

**The next few questions are about your most recent labor and delivery of your new baby.**

**87. For the next few questions think about your experience during your *labor and delivery of your new baby*. For each item, check **No** if it did not happen to you or **Yes** if it did.**

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. Did you ever feel unsafe? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Did you ever feel that any of your health care providers withheld information from you? .....        | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Did you ever feel that any of your health care providers treated you with disrespect? .....          | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Were you able to have a support person of your choice with you during your labor and delivery? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**88. During your labor and delivery of your new baby, how responsive were your health care providers to your needs?**

- Not at all responsive  
 A little responsive  
 Somewhat responsive  
 Very responsive  
 Extremely responsive

**89. During your labor and delivery of your new baby, how much did you and your health care providers work together to make decisions about your care?**

- Not at all  
 A little  
 Somewhat  
 Quite a bit  
 A great deal

**The next questions are about how much your health care providers pressured you to accept certain medical procedures during your most recent labor and delivery.**

**90. How much did your health care providers pressure you to *induce labor* with methods such as IV Pitocin or breaking the water bag on purpose?**

- Not at all  
 A little  
 Somewhat  
 Quite a bit  
 A great deal

**91. How much did your health care providers pressure you to use *epidural analgesia*?**

- Not at all  
 A little  
 Somewhat  
 Quite a bit  
 A great deal

**92. How much did your health care providers pressure you to have a *cesarean delivery*?**

- Not at all  
 A little  
 Somewhat  
 Quite a bit  
 A great deal

**The next questions are about moving. People move for a variety of reasons. Sometimes people choose to move and sometimes people are forced to move.**

**93. During the 2019 calendar year (January 1, 2019 through December 31, 2019), did you move for any reason?**

- No → Go to Page 16, Question 96  
 Yes

↓ Go to Page 16, Question 94

**94. During the 2019 calendar year, how many times did you move for any reason?**

Times

**95. Listed below are some reasons why people have to move.** For each of the reasons, check **No** if it is not a reason why you moved *during 2019* or **Yes** if it is. During 2019 calendar year...

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. ...did you move because you or the people you were living with were forced to move by a landlord, a bank or other financial institution, or by the government? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ...did you move because the amount of rent or mortgage payment increased and you could no longer afford it? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ...did you move because you or a member of your household lost their job? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ...did you move because you broke up with a partner who was living with you? .   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. ...did you move to reduce housing costs or to reduce overall household expenses? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. ...did you move to reduce commuting time? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. ...did you move to form your own household or to be in a more desirable neighborhood or a better quality home?   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. ...did you move because of some other reason? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
- If Yes, please tell us the reason:

**96. Since the beginning of 2020 (January 1, 2020 through today), did you move for any reason?**

No → **Go to Question 98**  
 Yes

**97. Since the beginning of 2020, how many times did you move for any reason?**

Times

**98. Which of the following best describes where you currently live?**

**Check ONE answer**

- An apartment or condo
  - A house
  - A duplex, triplex, or townhouse
  - A trailer or manufactured home
  - Temporary housing or group shelter
  - Car, Van or some other vehicle
  - Tent, campsite or other outdoor location
  - Halfway house or treatment facility
  - On th street or homeless
  - Jail or prison
  - Some other place
- Please tell us:

**Go to Page 17, Question 105**

**If you live in an apartment, a condo, a house, a duplex, triplex, or townhouse, or a trailer or manufactured home go to question 99, otherwise skip to question 105 on page 17.**

**99. Which of the following best describes your arrangement for where you currently live?**

**Check ONE answer**

- Family or friends rent or own the place where I currently live and *I pay part* of the rent
  - Family or friends rent or own the place where I currently live and *I do not pay rent*
  - I rent the place where I currently live
  - I own or am making mortgage payments on the place I currently live
  - Some other arrangement
- Please tell us:

**100. The next questions are about how many rooms there are in the place where you currently live. First, including all rooms such as bedrooms, bathrooms, kitchens, dining rooms, living rooms, laundry rooms, and home offices, how many rooms are there in the place where you currently live?**

Rooms

**101. Of the total number of rooms in the place where you currently live, how many of those rooms are bedrooms?**

Bedrooms

**102. And how many of those rooms are bathrooms?**

Bathrooms

**103. Including yourself and all other adults, children, and infants, how many people live in the place where you are living now?**

People

**104. The next questions are about problems people sometimes experience where they live. At any of the places you have lived since your new baby was born, have you experienced the following problems? For each item, check **No** if it did not happen or **Yes** if it did.**

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. A broken window for more than 2 days? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A broken or missing stove, refrigerator, or other major appliance? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Mice, rats, cockroaches, bedbugs, or other pests? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Exposed wires or other electrical problems? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Having no working toilet in your home? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Having no running water in your home? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Having no hot water in your home? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Being uncomfortably cold for more than 24 hours because the main heating equipment broke or was shut off? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The utility company turning off your electricity because there was not enough money to pay the bill? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. The gas company turning off your gas service because there was not enough money to pay the bill? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| k. A phone company disconnecting your landline or cell phone for more than 2 days because there was not enough money to pay the bill or buy minutes? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Having chipped or peeling paint in your home? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| m. A test of the water in your home indicated that it had a high level of lead? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**105. How worried are you that you may not have a place to live in the next three months?**

- Not at all worried  
 A little worried  
 Somewhat worried  
 Very worried  
 Extremely worried

**The next questions are about the Coronavirus disease 2019 or COVID-19. COVID-19 caused a worldwide disease outbreak or pandemic that reached Wisconsin in February 2020.**

**106. During your most recent pregnancy did a doctor, nurse, or other health care worker tell you that you had COVID-19?**

**Check ONE answer**

- No, no health care workers said that I had COVID-19
- No, no health care workers said that I had COVID-19, *but I think I had it*
- Yes, I was told that I had COVID-19, but I did *not* have a test for it
- Yes, I was told that I had COVID-19 *and* it was confirmed by a test for it

**107. The next few questions are about your experience with health care during the COVID-19 pandemic, including prenatal care, postpartum care and well child visits.** For each item below, check **No** if it *did not* happen to you or **Yes** if it did.

**No Yes**

- a. I missed or delayed a scheduled health care visit because I was afraid of being exposed to COVID-19 .....
- b. I missed or delayed a scheduled health care visit because my health care provider closed their office or had reduced hours due to COVID-19 .....
- c. I missed or delayed a scheduled health care visit because I had to care for other children or family members .....
- d. I missed or delayed a scheduled health care visit because I lost my health insurance during the pandemic .....
- e. I missed or delayed a scheduled health care visit because I couldn't afford to pay for the visit .....
- f. I missed or delayed a scheduled health care visit because I was instructed by a doctor or health department staff to isolate myself due to a possible infection or exposure to COVID-19 .....
- g. I received a scheduled health care visit over the phone or computer instead of in person .....
- h. I missed or delayed a scheduled health care visit for some other reason ....

If Yes, please tell us the reason:

**108. The next questions are about your experience with government responses to the COVID-19 pandemic.** For each item below, check **No** if it *did not* happen to you or **Yes** if it did.

**No Yes**

- a. Someone in my household, including myself, lost their job or had a decrease in income since March 2020 .....
- b. I received a stimulus payment from the federal government in April 2020 via direct deposit to my bank account ....
- c. I received a stimulus payment from the federal government after April 15, 2020 via a check mailed to my home. ....

If Yes, please tell us in *what month* the check arrived:

- d. I believe that I was eligible for the stimulus payment issued in April, but I have not receive it .....
- e. I received some other stimulus payment from the state or federal government .....
- f. I applied for unemployment insurance during 2020 .....
- g. I received unemployment insurance during 2020 .....
- h. I was able to remain in my home despite not being able to pay my rent or mortgage payment due to COVID-19 .....
- i. My electricity, gas and/or water remained, connected despite my missing a utility payment, due to COVID-19 .....

**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 Wisconsin.**

***Thanks for answering our questions!***

***Your answers will help us work to keep mothers and babies in Wisconsin healthy.***