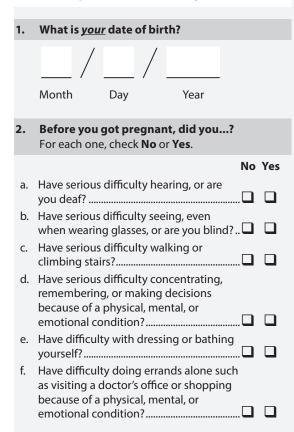
Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

### **BEFORE PREGNANCY**

### The first questions are about you.



<u>before</u> you got pregnant.				
3.	During the 3 months before you got p with your new baby, did you have any following health conditions? For each one, check No if you did not ha condition or Yes if you did.	oft	he	
		No	Yes	
a. b. c. d.	Type 1 or Type 2 diabetes ( <b>not</b> gestational diabetes or diabetes that starts during pregnancy) High blood pressure or hypertension Depression			
1.	In the 12 months before you got pregr with your new baby, did you have any following healthcare visits? For each one, check No or Yes.			
		No	Yes	
a. b. c.	Regular checkup with a family doctor Regular checkup with an OB/GYN 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. g. h.	Visit for depression or anxiety Visit to have my teeth cleaned Other Please tell us:			

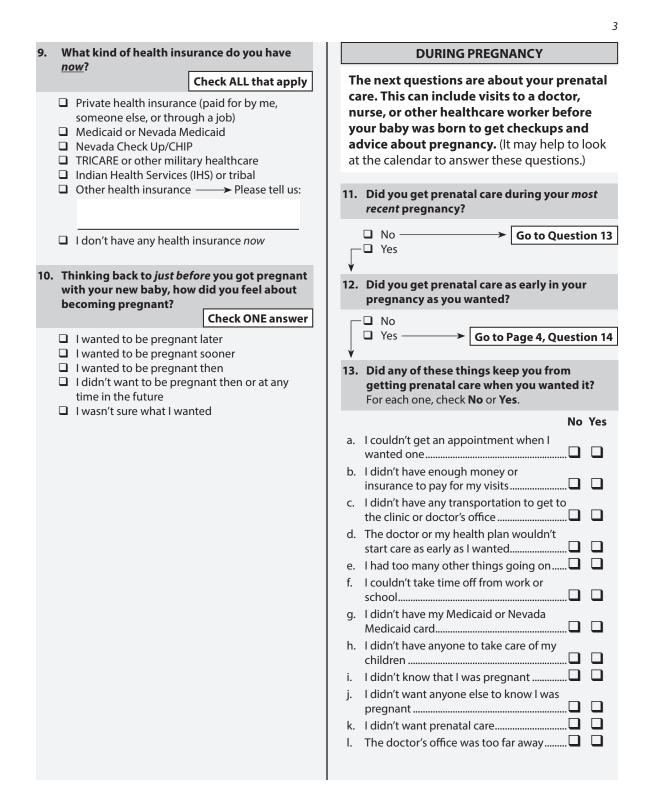
The next questions are about the time

3.

4.

If you did <u>not</u> have any healthcare visits in the 12 months before you got pregnant, go to Page 2. Ouestion 6.

2		
5.	During any of your healthcare visits in the 12 months before you got pregnant, did a	<ol> <li><u>During</u> your most recent pregnancy, what kind of health insurance did you have?</li> </ol>
	healthcare provider <u>do</u> any of the following things? For each one, check <b>No</b> or <b>Yes</b> .	Check ALL that apply
a. b. c. d. e. f.	No       Yes <b>Talk to me about</b> Image: Constraint of the second	<ul> <li>Private health insurance (paid for by me, someone else, or through a job)</li> <li>Medicaid or Nevada Medicaid</li> <li>Nevada Check Up/CHIP</li> <li>TRICARE or other military healthcare</li> <li>Indian Health Services (IHS) or tribal</li> <li>Other health insurance —&gt;&gt; Please tell us:</li> <li>I didn't have any health insurance during my pregnancy</li> </ul>
	Ask me If I smoked cigarettes or used e-cigarettes ("vapes") or other makelees to be see	If you <u>had</u> health insurance <u>during</u> your most recent pregnancy, go to Question 9.
h. i.	smokeless tobacco	8. What was the reason that you did <u>not</u> have any health insurance <i>during</i> your most recent pregnancy?
in	ne next questions are about your <i>health</i> surance.	<ul> <li>Check ALL that apply</li> <li>Health insurance was too expensive</li> <li>I couldn't get health insurance from my job or the job of my spouse or partner</li> <li>I applied for health insurance but was waiting</li> </ul>
6.	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	to get it <ul> <li>I had problems with the health insurance application or website</li> <li>My income was too high to qualify for Medicaid</li> </ul>
	<ul> <li>Private health insurance (paid for by me, someone else, or through a job)</li> <li>Medicaid or Nevada Medicaid</li> <li>Nevada Check Up/CHIP</li> <li>TRICARE or other military healthcare</li> <li>Indian Health Services (IHS) or tribal</li> <li>Other health insurance -&gt;&gt; Please tell us:</li> </ul>	<ul> <li>My income was too high to qualify for a tax credit from the Health Insurance Marketplace or HealthCare.gov</li> <li>I didn't know how to get health insurance</li> <li>I'm not a US citizen, or I didn't have the right residency documents</li> <li>Other</li></ul>
	<ul> <li>I didn't have any health insurance during the month before I got pregnant</li> </ul>	



If you did <u>not</u> get prenatal care, go to Question 15.					Did y vacci pregi
14.	<i>During any of your prenatal care visits</i> , die healthcare provider <u>do</u> any of the follow things? For each one, check <b>No</b> or <b>Yes</b> .				For ea <b>B</b> for 2 <b>D</b> for or che
т	alk to me about	Yes	11		mont
a.	How much weight I should gain during pregnancy			a. b.	Flu sh Tdap
b.	Doing tests to screen for birth defects or diseases that run in my family $\Box$			о. с.	COVI
c. d.	The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due) What to do if I feel depressed or anxious		1	17.	<i>Durin</i> you h denta
u.	during my pregnancy or after my baby is born				🗆 No
F	Ask me		1.		
e.	If I planned to breastfeed my new baby $lacksquare$		1	8.	Durir healt
f.	If I planned to use birth control after my baby was born				of the For ea
g.	If I was taking any prescription medication		Ľ		10100
h.	If I smoked cigarettes or used e-cigarettes ("vapes") or other smokeless tobacco	П		a.	Gesta starte
i.	If I was drinking alcohol			b.	High this p
j.	If someone was hurting me emotionally or physically			c.	eclam Depre
k.	If I was using illegal drugs			d.	Anxie
I.	If I was using marijuana				
m.	If I wanted to be tested for HIV				
15.	During the 12 months before your new ba was born, did a healthcare provider offer the following shots or vaccinations? For each one, check No or Yes.				
	No	Yes			
a.	Flu shot				
b.	Tdap shot (protects against tetanus, diphtheria, and pertussis [whooping cough])				
c.	COVID-19 shot				

## ou get the following shots or nations before or during your nancy? ach shot, check ALL that apply: 3 months before pregnancy **During** pregnancy eck **N** if you **Did** <u>not</u> get the shot in the 3 hs before or during pregnancy В D Ν ot..... shot...... D-19 shot..... ng your most recent pregnancy, did nave your teeth cleaned by a dentist or al hygienist? s ng your most recent pregnancy, did a hcare provider tell you that you had any e following health conditions? ach one, check **No** or **Yes**. No Yes tional diabetes (diabetes that ed during this pregnancy) ...... blood pressure (that **started** during regnancy), pre-eclampsia, or ipsia..... ession ..... ety .....

If you <u>had</u> high blood pressure <u>before</u> or <u>during</u> your pregnancy, go to Question 19. If you didn't, go to Question 20.

19. During your most recent pregnancy, did a healthcare provider do any of the following things to help you manage your high blood pressure? For each one, check No or Yes.

No Yes

- e. Talk to me about the risk for having high blood pressure (chronic hypertension) and heart disease *after* pregnancy......
- 20. 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.

21. 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

to Question 22

- a. A healthcare provider (such as a doctor, nurse, or midwife) .....
  b. Websites or social media (such as
- Facebook, Instagram, or Twitter)......
- 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.

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

No	Go to Question 26
Yes	•

- In the 3
- 23. 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
- 24. In the <u>last 3 months</u> 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

## 25. 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

## 26. In the *past 2 years*, have you used e-cigarettes ("vapes") or other electronic nicotine products?



- 27. During the 3 months <u>before</u> 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
- 28. During the <u>last 3</u> 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
- 29. 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
  - 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.

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

No Yes

- a. The first 3 months of pregnancy (1<sup>st</sup> trimester)? This includes the time before knowing you were pregnant......
- b. The second 3 months of pregnancy (2<sup>nd</sup> trimester)?
- 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 32. 31. 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.

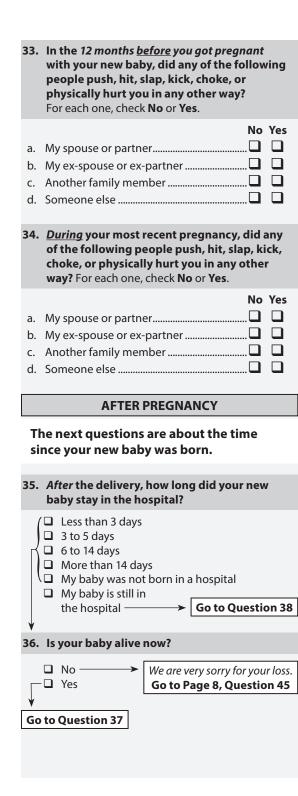
#### No Yes

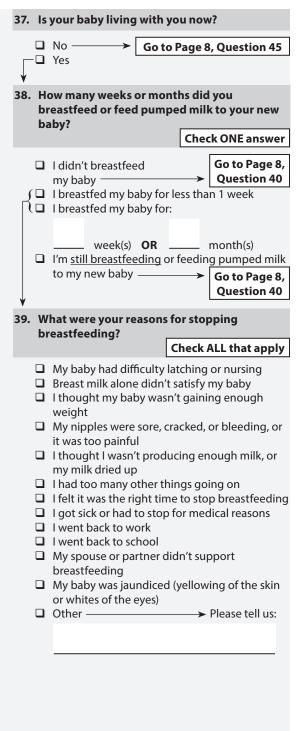
- a. The first 3 months of pregnancy (1<sup>st</sup> trimester)? *This includes the time before knowing you were pregnant.....*
- b. The second 3 months of pregnancy (2<sup>nd</sup> trimester)?
- c. The last 3 months of pregnancy (3<sup>rd</sup> trimester)?

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.

32. 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		





If your baby is still in the hospital, go to Question 45.

- 40. In the *past 2 weeks*, how did you place your new baby to sleep at night and during naps? For each one, check **No** or **Yes**.
- No
   Yes

   a. On their side
   Image: Constraint of the side

   b. On their back
   Image: Constraint of the side
- c. On their stomach .....

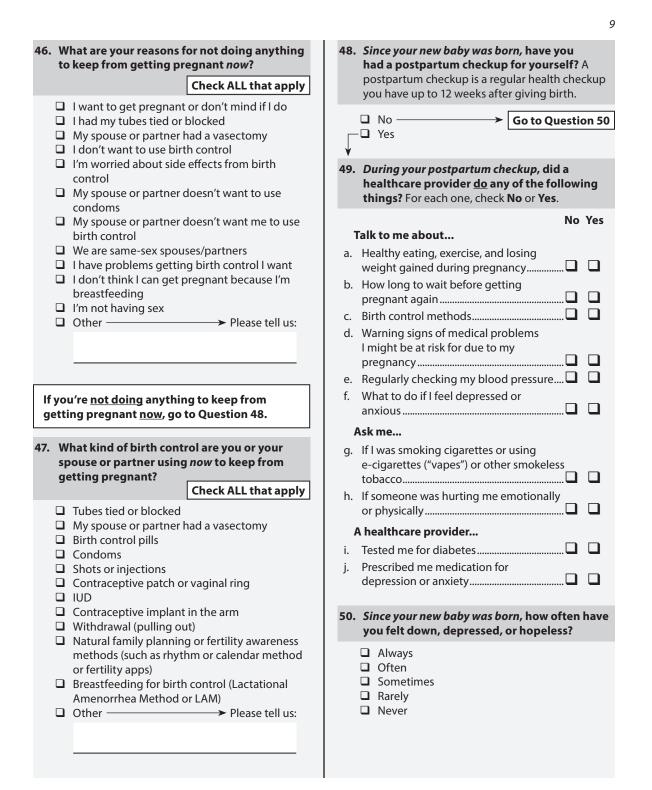
41. In the *past 2 weeks*, when you were sleeping, how often has your new baby slept alone in their own crib or bed?

- ☐ Always
  ☐ Often
  ☐ Sometimes
  ☐ Rarely
  ☐ Never → Go to Question 43
- 42. In the *past 2 weeks*, was your baby's crib or bed in the same room where you or another adult slept?
  - 🛛 No
  - Yes
- 43. 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.

	N	ο	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	ן	
f.	In an in-bed sleeper	]	
	In a baby board or cradleboard	•	
h.	Other	]	
	Please tell us:		

### 44. In the *past 2 weeks*, has your new baby been placed to sleep with the following? For each one, check No or Yes.

a. b. c. d. e. f.	No In a sleeping sack or wearable blanket In a swaddled blanket Comforters, quilts, blankets, or non-fitted sheets Soft toys, cushions, or pillows, including nursing pillows Crib bumper pads (mesh or non-mesh) Other Please tell us:	Yes
45.	Are you or your spouse or partner doing anything now to keep from getting pregnant? This can include having your tub tied, using birth control pills, condoms, natu family planning, or other methods.	ral
Go	□ I'm pregnant now → Go to Questic to Question 46	on 48



51.	Since your new baby was born, how often have	OTHER EXPERIENCES			S	
	you had little interest or little pleasure in doing things?		he next ques opics.	ext questions are on a variety of		
	<ul> <li>Often</li> <li>Sometimes</li> <li>Rarely</li> </ul>		<ul> <li>55. Please tell us how often each of the following happened during the <i>12 months before</i> your new baby was born.</li> </ul>			
52.	<i>Since your new baby was born</i> , how often have you felt nervous, anxious, or on edge?	Q		l worried whe got money to	ether my food would buy more	run out before I
	Always		Often	Sometimes	Never	
	□ Often b. Th □ Sometimes ha	<ul> <li>b. The food that I bought just didn't last, and I di have money to get more</li> </ul>				
	<ul><li>Rarely</li><li>Never</li></ul>		Often	Sometimes	Never	
53.	<i>Since your new baby was born,</i> how often have you <u>not</u> been able to stop or control worrying?	56.	was born, di from any of	12 months before you id lack of transporta the following? , check <b>No</b> or <b>Yes</b> .		
	<ul> <li>Always</li> <li>Often</li> <li>Sometimes</li> <li>Rarely</li> <li>Never</li> </ul>	b.	Going to non meetings, or	dical appointments -medical appointme work	nts, 	
54.	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 time periods? For each one, check No or Yes.					
	No       Yes         During my most recent pregnancy       Image: Comparison of the second seco					

57.	During your most recent pregnancy, take or use any of the following medi or drugs for any reason? Your answers strictly confidential. For each one, check <b>No</b> or <b>Yes</b> .	cati	
		No	Yes
a.	Medication for depression	. 🗖	
b.	Medication for anxiety	. 🗖	
c.	Prescription pain relievers such as		
	hydrocodone (Vicodin <sup>®</sup> ), oxycodone (Percocet <sup>®</sup> ), or codeine		
d.	Adderall <sup>®</sup> , Ritalin <sup>®</sup> , or another stimulant.		
e.	Benzodiazepines (Valium <sup>®</sup> , Ativan <sup>®</sup> ,	. —	_
	Xanax®) or Tranquilizers (downers or	_	_
	ludes)	. 🗖	
f.	Methadone, Subutex <sup>®</sup> , Suboxone <sup>®</sup> , or		
	buprenorphine		
g. h.	Naloxone Marijuana or cannabis in any form (not	. 🖵	
n.	including hemp or CBD-only products)	. 🗖	
i.	CBD products	. 🗖	
j.	Synthetic marijuana (K2 or Spice)	. 🗖	
k.	Kratom	. 🗖	
I.	Fentanyl or heroin (smack, junk, Black		
	Tar or <i>Chiva</i> )	. 🖵	
m.	Amphetamines (uppers, speed, crystal meth, crank, ice or <i>agua</i> )		
n.	Cocaine (crack, rock, coke, blow, snow		_
	or nieve)	. 🗖	
о.	Hallucinogens (LSD/acid, PCP/angel		
	dust, Ecstasy, Molly, mushrooms, or bath salts)		

58.	During your most recent pregnancy, or receive any of the following services? For each one, check No or Yes.		/ou
		No	Yes
a.	SNAP (the Supplemental Nutrition Assistance Program)		
b.	WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)	_	
c.	Counseling for family or personal problems		
d.	Help to quit smoking		
e.	Help to reduce violence in my home		
f.	Help to quit using drugs		
g.	Assistance with housing or rent		
h.	Other Please tell us:	. 🗖	

12		
59.	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 <b>No</b> if you did not experience discrimination because of it or <b>Yes</b> if you did.	<b>61.</b> a
a. b. c. d. e. f. g. h. i.	NoYesMy race, ethnicity, or skin colorMy disability statusMy immigration statusMy ageMy weightMy incomeMy sex or genderMy sexual orientationMy religionMy language or accent	b.   c.   d.   e. , f.   <b>62.</b>
j. k. I.	My type or lack of health insurance My use of substances (alcohol, tobacco,	a.   b.
m. n.	or other drugs) My involvement with the justice system (jail or prison) Another reason	c.
	Please tell us:	d.
		e.
60.	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?	f.
	<ul> <li>Very often</li> <li>Somewhat often</li> <li>Not very often</li> <li>Never</li> </ul>	g.
		h. '

•	Have you ever been treated unfairly of your race, ethnicity, or skin color in a following situations? For each one, check <b>No</b> or <b>Yes</b> .		
•	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
•	The next questions are about things is 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
	Did you live with someone who was depressed, mentally ill, or suicidal?		
•	Did you live with someone who had a problem with alcohol or drug use? Were you separated from a parent or		
	guardian because they went to jail, prison, or a detention center?	. 🗖	
•	Did your parents or other adults in your home slap, hit, kick, punch, or beat each other up?		
	Did a parent or other adult in your home hit, beat, kick, or physically hurt <i>you</i> in any way? Did a parent or other adult in your home		
	swear at you, insult you, or put you down? Did an adult or person at least 5 years	_	
	older than you ever make you do sexual things that you didn't want to do (such as kissing, touching, or having sexual intercourse)? 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?		

B	Before your 18th birthday	No	Yes
i.	Was there an adult in your household who tried hard to make sure you felt loved, supported, valued, and like you were special to them?		
j.	Did you feel that you were treated badly or unfairly because of your race, ethnicity, or skin color?		
k.	Did you feel that you were treated badly or unfairly because you are or people think you are LGBTQIA+? This could include being treated badly because of who you're sexually attracted to or because you express your gender in a way that is different than what people expect		
I.	Did you see someone get physically attacked, beaten, stabbed, or shot in your neighborhood?		
m.	Were your parents or guardians divorced or separated?		
			-
dı	ne next questions are about the tim uring the <i>12 months before</i> your nev as born.	e	aby
dı wa	ne next questions are about the tim uring the <i>12 months before</i> your nev as born.	e v ba	aby
dı	ne next questions are about the tim uring the <i>12 months before</i> your new	e v ba cota de y , an l. <i>Al</i>	<b>il</b> vour id

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

 Number of people

 65. What is today's date?

 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 mothers and babies in Nevada healthier.