑
g. Heroin (smack, junk, Black Tar, *Chiva*)	❑	❑
h. Amphetamines (uppers, speed, crystal meth, crank, ice, *agua*)	❑	❑
i. Cocaine (crack, rock, coke, blow, snow, *nieve*)	❑	❑
j. Tranquilizers (downers, ludes)	❑	❑
k. Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts)	❑	❑
l. Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing)	❑	❑

72. During *your most recent* pregnancy, did you *receive* any of the following services? For each one, check **No** if you did not receive the service or **Yes** if you did.

	No	Yes
a. Counseling or a support group for depression	❑	❑
b. Class or support group to stop smoking cigarettes	❑	❑
c. Help to reduce violence in my home	❑	❑
d. Healthy Start	❑	❑
e. Families FIRST case management	❑	❑
f. Doula or midwife support	❑	❑
g. Home visiting program	❑	❑

If your baby is not alive or is not living with you, go to Question 75.

73. *Since your new baby was born*, have you used any of these services? For each one, check **No** if you did not use the service or **Yes** if you did.

	No	Yes
a. A breastfeeding class or peer counseling support	❑	❑
b. WIC for me or my baby	❑	❑
c. Families FIRST case management	❑	❑
d. Healthy Start	❑	❑
e. Counseling or a support group for depression	❑	❑
f. Breastfeeding help from a hospital or clinic	❑	❑
g. Breastfeeding help from a community program or lactation consultant	❑	❑
h. Home visiting program	❑	❑

If your baby is still in the hospital, go to Question 75.

74. Please read each statement below about how you feel about your baby's crying or how you manage his or her crying. For each one, check **No** if you did not apply to you or **Yes** if it did.

	No	Yes
a. I can almost always get my baby to stop crying	❑	❑
b. In the past week, I have carried my baby in my arms or in a cloth baby carrier for 5 or more hours every day	❑	❑
c. I think that picking up a baby every time he or she cries will spoil the baby	❑	❑
d. I sometimes feel overwhelmed by my baby's crying	❑	❑

75. At any time during *your most recent* pregnancy, did you work at a job for pay?

❑ No → **Go to Question 78**
❑ Yes

76. Have you returned to the job you had during *your most recent* pregnancy?

Check ONE answer

❑ No, and I do not plan to return → **Go to Question 78**
❑ No, but I will be returning
❑ Yes

77. Did you take leave from work *after* your new baby was born?

Check ALL that apply

❑ I took *paid* leave from my job
❑ I took *unpaid* leave from my job
❑ I did not take any leave

78. Please check whether you agree or disagree with each of the statements below:

	Agree	Disagree	Not Sure
a. My family thinks mothers should breastfeed	❑	❑	❑
b. Other women in my family have breastfed their baby (e.g., sister, aunt, mother, etc.)	❑	❑	❑
c. People in my community think it is important for women to breastfeed.	❑	❑	❑
d. The benefits of breast-feeding outweigh any difficulties that mothers may encounter	❑	❑	❑
e. Breastmilk and infant formula are equally healthy for a baby	❑	❑	❑
f. I would be comfortable (not embarrassed) if I saw another woman breastfeeding	❑	❑	❑
g. It is okay for me to breastfeed in public places like restaurants, stores, parks, etc.	❑	❑	❑
h. A baby's risk of becoming an overweight child goes down with breastfeeding.	❑	❑	❑
i. I plan to breastfeed my baby for at least 1 year	❑	❑	❑
j. There are enough local resources to assist me with breastfeeding my baby	❑	❑	❑
k. Employers in my community provide a private space for breastfeeding mothers to pump their milk at work.	❑	❑	❑
l. I <u>always</u> place my infant in a child safety seat when driving <u>*on* the reservation</u>	❑	❑	❑
m. I <u>always</u> place my infant in a child safety seat when driving <u>*off* the reservation</u>	❑	❑	❑
n. Use of child safety seats is enforced in my community	❑	❑	❑
o. I know how to correctly install an infant car seat in a vehicle	❑	❑	❑

	Agree	Disagree	Not Sure
p. It is safe for my baby to sleep in the same bed with me or another parent	❑	❑	❑

79. Have you gotten at least one (1) shot of the COVID-19 vaccine? ❑ No ❑ Yes

80. If no, what are the main reasons why you have not gotten the vaccine? (check all that apply)

- ❑ I do not have enough information about the vaccine
- ❑ I do not know how or where to get the vaccine
- ❑ I do not have transportation to get the vaccine
- ❑ I am not in a priority group for vaccination
- ❑ I am worried about how the vaccine will affect my pregnancy or infant
- ❑ I am worried about the future effects it could have on my body and/or reproductive system
- ❑ I am afraid of getting shots
- ❑ I do not trust the people or places that provide vaccines
- ❑ I do not believe the vaccine is safe
- ❑ I do not think the vaccine will work
- ❑ I am not at risk of getting COVID-19
- ❑ None of the above

81. How easily do you speak your native language?

Check ONE answer

- ❑ Very Easily
- ❑ Easily
- ❑ Not Easily
- ❑ Not at all

82. How easily do you use or access the Internet to gain medical Information?

Check ONE answer

- ❑ Very Easily
- ❑ Easily
- ❑ Not Easily
- ❑ Not at all

83. How often do you take part in your tribal community's cultural events?

Check ONE answer

- ❑ Always/almost always
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

84. During any of the following time periods, did you use marijuana in any form? Please check **No** or **Yes** for each one.

	No	Yes
a. During the 12 months before I got pregnant	❑	❑
b. During my most recent pregnancy	❑	❑
c. Since my new baby was born	❑	❑

85. During any of the following time periods, did you use prescription pain relievers, such as hydrocodone (Vicodin) or oxycodone (Percocet or Oxycontin) without a prescription? Please check **No** or **Yes** for each one.

	No	Yes
a. During the 12 months before I got pregnant	❑	❑
b. During my most recent pregnancy	❑	❑
c. Since my new baby was born	❑	❑

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

86. During the *12 months before* your new baby was born, what was your yearly total household income before taxes? Include your income, your husband'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.

- ❑ $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 or more

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

_____ People

88. What is today's date?

_____ / _____ / 20_____

Month Day Year

(Optional) Email address:_____

(to participate in future surveys)

❑ Check box if you would also like to receive your gift card via email.

Please use this space for any additional comments you would like to make about your experiences around the time of your pregnancy or the health of mothers and babies in New Mexico.

Thanks for answering our questions!

Your answers will help us work to keep mothers and babies in New Mexico healthy.