

We are asking questions about your social, medical, and economic experiences and perspectives during your transition to fatherhood (the time before, during, and after your most recent child's birth). Your responses will help us to examine risks, benefits, and opportunities relating to parenthood and men's health which will help to inform future education and programs.

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.

1. What is today's date? (MM/DD/YYYY)

____ / ____ / ____
Month Day Year

The first questions are about you.

2. How tall are you without shoes?

____ Feet ____ Inches
OR ____ Centimeters

3. What is your weight now?

____ Pounds OR ____ Kilograms

4. What is your date of birth? (MM/DD/YYYY)

____ / ____ / ____
Month Day Year

5. What kind of health insurance do you have now?

Check ALL that apply

- Private health insurance from my job or the job of my wife or partner
- Private health insurance from my parents
- Private health insurance from the North Dakota Health Insurance Marketplace or HealthCare.gov
- North Dakota Medicaid
- TRICARE or other military healthcare
- Indian Health Service (IHS) or tribal
- Other health insurance → Please tell us:

- I do not have any health insurance *now*

6. What kind of health insurance does your new baby have now?

Check ALL that apply

- Private health insurance from my job or the mother of my baby's job
- Private health insurance from the North Dakota Health Insurance Marketplace or HealthCare.gov
- North Dakota Medicaid
- TRICARE or other military healthcare
- Indian Health Service (IHS) or tribal
- Other health insurance → Please tell us:

- My baby does not have health insurance *now*

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

- No →
- Yes

Go to Question 9

8. 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, and Dakota)
- Hunkpapa Lakota (also known as Standing Rock Sioux tribe, Lakota, Hunkpapa, Sioux, Húnkpapha, and Teton)
- Turtle Mountain Band of Chippewa Indians (also known as Chippewa, Turtle Mountain Chippewa, Anishinabe, Ojibwa, Ojibway, Ojibwe, Saukteaux, Cree, and Metis)
- Other → Please tell us:

The next questions are about employment status and income.

9. At any time while the mother of your new baby was pregnant, did you work at a job for pay?

- No
- Yes

10. Please tell us about *your* primary source of employment during the mother of your new baby's pregnancy. What was your job title?

Job Title:

11. During the 12 months before your new baby was born, what was your yearly total household income before taxes? Include your income, your wife 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 receiving now.

- \$0 to \$18,000
- \$18,001 to \$23,000
- \$23,001 to \$27,000
- \$27,001 to \$32,000
- \$32,001 to \$37,000
- \$37,001 to \$42,000
- \$42,001 to \$48,000
- \$48,001 to \$60,000
- \$60,001 to \$85,000
- \$85,001 or more

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

Number of people

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

- No →
- Yes

Go to Question 15

Go to Question 14

14. How many weeks or months of leave, in total, do you plan to take?

Write ONE answer

- Less than 1 week

_____ week(s) OR _____ month(s)

15. Which of the following affected your decision on whether or not to take leave from work after your new baby was born?

Check ALL that apply

- I was able to take the amount of leave from work I wanted
- My employer supported my ability to take leave
- I was provided with or easily able to find the information I needed to understand the leave options I had
- I was provided or had access to someone who could tell me about my leave options
- I could not financially afford to take leave
- I was afraid I'd lose my job if I took leave or stayed out longer
- I had too much work to do to take leave or stay out longer
- My job does not have paid leave
- My job does not offer a flexible work schedule
- I had not built up enough leave time to take time off
- I wanted more work leave, but could not take more time off
- I wanted to return to work before my work leave ended
- It is unusual in my profession to take leave
- Other _____ → Please tell us:

16. Who currently spends the most time taking care of your new baby when you are in school or working?

Check ONE answer

- The mother of my baby
- My baby's grandparent(s)
- Other close family member or relative
- Friend or neighbor
- Babysitter, nanny, or other childcare provider in my home
- Staff at a child care facility
- My baby is with me while I am at school or work
- Other _____ → Please tell us:

The transition to fatherhood can be overwhelming. The next questions are about resources you may have used or wanted around the time of the mother of your baby's pregnancy.

17. Do you feel that you have access to resources for information specific to fatherhood/parenthood?

- No
- Yes

18. Which of the following are people or places you go to for information specific to fatherhood/parenthood?

Check ALL that apply

- Family and/or friends
- Reputable online resources (websites ending in: .gov, .org, or .edu)
- Other online resources
- Social media (such as Facebook, Twitter, TikTok, or Instagram)
- Parenting groups organized with the hospital or local government (North Dakota Nurturing Parenting Programs)
- Peer parenting groups (virtual or in-person groups specifically for fathers or parents, such as a Facebook "MeetUp" group, or group of friends)
- My healthcare provider(s) (such as primary care doctors, nurses, counselor, or therapist)
- My baby's healthcare provider(s) (such as a pediatrician)
- Birth preparation groups (such as hospital-based birthing or parenting classes, Lamaze classes)
- Other _____ → Please tell us:
- I do not use any of these resources for information specific to fatherhood/parenthood

19. Which of the following topics on fatherhood did you want to receive information on when you found out you were going to be a father?

For each topic, please indicate if you wanted the information and if you received it.

- | | <u>Wanted</u> | | <u>Received</u> | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | No | Yes | No | Yes |
| a. What to expect during pregnancy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. What to expect during delivery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. What to expect after delivery in the first days/weeks with the baby at home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Information on family planning (having or preventing another pregnancy) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Advice on how to care for a newborn (changing diapers, sleeping, feeding) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Information on child development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- Please tell us:

20. Which of the following topics on family support did you want to receive information on when you found out you were going to be a father? For each topic, please indicate if you wanted the information and if you received it.

- | | <u>Wanted</u> | | <u>Received</u> | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | No | Yes | No | Yes |
| a. Finding a group of people in the same situation as me (other new fathers or parents) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Help with my mental or emotional health (depression, sadness, anxiety, managing my anger)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Help with the mother of my baby's mental and emotional health (depression, sadness, anxiety, managing their anger)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Help with my physical health (weight, blood pressure) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Help with my relationship with the mother of my baby (couples counseling, how to co-parent, change in sex drive)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Help with changing family dynamics (adjusting to a new baby or multiple children at home)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Guidance around my substance use (alcohol, tobacco, marijuana, opioids, or other drugs)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Guidance around the mother of my baby's substance use (alcohol, tobacco, marijuana, opioids, or other drugs)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Finding support from professionals who share and understand my culture, race, ethnicity, and/or language..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- Please tell us:

21. Which of the following topics on economic stability and employment did you want to receive information on when you found out you were going to be a father? For each topic, please indicate if you wanted the information and if you received it.

- | | <u>Wanted</u> | | <u>Received</u> | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | No | Yes | No | Yes |
| a. Help with time off from work (Family Medical Leave/FMLA, Paid Family Leave/PFML)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Help finding or understanding legal aid (child support, custody, or personal legal concerns) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Help finding or understanding health insurance related to having a child..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Help finding financial assistance, support, or resources (budgeting for a new baby, childcare, child support payments)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please tell us:

The next questions are about smoking cigarettes and e-cigarettes.

22. After you found out the mother of your baby was pregnant, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.

- 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 did not smoke then

23. Since your new baby was born, how many cigarettes did you smoke on an average day?

A pack has 20 cigarettes.

- 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. After you found out the mother of your baby was 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

25. Since your new baby was born, 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

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.

26. After you found out the mother of your baby was pregnant, how many alcoholic drinks did you consume 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 did not drink then

27. Considering all types of alcoholic drinks, how many times in the past month did you have 5 or more drinks on one occasion?

Number of times

- I did not drink 5 or more drinks on one occasion

28. How many alcoholic drinks do you consume now 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 do not drink now

The next questions are about using drugs around the time of pregnancy.

29. When the mother of your baby was pregnant did you use any of the following drugs for any reason? Your answers are strictly confidential.

Check ALL that apply

- Medication for depression (like Prozac®, Zoloft®, Lexapro®, Paxil®, or Celexa®)
- Opioids such as prescription pain relievers not prescribed to you (like Vicodin® or Percocet®), or heroin
- Cannabis, marijuana, or other THC product
- Stimulants such as cocaine or methamphetamine
- Other → Please tell us:
- I did not use any drugs for any reason

30. Since your new baby was born, have you taken or used any of the following drugs? Your answers are strictly confidential.

- Medication for depression (like Prozac®, Zoloft®, Lexapro®, Paxil®, or Celexa®)
- Opioids such as prescription pain relievers not prescribed to you (like Vicodin® or Percocet®), or heroin
- Cannabis, marijuana, or other THC product
- Stimulants such as cocaine or methamphetamine
- Other _____ → Please tell us:

- I did not use any drugs for any reason

The next questions are about the time before the mother of your baby became pregnant.

31. Thinking back to *just before* the mother of your baby became pregnant, how did you feel about her becoming pregnant?

Check ONE answer

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

32. When the mother of your baby became pregnant, were you living together?

- No
- Yes

33. Which one of the following most closely describes your relationship with the mother of your baby *before* she got pregnant?

Check ALL that apply

- She was my spouse (legally married)
- She was my partner (not legally married)
- She was my girlfriend
- She was a friend
- She was my ex-partner or ex-wife (divorced or separated)
- She was someone I did not know well
- Other _____ → Please tell us:

34. When the mother of your baby became pregnant, were either of you doing anything to keep from becoming pregnant? This can include having their tubes tied or a vasectomy, using birth control pills, condoms, withdrawal, or natural family planning.

- No _____ → **Go to Question 36**
- Yes

35. What method(s) of birth control were you using when the mother of your baby became pregnant?

Check ALL that apply

- Condoms
- Vasectomy (male sterilization)
- Natural family planning or fertility awareness methods (such as rhythm or calendar method or fertility apps)
- Withdrawal (pulling out)
- She was taking birth control pills or another form of birth control (shots or injections, contraceptive patch, IUD, etc.)
- I don't know
- Other _____ → Please tell us:

36. What were your reasons for not doing anything to keep from becoming pregnant?

Check ALL that apply

- I wanted her to be pregnant
- I thought she could not get pregnant at the time
- I had problems getting a form of birth control when I needed it
- I thought I was sterile (could not get anyone pregnant at all)
- I didn't want to use anything
- She didn't want to use anything
- I forgot to use a birth control method
- I have problems paying for a form of birth control
- Other _____ → Please tell us:

37. Are you using any method of birth control now to avoid pregnancy with your current partner?

- No
- Yes

The next questions are about your baby's care.

38. Was your baby ever breastfed or fed pumped breast milk, even for a short period of time?

- Yes →
- No
- I don't know

Go to Question 39

Go to Question 42

39. Did you do any of the following things to support the mother of your baby's breastfeeding? For each item check **No** if you did not or **Yes** if you did. *If your baby does not live with you, please skip this question.*

No Yes

- a. Talked about the breastfeeding plan before our new baby was born.....
- b. Listened to a nurse or lactation specialist talking to the mother of my baby about how to breastfeed after our baby was born
- c. Fed pumped breastmilk to our new baby.....
- d. Brought food, drinks, pillows, or other items to the mother of my baby while she was breastfeeding or pumping.....
- e. Other

Please tell us:

- I did not do any of these things

40. When your new baby was born, how did you feel about the mother of your baby breastfeeding?

- I wanted her to breastfeed
- I did not want her to breastfeed
- I had no opinion about whether she should breastfeed

41. What else could have been done by healthcare workers, clinics, or others to better help you support the mother of your baby's breastfeeding?

Check ALL that apply

- More information offered from the hospital or healthcare providers during pregnancy
- More information specific to fathers offered during pregnancy
- More community resources offered about breastfeeding
- More father-specific information offered once the baby was born
- Other _____ → Please tell us:

- Nothing could have been done to better help me support the mother of my baby's breastfeeding

42. Listed below are some statements about caring for your new baby. Do you have knowledge on the following topics? For each item, check **No** if you do not have knowledge of it or **Yes** if you do.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. How to properly buckle my new baby into their car seat..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How to safely store potentially dangerous items from my new baby (guns, cleaning products, choking hazards)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. How to feed my new baby with a bottle..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. How to change my new baby's diaper..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Where to go if my new baby needs regular medical care..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Where to go if my new baby needs emergency medical care..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. The safest position to lay my new baby to sleep..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The safest environment for infant sleep..... | <input type="checkbox"/> | <input type="checkbox"/> |

43. Listed below are some things about where babies sleep. How did your new baby usually sleep in the *past 2 weeks*? For each item, check **No if your baby did not sleep that way or **Yes** if they did.**

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. In a crib, bassinet, or pack and play | <input type="checkbox"/> | <input type="checkbox"/> |
| b. On a twin or larger mattress or bed | <input type="checkbox"/> | <input type="checkbox"/> |
| c. On a couch, sofa, or armchair | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In an infant car seat or swing | <input type="checkbox"/> | <input type="checkbox"/> |
| e. In a sleeping sack or wearable blanket | <input type="checkbox"/> | <input type="checkbox"/> |
| f. With a blanket..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. With toys, cushions, or pillows, including nursing pillows | <input type="checkbox"/> | <input type="checkbox"/> |
| h. With crib bumper pads (mesh or non-mesh)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. In the bed with me or with my partner | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Other | <input type="checkbox"/> | <input type="checkbox"/> |

Please tell us:

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

Check ONE answer

- On their side
- On their back
- On their stomach
- I don't lay my baby down to sleep

The next questions are about your experience during healthcare visits during pregnancy and delivery.

45. During the mother of your baby's most recent pregnancy, how many prenatal care visits did you attend?

Check ONE answer

- 1 to 3
- 4 to 6
- 7 to 9
- 10 or more
- I did not attend any prenatal care visits ↗
- The mother of my baby did not go for prenatal care ↘

Go to Question 48

Go to Question 49

46. What were the reasons that you attended prenatal care visits?

Check ALL that apply

- I was excited to be a part of the prenatal care visits
- I wanted to support the mother of my baby
- The mother of my baby wanted me to support her
- I felt it was my responsibility or duty as a father
- I wanted to learn what the mother of my baby learned
- I had questions that I wanted answered about pregnancy
- I had questions that I wanted answered about fatherhood/parenthood
- To see the results of a prenatal test or ultrasound
- To ensure our baby is as healthy as possible
- To gain skills as a father
- To improve/understand my own health during the mother of my baby's pregnancy
- I provided transportation for the mother of my baby
- Other → Please tell us:

47. To what extent do you agree with the following statement:

"I felt included by hospital/clinic staff during prenatal care visits."

- Always
- Often
- Sometimes
- Rarely
- Never

48. Which of the following describes why you did not attend any or some of the prenatal care visits?

Check ALL that apply

- I had to work
- I did not have transportation to get to the appointment(s)
- There was no parking/the cost of parking was too high at the appointment(s)
- I did not know about the appointment(s)
- I drove the mother of my baby to the visit but was not allowed inside due to COVID-19
- A healthcare provider, nurse, or hospital staff did not allow me to join the visit(s)
- I needed to take care of my other children
- I did not want to go to the appointment(s)
- The mother of my baby did not want me to go to the prenatal care visit(s)
- Other _____ → Please tell us:

49. Since your new baby was born, how often do you attend his or her well-baby visits?

Well-baby visits are checkups with a healthcare provider to ensure your baby's growth and development are on track, address health issues, and administer immunizations.

- Always
- Often
- Sometimes
- Rarely
- Never _____ →

Go to Question 52

50. Did you have questions you wanted answered by a healthcare provider at the well-baby visits?

- No _____ →
- Yes

Go to Question 52

51. Were you able to have your questions answered by a healthcare provider at the well-baby visits?

- No
- Yes

52. Did your new baby have any well-baby shots or vaccinations before he or she was 3 months old? Do not count shots given in the hospital right after birth. If your baby is not yet 3 months old, please skip this question.

- No
- Yes
- I don't know

53. What are your plans for vaccinating your new baby?

Check ONE answer

- My baby will be vaccinated the way my baby's healthcare provider recommends
- My baby will get every vaccine but at different times than my baby's healthcare provider recommends
- My baby will get only some of the recommended vaccines
- My baby will not get any vaccines
- Other _____ → Please tell us:

The next questions are about *your current living situation and mental health.*

54. *During the past 12 months, did any of the following statements ever apply to you?*

Check ALL that apply

- I did not have affordable, reliable transportation
- I skipped meals or ate less because there wasn't enough money to buy food
- I did not have safe housing
- I did not have consistent and stable housing
- My house or apartment was too crowded
- I did not have basic utility services (heat, water, lights)
- I did not have access to a telephone when I needed
- I had other basic needs that were not met
Please tell us:

55. *During the past 12 months, did any of the following statements ever apply to you?*

Check ALL that apply

- A close family member was very sick and had to go to the hospital
- I was separated or divorced from my wife or partner
- I moved to a new address
- I was homeless or had to sleep outside, in a car, or in a shelter
- My wife or partner lost their job
- I lost my job even though I wanted to continue working
- My wife, partner, or I had a cut in work hours or pay
- I was apart from my wife or partner due to military deployment or extended work-related travel
- I argued with my wife or partner more than usual
- My wife or partner said they didn't want to be pregnant
- I had problems paying the rent, mortgage, or other bills
- My wife or partner went to jail
- I went to jail
- Someone very close to me had a problem with alcohol and/or drugs
- Someone very close to me died

56. During the past 12 months, were any of the following statements true for you? A mental health disorder could be anxiety, depression, stress or some other mental illness. For each item, check **No** if this was not true for you or **Yes** if it was.

No Yes

- a. A doctor, nurse, or other healthcare provider told me I had a mental health disorder.....
- b. A doctor, nurse, or other healthcare provider recommended that I take a prescription medication for a mental health disorder.....
- c. I took medication for a mental health disorder.....
- d. A doctor, nurse, or other healthcare provider recommended that I get counseling for a mental health disorder.....
- e. I received counseling for a mental health disorder.....

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

- Always
 Often
 Sometimes
 Rarely
 Never

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

- Always
 Often
 Sometimes
 Rarely
 Never

59. Since your new baby was born, how often have you felt nervous, anxious, or on edge?

- Always
 Often
 Sometimes
 Rarely
 Never

60. Since your new baby was born, how often have you experienced difficulty controlling your anger or temper?

- Always
 Often
 Sometimes
 Rarely
 Never

61. Since your new baby was born, how often have you not been able to stop or control worrying?

- Always
 Often
 Sometimes
 Rarely
 Never

62. Do you have difficulty caring for yourself or your new baby due to a physical, mental, or emotional condition?

- No
 Yes

63. Since your new baby was born, how would you describe your overall mental and physical health?

- Excellent
 Very good
 Good
 Fair
 Poor

The next questions are about your life *now*.

64. Which one of the following most closely describes *your current relationship with the mother of your new baby*?

Check ONE answer

- She is my spouse (legally married)
- She is my partner (not legally married)
- She is my girlfriend
- She is a friend
- She is my ex-partner or ex-wife (divorced or separated)
- Other _____ → Please tell us:

65. Is your new baby living with you *now*?

Check ONE answer

- Yes
- Yes, part of the time
- No
- My baby is still in the hospital

Go to Question 67

66. How often do you see or have a visit with your baby?

- Every day (at least once a day)
- Several times a week
- About once a week
- Less than once a week
- Not at all

67. Overall, how satisfied are you with how often you see or visit your new baby?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

68. How often do you contribute things such as money, food, clothing, shelter, or health care for your new baby's basic needs?

- Always
- Often
- Sometimes
- Rarely
- Never

The next questions are about *your health care*.

69. During the past 12 months, what type of health care visit did you have?

Check ALL that apply

- Regular checkup with a health care provider
- 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:

- I did not have a health care visit in the past 12 months

70. Did any of the following things keep you from having a health care visit in the past 12 months?

Check ALL that apply

- I didn't have health insurance to cover the cost of the visit
- I felt fine and did not think I needed to have a visit
- I couldn't get an appointment when I wanted one
- I didn't have any transportation to get to the clinic or doctor's office
- I had too many things going on
- I couldn't take time off from work
- Other _____ → Please tell us:

71. Do you *currently* take any prescription medications?

- No
 Yes

72. Do you *currently* have any of the following health conditions? For each option, check **NO** if you do not have the condition, and **YES** if you do.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. Type 1 or Type 2 diabetes..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. High blood pressure or hypertension | <input type="checkbox"/> | <input type="checkbox"/> |
| c. High cholesterol..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Chronic Obstructive Pulmonary Disease (COPD)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Heart disease..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Depression | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Anxiety | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Anemia (poor blood, low iron) | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Epilepsy (seizures) | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Thyroid problems..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Chronic pain | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Sexually Transmitted Infection (STI)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Other | <input type="checkbox"/> | <input type="checkbox"/> |

Please tell us:

The last questions are about childcare.

73. How many children under 6 years of age are living in your household?

Number of children under 6

- I do not have any children under 6 years of age living in my household

74. Do you use childcare services?

- No → **Go to Question 77**
 Yes
 I don't have any children under 6 years of age living with me → **Go to Question 77**

75. Is the childcare paid by another person or a childcare assistance program? Do not include payments or reimbursements that go directly to you.

- No → **Go to Question 77**
 Yes
 I don't know → **Go to Question 77**

76. Who pays for the childcare services?

Check ALL that apply

- A government agency such as for welfare, employment services, or child development
 A non-government organization such as a community group or religious institution
 The child's parent who lives outside of my household
 Other family or friend
 An employer
 Other
 I don't know

77. In general, how satisfied are you with the quality and cost of childcare and early education available to families with children in your community?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

78. Which one of the following best describes your most recent employment in the *past 5 years*?

- Private sector employee - manufacturing
- Private sector employee - wholesale trade
- Private sector employee - retail sale
- Private sector employee - other

Please tell us:

- Government employee
- Self-employed
- Unemployed

**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 new baby's birth? Please use this space to tell us.**

Thank you for answering our questions!

***Your answers will help us work to improve the health and wellness of men,
women, children, and families in North Dakota.***