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 <u>do</u> 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 *<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 from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the North Dakota Health Insurance Marketplace or http://www.nd.gov/ndins/healthcarereform/ or HealthCare.gov
- ❑ North Dakota Medicaid
- ❑ Children's Health Insurance Program (CHIP)
- ❑ TRICARE or other military health care
- ❑ Indian Health Service (IHS) or tribal
- ❑ 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 11**
- ❑ 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 North Dakota Health Insurance Marketplace or http://www.nd.gov/ndins/healthcarereform/ or HealthCare.gov
- ❑ North Dakota Medicaid
- ❑ Children's Health Insurance Program (CHIP)
- ❑ TRICARE or other military health care
- ❑ Indian Health Service (IHS) or tribal
- ❑ Other health insurance → Please tell us:

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

11. 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 North Dakota Health Insurance Marketplace or http://www.nd.gov/ndins/healthcarereform/ or HealthCare.gov
- ❑ North Dakota Medicaid
- ❑ Children's Health Insurance Program (CHIP)
- ❑ TRICARE or other military health care
- ❑ Indian Health Service (IHS) or tribal
- ❑ Other health insurance → Please tell us:

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

12. 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.)

13. 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 Page 4, Question 15**

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

- ❑ No
- ❑ Yes → **Go to Page 4, Question 16**

Go to Page 4, Question 15

15. 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.	The doctor or my health plan would not start care as early as I wanted	❑	❑
e.	I had too many other things going on	❑	❑
f.	I couldn't take time off from work or school	❑	❑
g.	I didn't have my Medicaid card	❑	❑
h.	I didn't have anyone to take care of my children	❑	❑
i.	I didn't know that I was pregnant	❑	❑
j.	I didn't want anyone else to know I was pregnant	❑	❑
k.	I didn't want prenatal care	❑	❑
l.	I was afraid I would be reported for using alcohol or drugs during my pregnancy	❑	❑

If you did not get prenatal care, go to Question 17.

16. *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	❑	❑

17. During the 12 months *before the delivery* 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

18. During the 12 months *before the delivery* of your new baby, did you *get* a flu shot?

Check ONE answer

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

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

- ❑ No
- ❑ Yes

20. Did any of the following things make it hard for you to go to a dentist or dental clinic during *your most recent* pregnancy? For each item, check **No** if it was not something that made it hard for you or **Yes** if it was.

	No	Yes
a. I could not find a dentist or dental clinic that would take pregnant patients	❑	❑
b. I could not find a dentist or dental clinic that would take Medicaid patients	❑	❑
c. I did not think it was safe to go to the dentist during pregnancy	❑	❑
d. I could not afford to go to the dentist or dental clinic	❑	❑
e. I didn't have any transportation to get to the dentist's office	❑	❑

21. This question is about other care of your teeth *during your most recent* pregnancy. For each item, check **No** if it is not true or does not apply to you or **Yes** if it is true.

	No	Yes
a. I knew it was important to care for my teeth and gums during my pregnancy	❑	❑
b. A dental or other health care worker talked with me about how to care for my teeth and gums	❑	❑
c. I had insurance to cover dental care during my pregnancy	❑	❑
d. I needed to see a dentist for a **problem**	❑	❑
e. I went to a dentist or dental clinic about a **problem**	❑	❑

22. 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 **started** during *this* pregnancy)	❑	❑
b. High blood pressure (that **started** during *this* pregnancy), pre-eclampsia or eclampsia	❑	❑
c. Depression	❑	❑

23. During *your most recent* pregnancy, did a doctor, nurse, or other health care worker give you a series of weekly shots of a medicine called progesterone, Makena®, or 17P (17 alpha-hydroxyprogesterone) to try to keep your new baby from being born too early?

- ❑ No
- ❑ Yes
- ❑ I don't know

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 Page 6, Question 29**
- ❑ 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

If you did not smoke at any time in the *3 months before* you got pregnant, go to Question 28.

27. *During any of your prenatal care visits*, did a doctor, nurse, or other health care worker advise you to quit smoking?

- ❑ No
- ❑ Yes
- ❑ I didn't go for prenatal care

28. 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.

29. 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. Chewing tobacco, snuff, snus, or dip	❑	❑
d. Cigars, cigarillos, or little filtered cigars	❑	❑

If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 30. Otherwise, go to Question 32.

30. 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

31. 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.

32. 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 34**
- ❑ Yes

33. 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.

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. 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 40**

38. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 9, Question 51**
- ❑ Yes

39. Is your baby living with you now?

- ❑ No → **Go to Page 9, Question 51**
- ❑ Yes

40. *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:

_____

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

- ❑ No → **Go to Question 46**
- ❑ Yes

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

- ❑ No
- ❑ Yes → **Go to Question 45**

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

- ❑ Less than 1 week

_____ Weeks **OR** _____ Months

44. What were your reasons for stopping breastfeeding?

Check ALL that apply

- ❑ My baby had difficulty latching or nursing
- ❑ Breast milk alone did not satisfy my baby
- ❑ I thought my baby was not gaining enough weight
- ❑ My nipples were sore, cracked, or bleeding or it was too painful
- ❑ I thought I was not producing enough milk, or my milk dried up
- ❑ I had too many other household duties
- ❑ I felt it was the right time to stop breastfeeding
- ❑ I got sick or I had to stop for medical reasons
- ❑ I went back to work
- ❑ I went back to school
- ❑ My partner did not support breastfeeding
- ❑ My baby was jaundiced (yellowing of the skin or whites of the eyes)
- ❑ Other → Please tell us:

_____

If your baby was not born in a hospital, go to Question 46.

45. 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	❑	❑

If your baby is still in the hospital, go to Question 51.

46. 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

47. 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 49**

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

- ❑ No
- ❑ Yes

49. 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)	❑	❑

50. 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	❑	❑

51. 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 Page 10, Question 53**

52. 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 not doing anything to keep from getting pregnant *now*, go to Page 10, Question 54.

53. 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:

_____

54. *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 56**
- ❑ Yes

Go to Question 55

55. *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	❑	❑

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

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

57. *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.

58. 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. Over-the-counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve®	❑	❑
b. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine	❑	❑
c. Adderall®, Ritalin®, or another stimulant	❑	❑
d. Marijuana or hash	❑	❑
e. Synthetic marijuana (K2, Spice)	❑	❑
f. Methadone, naloxone, 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)	❑	❑

59. During *your most recent* pregnancy, 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. Over-the-counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve®	❑	❑
b. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine	❑	❑
c. Adderall®, Ritalin®, or another stimulant	❑	❑
d. Marijuana or hash	❑	❑
e. Synthetic marijuana (K2, Spice)	❑	❑
f. Methadone, naloxone, 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)	❑	❑
m. Prescription antidepressants or selective serotonin reuptake inhibitors (SSRIs) such as Prozac, Zoloft, or Lexapro	❑	❑

60. During *any of your prenatal care visits*, did a doctor, nurse, or other health care worker refer you to treatment because of drug use (prescribed or non-prescribed drugs)?

- ❑ No
- ❑ Yes
- ❑ I did not use any drugs (or only used over-the-counter pain relievers) during my pregnancy
- ❑ I didn't go for prenatal care

61. After your baby was born, did a doctor, nurse, or other health care worker tell you that your baby had drug withdrawal or neonatal abstinence syndrome?

- ❑ No
- ❑ Yes

62. The newborn blood spot screening test identifies babies at risk for certain disorders that may cause serious illness, disability, or death if not identified early. During your *most recent* pregnancy, did you read or hear anything about newborn blood spot screening from any of the following?

Check ALL that apply

- ❑ Indoor/outdoor billboards
- ❑ Prenatal clinic or doctor's office
- ❑ Information packet from hospital
- ❑ Health or Baby Fair
- ❑ Social Media – Facebook/Instagram
- ❑ Other → Please tell us:

_____

- ❑ I did not hear about newborn blood spot screening while pregnant

63. Are you a member of an American Indian tribe?

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

Go to Question 64

64. What is your tribal enrollment or primary tribal affiliation?

Check ONE answer

- ❑ Three Affiliated Tribes (also known as MHA Nation, Mandan, Hidatsa, Arikara Nation, TAT, Nueta, and Sanhish)
- ❑ Spirit Lake Tribe (also known as Santee Dakota, Devils Lake Sioux, Sioux, Dakota Sioux, Mni Wakan Oyate, Dakota)
- ❑ Hunkpapa Lakota (also known as Standing Rock Sioux tribe, Lakota, Hunkpapa, Sioux, Húŋkpapha, Teton)
- ❑ Turtle Mountain Band of Chippewa Indians (also known as Chippewa, Turtle Mountain Chippewa, Anishinabe, Ojibwa, Ojibway, Ojibwe, Saulteaux, Cree, Metis)
- ❑ Other → Please tell us:

_____

65. Is your baby's father a member of an American Indian tribe?

- ❑ No → **Go to Question 67**
- ❑ Yes

66. What is your baby's father's tribal enrollment or primary tribal affiliation?

Check ONE answer

- ❑ Three Affiliated Tribes (also known as MHA Nation, Mandan, Hidatsa, Arikara Nation, TAT, Nueta, and Sanhish)
- ❑ Spirit Lake Tribe (also known as Santee Dakota, Devils Lake Sioux, Sioux, Dakota Sioux, Mni Wakan Oyate, Dakota)
- ❑ Hunkpapa Lakota (also known as Standing Rock Sioux tribe, Lakota, Hunkpapa, Sioux, Húŋkpapha, Teton)
- ❑ Turtle Mountain Band of Chippewa Indians (also known as Chippewa, Turtle Mountain Chippewa, Anishinabe, Ojibwa, Ojibway, Ojibwe, Saulteaux, Cree, Metis)
- ❑ Other → Please tell us:

_____

If your baby is not alive, go to Question 71.

67. Is your baby a member of an American Indian tribe?

- ❑ No → **Go to Question 69**
- ❑ Yes

68. What is your baby's tribal enrollment or primary tribal affiliation?

Check ONE answer

- ❑ Three Affiliated Tribes (also known as MHA Nation, Mandan, Hidatsa, Arikara Nation, TAT, Nueta, and Sanhish)
- ❑ Spirit Lake Tribe (also known as Santee Dakota, Devils Lake Sioux, Sioux, Dakota Sioux, Mni Wakan Oyate, Dakota)
- ❑ Hunkpapa Lakota (also known as Standing Rock Sioux tribe, Lakota, Hunkpapa, Sioux, Húŋkpapha, Teton)
- ❑ Turtle Mountain Band of Chippewa Indians (also known as Chippewa, Turtle Mountain Chippewa, Anishinabe, Ojibwa, Ojibway, Ojibwe, Saulteaux, Cree, Metis)
- ❑ Other → Please tell us:

If your baby is not living with you or is still in the hospital, go to Question 71.

69. Do you have an infant car seat(s) that you can use for your new baby?

- ❑ No → **Go to Question 71**
- ❑ Yes

Go to Question 70

70. How did you learn to install and use your infant car seat(s)?

Check ALL that apply

- ❑ I read the instructions
- ❑ A friend or family member showed me
- ❑ A health or safety professional showed me
- ❑ I figured it out myself
- ❑ I already knew how to install it because I have other children
- ❑ Some other way → Please tell us:

The next questions are about harsh events that may have happened during your childhood. We understand these questions are sensitive in nature and if you don't want to answer all or part of a question, that's okay – you may skip it. Remember, your answers are *confidential*, and *your name will not be associated with your survey*.

71. While you were growing up, during your *first 18 years of life*:

	No	Yes
a. Were your parents *ever* separated or divorced?	❑	❑
b. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	❑	❑
c. Was a household member depressed or mentally ill, or did a household member attempt suicide?	❑	❑
d. Did a household member go to prison?	❑	❑
e. Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way **OR** attempt or actually have oral, anal, or vaginal intercourse with you?	❑	❑

72. While you were growing up, during your *first 18 years of life*, did any of the following things happen *often* or *very often*?

	No	Yes
a. Did a parent or other adult in the household swear at you, insult you, put you down, or humiliate you **OR** act in a way that made you afraid that you might be physically hurt?	❑	❑
b. Did a parent or other adult in the household push, grab, slap, or throw something at you **OR** ever hit you so hard that you had marks or were injured?	❑	❑
c. Did you feel that no one in your family loved you or thought you were important or special **OR** your family didn't look out for each other, feel close to each other, or support each other?	❑	❑
d. Did you feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you **OR** your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	❑	❑
e. Was your mother or stepmother pushed, grabbed, slapped, or had something thrown at her **OR sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard **OR ever** repeatedly hit at least a few minutes or threatened with a gun or knife?	❑	❑

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

73. 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

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

_____ People

75. What is today's date?

_____ / _____ / 20_____

Month Day Year

The next questions are about marijuana.

D1. At any time during the *3 months before* you got pregnant OR *during* your most recent pregnancy, did you use marijuana or hash in any form?

- ❑ No → **Go to Question D6**
- ❑ Yes

D2. During the *3 months before* you got pregnant, about how often did you use marijuana products in an average month?

- ❑ Daily
- ❑ 2-6 days a week
- ❑ 1 day a week
- ❑ 2-3 days a month
- ❑ 1 day a month or less
- ❑ I did not use marijuana then

D3. During *your most recent* pregnancy, about how often did you use marijuana products in an average month?

- ❑ Daily
- ❑ 2-6 days a week
- ❑ 1 day a week
- ❑ 2-3 days a month
- ❑ 1 day a month or less
- ❑ I did not use marijuana then → **Go to Question D6**

D4. During *your most recent* pregnancy, how did you use marijuana?

Check ALL that apply

- ❑ Smoked it
- ❑ Ate it
- ❑ Drank it
- ❑ Vaporized it
- ❑ Dabbed it
- ❑ Other → Please tell us:

D5. Why did you use marijuana products during pregnancy? For each item, check **No** if it is not a reason for you or **Yes** if it was.

	No	Yes
a. To relieve nausea	❑	❑
b. To relieve vomiting	❑	❑
c. To relieve stress or anxiety	❑	❑
d. To relieve symptoms of a chronic condition	❑	❑
e. To relieve pain	❑	❑
f. For fun or to relax	❑	❑
g. Some other reason	❑	❑

Please tell us:

If you did not get prenatal care, go to Page 16, Question D8.

D6. During any of your prenatal care visits, did a doctor, nurse, or other health care worker do any of the following things? Please include if they asked you on a written form or in a conversation. For each item, check **No** if they did not do this or **Yes** if they did.

	No	Yes
a. Ask me if I was using marijuana	❑	❑
b. Recommend that I use marijuana for any reason	❑	❑
c. Advise me not to use marijuana	❑	❑
d. Advise me not to breastfeed my baby if I was using marijuana	❑	❑

D7. During any of your prenatal care visits, did a doctor, nurse, or other health care worker refer you to treatment because of drug use (prescribed or non-prescribed drugs)?

- ❑ No
- ❑ Yes
- ❑ I did not use any drugs (or only used over-the-counter pain relievers) during my pregnancy

D8. *Since your new baby was born*, have you used marijuana or hash in any form?

- ❑ No
- ❑ Yes

D9. How long do you think it is necessary for a woman to wait after using marijuana to breastfeed her baby?

Check ONE answer

- ❑ I don't think she needs to wait at all
- ❑ I think it is best to wait until she is no longer high
- ❑ I think it is best to wait at least 2-3 hours after she is no longer high
- ❑ I don't think it is safe for breastfeeding women to use marijuana at all

The next questions are about prescription drugs.

D10. During *your most recent* pregnancy, did you take prescription antidepressants or selective serotonin reuptake inhibitors (SSRIs) such as Prozac, Zoloft, or Lexapro?

- ❑ No
- ❑ Yes

D11. During *your most recent* pregnancy, did you use prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine?

- ❑ No → **Go to the end**
- ❑ Yes

D12. How would you describe the way you got the prescription pain relievers that you used during your most recent pregnancy?

Check ALL that apply

- ❑ I had a current prescription
- ❑ I had pain relievers left over from an old prescription
- ❑ I got the pain relievers without a prescription

The next questions are about your ability to do different activities.

DS1. Do you have difficulty seeing, even when wearing glasses or contact lenses?

- ❑ No difficulty
- ❑ Some difficulty
- ❑ A lot of difficulty
- ❑ I cannot do this at all

DS2. Do you have difficulty hearing, even if using a hearing aid(s)?

- ❑ No difficulty
- ❑ Some difficulty
- ❑ A lot of difficulty
- ❑ I cannot do this at all

DS3. Do you have difficulty walking or climbing steps?

- ❑ No difficulty
- ❑ Some difficulty
- ❑ A lot of difficulty
- ❑ I cannot do this at all

DS4. Do you have difficulty remembering or concentrating?

- ❑ No difficulty
- ❑ Some difficulty
- ❑ A lot of difficulty
- ❑ I cannot do this at all

DS5. Do you have difficulty with self care, such as washing all over or dressing?

- ❑ No difficulty
- ❑ Some difficulty
- ❑ A lot of difficulty
- ❑ I cannot do this at all

DS6. Using your usual language, do you have difficulty communicating, for example, understanding or being understood?

- ❑ No difficulty
- ❑ Some difficulty
- ❑ A lot of difficulty
- ❑ I cannot do this at all

The next questions are about the use of pain relievers *during* pregnancy.

O1. *During your most recent pregnancy*, did you use any of the following *over-the-counter* pain relievers? Over-the-counter pain relievers are those *usually* available without a prescription. For each one, check **No** if you did not use it *during* your pregnancy or **Yes** if you did.

	No	Yes
a. Acetaminophen (like regular Tylenol®, Tylenol Extra Strength®, or Tylenol PM®)	❑	❑
b. Ibuprofen (like Motrin® or Advil®), including high dose pills that may be prescribed	❑	❑
c. Aspirin (like Bayer® or Ecotrin®)	❑	❑
d. Naproxen (like Aleve® or Midol®)	❑	❑

O2. *During your most recent pregnancy*, did you use any of the following *prescription* pain relievers? For each one, check **No** if you did not use it *during* your pregnancy or **Yes** if you did. Do *not* include pain relievers you used *only* during labor and delivery.

	No	Yes
a. Hydrocodone (like Vicodin®, Norco®, or Lortab®)	❑	❑
b. Codeine (like Tylenol® #3 or #4, not regular Tylenol®)	❑	❑
c. Oxycodone (like Percocet®, Percodan®, OxyContin®, or Roxicodone®)	❑	❑
d. Tramadol (like Ultram® or Ultracet®)	❑	❑
e. Hydromorphone or meperidine (like Demorol®, Exalgo®, or Dilaudid®)	❑	❑
f. Oxymorphone (like Opana®)	❑	❑
g. Morphine (like MS Contin®, Avinza®, or Kadian ®)	❑	❑
h. Fentanyl (like Duragesic®, Fentora®, or Actiq®)	❑	❑

If you checked "*Yes*" for any of the options in Question O2, continue with the next question. If not, go to Page 19, Question O10.

The next questions are only about the use of *prescription* pain relievers listed in Question O2.

O3. Where did you get the *prescription* pain relievers that you used *during* your most recent pregnancy?

Check ALL that apply

- ❑ OB-GYN, midwife, or prenatal care provider
- ❑ Family doctor or primary care provider
- ❑ Dentist or oral health care provider
- ❑ Doctor in the emergency room
- ❑ I had pain relievers left over from an old prescription
- ❑ Friend or family member gave them to me
- ❑ I got the pain relievers without a prescription some other way
- ❑ Other → Please tell us:

_____

O4. What were your reasons for using *prescription* pain relievers *during* your most recent pregnancy?

Check ALL that apply

- ❑ To relieve pain from an injury, condition, or surgery I had **before** pregnancy
- ❑ To relieve pain from an injury, condition, or surgery that happened **during** my pregnancy
- ❑ To relax or relieve tension or stress
- ❑ To help me with my feelings or emotions
- ❑ To help me sleep
- ❑ To feel good or get high
- ❑ Because I was "hooked" or I had to have them
- ❑ Other → Please tell us:

_____

O5. In each of the following time periods *during* your pregnancy, for how many weeks or months did you use *prescription* pain relievers? Please write the total number of weeks or months in each time period.

a. In the **first** 3 months of pregnancy

_____ Weeks **OR** _____ Months

- ❑ Less than a week
- ❑ Never

b. In the **second** 3 months of pregnancy

_____ Weeks **OR** _____ Months

- ❑ Less than a week
- ❑ Never

c. In the **last** 3 months of pregnancy

_____ Weeks **OR** _____ Months

- ❑ Less than a week
- ❑ Never

O6. *During your most recent pregnancy*, did you want or need to cut down or stop using *prescription* pain relievers?

- ❑ No → **Go to Question O10**
- ❑ Yes

O7. *During your most recent pregnancy*, did you have trouble cutting down or stopping use of the *prescription* pain relievers?

- ❑ No
- ❑ Yes

O8. ***During your most recent pregnancy,*** **did you get help from a doctor, nurse, or other health care worker to cut down or stop using** ***prescription*** **pain relievers?**

- ❑ No → **Go to Question O10**
- ❑ Yes

O9. ***During your most recent pregnancy,*** **did you receive medication-assisted treatment to help you stop using** ***prescription*** **pain relievers?** This is when a doctor prescribes medicines such as methadone, buprenorphine, Suboxone®, Subutex®, or naltrexone (Vivitrol®).

- ❑ No
- ❑ Yes

O10. Do you think the use of ***prescription*** **pain relievers** ***during pregnancy*** **could be harmful to a** ***baby's*** **health?**

Check ONE answer

- ❑ Not harmful at all
- ❑ Not harmful, if taken as prescribed
- ❑ Harmful, even if taken as prescribed

O11. Do you think the use of ***prescription*** **pain relievers could be harmful to a woman's** ***own*** **health?**

Check ONE answer

- ❑ Not harmful at all
- ❑ Not harmful, if taken as prescribed
- ❑ Harmful, even if taken as prescribed

O12. At any time ***during your most recent pregnancy,*** **did a doctor, nurse, or other health care worker talk with you about how using** ***prescription*** **pain relievers during pregnancy could affect a baby?**

- ❑ No
- ❑ Yes

The last question is about the use of other medications or drugs during pregnancy.

O13. ***During your most recent pregnancy,*** **did you take or use any of the following medications or drugs for any reason?** For each item, check **No** if you did not take or use it or **Yes** if you did.

	No	Yes
a. Medication for depression (like Prozac®, Zoloft®, Lexapro®, Paxil®, or Celexa®)	❑	❑
b. Medication for anxiety (like Valium®, Xanax®, Ativan®, Klonopin®, or other "benzos" (benzodiazepines))	❑	❑
c. Methadone, Subutex®, Suboxone®, or buprenorphine	❑	❑
d. Naloxone	❑	❑
e. Cannabidiol (CBD) products	❑	❑

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 North Dakota.

Thanks for answering our questions!

Your answers will help us work to keep mothers and babies in North Dakota healthy.