

REVIEWER NOTES:

- There are no question numbers as we will use a unique variable name for each of the items to provide the ability to move the order around, add or remove items.
- Anything in orange font, all caps or within brackets will not be displayed and are notes for reviewers/programmers.
- We will include programming that will allow respondents to skip a question if they prefer not to answer in lieu of including a “prefer not to answer” option on the screen. If they attempt to skip a question or item, respondents will see text or dialogue such as “Did you skip this by accident? We value your response.”
- Do not know options have been removed except in the case of a knowledge question where the respondent may not know an answer or conditions where they may not be able to answer due to lack of experience. In those cases, “not sure” is a response option.

INTRODUCTION

Welcome to the *New Mom’s Health & Wellness Project*. We are going to have you view a video and some materials about being a new mom. We will then ask you questions about your reactions to the video and materials. Your experience will help to create a special health campaign for new moms focusing on postpartum feelings. NORC and LTG Associates, Inc., are conducting this survey on behalf of the U.S. Department of Health & Human Services Office on Women’s Health (OWH). <https://www.womenshealth.gov/>.

The online survey should take about 25 minutes.

New Mom’s Health & Wellness Project
momshealth@norc.org
1-877-229-4783

INTRO, ENTER INTO SURVEY: SCREEN 1

This survey is for women ages 18-44 who had a baby in the last year. If this does not apply to you, please exit the survey now.

INTRO FOR ALL: SCREEN 2

Welcome to the *New Mom’s Health & Wellness Project*. Please use the "Continue" and "Previous" buttons to answer the survey questions and move to the next question. Do not use your browser or phone’s BACK button.

Your answers are saved automatically. If you need to close out of the survey before you finish, just close your browser. To return to the survey, please [INSERT PROGRAMMING INSTRUCTIONS]. You will return to the same place in the survey.

The purpose of the survey is to get your reactions to some information about being a new mom that will become part of videos and materials for a campaign. Some of the questions may be personal or sensitive. You can skip any question that makes you uncomfortable. You can take a

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break or quit the survey at any time. To save your answers and come back to the survey later, be sure to use the Quit button.

The survey should take about 25 minutes, depending on your answers. If you want to see the questions first, go to [**HERE- LINK**].

Should you have any other questions, you may contact the New Mom's Health and Wellness Team at momshealth@norc.org or 1-877-229-4783.

Your answers will be kept separate from your name. We assign a number to your survey answers instead of using your name. Your name will never be linked to your survey answers. The survey uses a very secure computer system to make sure all your answers and personal information are kept private. It is possible that someone could see or hear your answers if they are nearby when you take the survey online. Please look around your area and change your location or screen so others cannot view your answers. We also suggest you use a secure network to take the online survey and avoid public WIFI.

Your name will never be linked to your answers.

If you agree to take the survey, select the "I agree" option. [GO TO START]

If you do not want to take the survey, select the "I do not agree" option.

[START]

-----END OF CONSENT-----

We will start with general questions.

[LIVewithBABY] Do you live with your baby most of the time?

Yes [CONTINUE]

No [CONTINUE, but put results aside]

[S1] What is the highest level of school you have completed?

No school

Some School, No High School Diploma

High School Diploma or the equivalent (GED)

Some college, no degree

Associates/Technical degree or professional certification or license

Bachelor's degree

Master's degree, Professional or Doctorate degree

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[S2] Are you ...

- Married
- Widowed
- Divorced
- Separated
- Never married

[S3] Are you of Hispanic or Latino origin?

- No, not of Hispanic or Latino origin
- Yes, of Hispanic or Latino origin
- Not sure
- Prefer not to answer
- [IF YES]
 - Yes, Mexican, Mexican-American, Chicano
 - Yes, Puerto Rican
 - Yes, Cuban
 - Yes, Central American
 - Yes, South American
 - Yes, other Spanish or Hispanic or Latino origin

[S4] Which best describes your race? (Select one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- White
- Native Hawaiian or other Pacific Islander
- Prefer not to answer

[Source: OMB [Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity](#). (1997). *Federal Register*, 62(210).

We will also ask questions about your partner. We understand that some moms may not have a partner. A “partner” is someone you live with or have a close, romantic or personal relationship with. You may or may not live together, but you think about yourself as a couple. You are emotionally connected and have regular contact with each other. A partner could be any of the following: a spouse (husband or wife), boyfriend or girlfriend, dating partner, or sexual partner. They may or may not be the parent of your baby or any other children.

[PARTNER]

Please choose the statement that best describes your current partner and living situation.

- I do not have a partner
- My partner lives with me all of the time
- My partner lives with me some of the time
- My partner does not live with me

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[S5] How many people live with you? Include the people who live in your home who you share food with. Sharing food includes buying and eating meals together. You do not need to be related to the other people in your household. Include people of all ages, even children.

Number of people living in your household _____ [TEXT BOX WITH MAX NUMBER]

Your household's total annual income includes income from you, your partner, or from any dependent children. It is the amount you receive before any taxes are taken out. Income can be pay for work or any other money coming in. Remember that the information you provide is confidential.

[S6] Do you make less than... [SHOW 185% INCOME LIMIT CORRESPONDING TO ANSWER GIVEN IN QUESTION ABOUT HOUSEHOLD SIZE]

[If household size = 1, show: \$25,142]

[If household size = 2, show: \$33,874]

[If household size = 3, show: \$42,606]

[If household size = 4, show: \$51,338]

[If household size = 5, show: \$60,070]

[If household size = 6, show: \$68,802]

[If household size = 7, show: \$77,534]

[If household size = 8, show: \$86,266]

1. Yes
2. No
66. None of these
77. Not sure
99. Prefer not to answer

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Next we're going to ask you about your experiences with your mood and certain behaviors over the last seven days.

[S7] Over the last week or 7 days, how often have you experienced the following?

	Nearly every day	More than half the week	Less than half the week	Never
Very little interest or pleasure in doing things	1	2	3	4
Not feeling "yourself"	1	2	3	4
Feeling down, sad, depressed, or hopeless	1	2	3	4
Crying a lot	1	2	3	4
Trouble falling or staying asleep	1	2	3	4
Sleeping too much	1	2	3	4
Feeling tired or having little energy	1	2	3	4
Eating very little or eating too much	1	2	3	4
Feeling isolated from friends or family	1	2	3	4
Trouble concentrating on things such as watching television or reading	1	2	3	4
Moving or speaking a lot more slowly than usual	1	2	3	4
Being a lot more fidgety, restless, or moving around a lot more than usual	1	2	3	4
Feeling unconnected to your baby, as if you are not the baby's mother, or you might not love or care for the baby as you should	1	2	3	4

1. Think about who you ask or where you look for advice about parenting. How often, if at all, do you get parenting advice from:

	Often	Sometimes	Rarely	Never
Your friends	1	2	3	4
Social media like Facebook, online discussion forum, message boards or email listservs	1	2	3	4
Parenting websites	1	2	3	4

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2. Thinking about the social media sites you use... About how often do you visit or use Facebook?

1. Several times a day
2. About once a day
3. A few times a week
4. Every few weeks
5. Never

3. How often do you visit YouTube to stream video content?

1. Several times a day
2. About once a day
3. A few times a week
4. Every few weeks
5. Never

4. Since your baby was born have you had any help from WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children) for you or your baby?

1. Yes
2. No

5. Are you currently breastfeeding your baby (or pumping breastmilk for your baby)?

1. Yes
2. No

Please select how often the following are true for you. We want to know how you personally feel.

	Always	Often	Sometimes	Rarely	Never
I feel happy when my baby smiles or laughs	1	2	3	4	5
I feel distant from my baby	1	2	3	4	5

6. How much do you agree or disagree with the following statements?

	Strongly Agree	Somewhat Agree	Neither Agree nor	Somewhat Disagree	Strongly Disagree
I think that picking up the baby every time he or she cries will spoil the baby	1	2	3	4	5
I often feel overwhelmed by my baby's crying	1	2	3	4	5

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7. Since your baby was born, have you talked with any of the following to get through a tough time?

	Yes	No	I did not have a partner during that time
Your partner	1	2	3
A counselor, therapist or social worker	1	2	
A medical doctor or other health care worker like a nurse or midwife	1	2	

8. Do you feel that your partner is someone who you can count on?

1. Yes
2. No
3. I do not have a partner at this time

9. These statements are about stressful things that may have happened during the year after your baby was born. Select "Yes" if the statement is true for you or "No" if it is not.

	Yes	No	I did not have a partner during that time
I had problems paying the rent, mortgage, or other bills	1	2	
I argued with my partner more than usual	1	2	3

10. Please indicate how much you agree or disagree with the following statement: People experiencing a mental illness are more likely than other people to be dangerous

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

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11. For each of the following statements, please tell us whether you agree or disagree with each.

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
I can see how moms with postpartum depression might choose not to talk about it	1	2	3	4	5
I want to be as supportive as possible to moms experiencing postpartum depression	1	2	3	4	5
I would like to know more about postpartum depression	1	2	3	4	5

12. The following questions are about what you would do if you were going through a tough time in your life. A tough time is a time when someone might feel anxious, stressed, unmotivated, lonely or depressed and need extra support. The following statements are about the way you usually handle difficult life events.

	Yes	No
I usually bounce back quickly after hard times	1	2
I am confident in my ability to take care of my baby in difficult times	1	2

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INTRODUCTION TO VIDEO TESTING

Next, you will see a video designed to help new moms who may struggle with postpartum depression. We want your thoughts as a new mom to help us to create the best information for other moms. Your input today will help decide what is used to finish the videos and other materials. The videos will be shown online, through social media and other places where moms might see them. Before the videos are made, the creators want to get your reactions to understand how they might make women feel. The videos are still in a draft format – your responses will help us to decide on what they will finally look like. Your honest reactions and input will help the creators improve the information.

VIDEO TESTING:

[RANDOM PRESENTATION OF VIDEO- EITHER NEW VIDEO OR EXISTING ROAD TO BABYVILLE]

REACTIONVID

In a few words, what do you think about the video? _____

[OPEN-ENDED]

FEELINGSVIDOE

What did you feel when you watched the video?

[OPEN-ENDED- UP TO THREE FIELD OPTIONS] _____

FEELINGSVIDRO Are there any words on the list below that describe feelings that came to mind when you saw the video? Please select up to three.

- | | | | |
|-------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Joy | <input type="checkbox"/> Sadness | <input type="checkbox"/> Informed | <input type="checkbox"/> Curious |
| <input type="checkbox"/> Surprise | <input type="checkbox"/> Shame | <input type="checkbox"/> Appreciation | <input type="checkbox"/> Vulnerability |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Guilt | <input type="checkbox"/> Duty | <input type="checkbox"/> Faith |
| <input type="checkbox"/> Annoyance | <input type="checkbox"/> Love | <input type="checkbox"/> Frustration | <input type="checkbox"/> Hope |
| <input type="checkbox"/> Fear | <input type="checkbox"/> Concern | <input type="checkbox"/> Comfort | <input type="checkbox"/> Discomfort |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Boredom | <input type="checkbox"/> Skepticism | <input type="checkbox"/> Pride |
| <input type="checkbox"/> Confidence | <input type="checkbox"/> Helplessness | <input type="checkbox"/> Frustration | <input type="checkbox"/> Empathy |
| <input type="checkbox"/> Urgency | <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Something else | _____ |

MAINMESSGVID

In a few words, what do you feel is the main message in the video?

[OPEN-ENDED] _____

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CTAVID

What is the video asking you to do?

[OPEN-ENDED] _____

UNDERSTAND

Is there anything difficult to understand in the video?

- 1 Yes [GO TO WHATDIFFCLT]
- 2 No [GO TO BELIEVE]

WHATDIFFCLT

[IF YES] Please describe what was difficult to understand: _____

[OPEN-ENDED]

BELIEVE

How believable is the information presented in this video?

- 1 Very Believable
- 2 Somewhat Believable
- 3 Not Very Believable
- 4 Not at All Believable

TRUSTVIDEO

How much do you trust the characters/women presented in this video?

- 1 A lot [GO TO WHOFOR]
- 2 Some [GO TO WHOFOR]
- 3 Not much [GO TO UNTRUSTEDVID]
- 4 Not at all [GO TO UNTRUSTEDVID]

UNTRUSTEDVID

[IF NOT MUCH OR NOT AT ALL] Please describe what made you not trust the characters/women: _____

[OPEN-ENDED]

WHOFOR

Who do you think this video was created to reach?

[OPEN-ENDED] _____

77 Not Sure

LIKEVID

What do you like about this video?

[OPEN-ENDED] _____

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DISLIKEVID

Is there anything you do not like about the video?

- 1 Yes [GO TO DISLIKESPEC]
- 2 No [GO TO INTENTION]

DISLIKEVIDSPEC

What do you not like?: _____

[OPEN-ENDED]

OFFENDVID

Is there anything that you feel is offensive in the video?

- 1 Yes [GO TO WHATOFFENDVID]
- 2 No [GO TO TOWEBVID]

WHATOFFENDVID

[IF YES] Please describe what was offensive: _____

[OPEN-ENDED]

SUGGESTSM1

SUGGESTSM2

What would you suggest to fix what offended you? _____

[OPEN-ENDED]

TOWEBVID

After seeing this video, how likely are you to visit the www.womenshealth.gov website?

- 1 Very Likely
- 2 Somewhat Likely
- 3 Neither Likely nor Unlikely
- 4 Not Likely
- 5 Not At All Likely

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TALKVID

After seeing this video, how likely are you to do any of the following if you were going through a tough time?

	Very Likely	Likely	Neither Likely nor Unlikely	Unlikely	Very Unlikely
Talk to your partner about it [SKIP IF NO PARTNER]	1	2	3	4	5
Talk to a friend about it	1	2	3	4	5
Talk to your parents about it	1	2	3	4	5
Talk to a family friend or relative about it	1	2	3	4	5
Talk to a professional like a medical doctor or other health care worker about it	1	2	3	4	5
Talk to a counselor, therapist or social worker about it	1	2	3	4	5
Talk to a religious or faith leader, or a counselor associated with a specific faith tradition (such as a Christian Counselor) about it	1	2	3	4	5
Talk to someone through an online community forum, board or chat room	1	2	3	4	5
Look for help on a website	1	2	3	4	5
Look for help by using a social networking site such as Facebook, Reddit or Other	1	2	3	4	5
Nothing	1	2	3	4	5
Something else (please specify): [TEXT BOX]					

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ACTIONVID

Here are some different types of responses you might have after seeing this video. For each, please mark how true the statement is for you with 1 being not at all true for you and 5 being very true for you.

The video makes me...

	Very true for me	Somewhat true for me	Neither true nor untrue	Somewhat untrue for me	Not at all true for me
Think about someone who might be struggling with postpartum depression	1	2	3	4	5
Want to learn about postpartum depression	1	2	3	4	5
Want to talk with someone I have been concerned about to discuss how they might be struggling emotionally as a new mom	1	2	3	4	5
Aware to watch for signs or symptoms of postpartum depression I might experience as a new mom	1	2	3	4	5
Aware to watch for other moms around me who might be experiencing postpartum depression	1	2	3	4	5
Want to talk to a professional like a medical doctor or other health care worker about postpartum depression	1	2	3	4	5
Want to talk to a professional like a counselor, therapist or social worker about postpartum depression	1	2	3	4	5
Want to do something else (please specify): [TEXT BOX]					

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INTRODUCTION TO MATERIALS TESTING

Next, you will see some materials designed to help new moms who may struggle with postpartum depression. Again, we want your reactions as new moms to help us to create the best information for other moms. These materials might show up on a social media post or as a takeaway from a clinic, social services office or health care provider. As these materials get finalized, the creators want to get your reactions to understand how they might make other women feel or react. Again, your honest reactions and input will help the creators improve the information.

[RANDOMIZE THE ORDER OF THE MATERIALS PRESENTED, SM1 LINKS TO SOCIAL POST FROM CBO, SM2 LINKS TO SOCIAL POST FROM OWH, PC LINKS TO PALM CARD]

MATERIALS TESTING: SOCIAL POST

REACTIONS_{SM1}

REACTIONS_{SM2}

In a few words, what do you think about this social media post? _____

[OPEN-ENDED]

HOWREACT_{SM1}

HOWREACT_{SM2}

How would you react to the social media post?

- 1 Love (heart emoji)
- 2 Like (thumbs up)
- 3 Laughter (laughing face emoji)
- 4 Surprise (wow face emoji)
- 5 Dislike (thumbs down)
- 6 Sad (sad face emoji)
- 7 Angry (angry face emoji)
- 8 Some other reaction (specify)_____
- 9 No reaction/Swipe away

TOWEBS_{SM1}

TOWEBS_{SM2}

After seeing this post, how likely are you to visit the www.womenshealth.gov website?

- 1 Very Likely
- 2 Somewhat Likely
- 3 Neither Likely nor Unlikely
- 4 Not Likely
- 5 Not At All Likely

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SHARESM1

SHARESM2

After seeing this post, how likely are you to share the post with others?

- 1 Very Likely [GO TO COMMENTSM1/COMMENTSM2]
- 2 Somewhat Likely [GO TO COMMENTSM1/COMMENTSM2]
- 3 Neither Likely nor Unlikely
- 4 Not Likely
- 5 Not At All Likely

COMMENTSM1

COMMENTSM2

How likely are you to add a comment when you share the post with others?

- 1 Very Likely [GO TO SHAREWHOSM1/SHAREWHOSM2]
- 2 Somewhat Likely [GO TO SHAREWHOSM1/SHAREWHOSM2]
- 3 Neither Likely nor Unlikely [GO TO FOLLOWSM1/FOLLOWSM2]
- 4 Not Likely [GO TO FOLLOWSM1/FOLLOWSM2]
- 5 Not At All Likely [GO TO FOLLOWSM1/FOLLOWSM2]

SHAREWHOSM1

SHAREWHOSM2

Who are you most likely are you to share the post with? (check all that apply)

- 1 Everyone I'm connected with through social media
- 2 Friends
- 3 Family
- 4 Someone directly
- 5 A certain group of people (specify)
- 6 Someone else (specify)_____

FOLLOWSM1

FOLLOWSM2

How likely would you be to follow the account that shared the post?

- 1 Very Likely
- 2 Somewhat Likely
- 3 Neither Likely nor Unlikely
- 4 Not Likely
- 5 Not At All Likely

MAINMESSGSM1

MAINMESSGSM2

In a few words, what do you feel is the main message in the social media post?

[OPEN-ENDED] _____

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LIKESM1

LIKESM2

What do you like about the post?

[OPEN-ENDED] _____

DISLIKESM1

DISLIKESM2

Is there anything you do not like about the post?

- 1 Yes [GO TO DISLIKESM1/DISLIKESM2]
- 2 No [GO TO OFFENDSM1/OFFENDSM2]

DISLIKESPECSM1

DISLIKESPECSM2

What do you not like? _____

[OPEN-ENDED]

OFFENDSM1

OFFENDSM2

Is there anything that you feel is offensive in the post?

- 3 Yes [GO TO WHATOFFENDSM1 OR WHATOFFENDSM2 BASED ON POST]
- 4 No [GO TO TRUSTSM1 OR TRUSTSM2 BASED ON POST]

WHATOFFENDSM1

WHATOFFENDSM2

[IF YES] Please describe what was offensive: _____

[OPEN-ENDED]

SUGGESTSM1

SUGGESTSM2

What would you suggest to fix what offended you? _____

[OPEN-ENDED]

TRUSTSM1

TRUSTSM2

How much do you trust the source of the post to know about postpartum depression?

- 1 A lot
- 2 Some
- 3 Not much
- 4 Not at all

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WHOTRUSTSM1

WHOTRUSTSM2

Who would you trust to send you a message about postpartum depression?

[OPEN-ENDED]

PERSONALEXSM1

PERSONALEXSM2

After seeing this post, how likely would you be to share a personal experience of being a new mom or about an emotionally tough time you've been through on the social media platform where you received the post (such as Facebook, Instagram, etc.)?

- 1 Very Likely
- 2 Somewhat Likely
- 3 Neither Likely nor Unlikely
- 4 Not Likely
- 5 Not At All Likely

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TALKSM1

TALKSM2

After seeing this post, how likely are you to do any of the following if you were going through a tough time?

	Very Likely	Likely	Neither Likely nor Unlikely	Unlikely	Very Unlikely
Talk to your partner about it [SKIP IF NO PARTNER]	1	2	3	4	5
Talk to a friend about it	1	2	3	4	5
Talk to your parents about it	1	2	3	4	5
Talk to a family friend or relative about it	1	2	3	4	5
Talk to a professional like a medical doctor or other health care worker about it	1	2	3	4	5
Talk to a counselor, therapist or social worker about it	1	2	3	4	5
Talk to a religious or faith leader, or a counselor associated with a specific faith tradition (such as a Christian Counselor) about it	1	2	3	4	5
Talk to a school counselor or teacher about it	1	2	3	4	5
Talk to someone through an online community forum, board or chat room	1	2	3	4	5
Look for help on a website	1	2	3	4	5
Look for help by using a social networking site such as Facebook, Reddit or Other	1	2	3	4	5
Nothing	1	2	3	4	5
Something else (please specify): [TEXT BOX]					

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ACTIONSM1

ACTIONSM2

Here are some different types of responses you might have after seeing this social media post. For each, please mark how true the statement is for you with 1 being not at all true for you and 5 being very true for you.

The social media post makes me...

	Very true for me	Somewhat true for me	Neither true nor untrue	Somewhat untrue for me	Not at all true for me
think about someone who might be struggling with postpartum depression	1	2	3	4	5
want to learn about postpartum depression	1	2	3	4	5
want to talk with someone I have been concerned about to discuss how they might be struggling emotionally as a new mom	1	2	3	4	5
aware to watch for signs or symptoms of postpartum depression I might experience as a new mom	1	2	3	4	5
aware to watch for other moms around me who might be experiencing postpartum depression	1	2	3	4	5
want to talk to a professional like a medical doctor or other health care worker about postpartum depression	1	2	3	4	5
want to talk to a professional like a counselor, therapist or social worker about postpartum depression	1	2	3	4	5
want to do something else (please specify): [TEXT BOX]					

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MATERIALS TESTING: PALM CARD

REACTIONPC

In a few words, what do you think about this informational card? _____

[OPEN-ENDED]

TOWEBPC

After seeing this information, how likely are you to visit the www.womenshealth.gov website?

- 1 Very Likely
- 2 Somewhat Likely
- 3 Neither Likely nor Unlikely
- 4 Not Likely
- 5 Not At All Likely

MAINMESSGPC

In a few words, what do you feel is the main message in this informational card?

[OPEN-ENDED] _____

CTAPC

What do you feel like this informational card asking you to do?

[OPEN-ENDED] _____

LIKEPC

What do you like about this informational card?

[OPEN-ENDED] _____

DISLIKEPC

Is there anything you do not like about this informational card?

- 1 Yes [GO TO DISLIKEPC]
- 2 No [GO TO OFFENDPC]

DISLIKESPECPC

What do you not like? _____

[OPEN-ENDED]

OFFENDPC

Is there anything you feel is offensive in the informational card?

- 1 Yes [GO TO WHATOFFENDPC]
- 2 No [GO TO TRUSTPC OR TRUSTPC BASED ON POST]

WHATOFFENDPC

[IF YES] Please describe what is offensive: _____

[OPEN-ENDED]

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SUGGESTPC

What would you suggest to fix what offended you? _____

[OPEN-ENDED]

SHAREPC

After seeing this informational card, how likely are you to share it with others?

- 1 Very Likely
- 2 Somewhat Likely
- 3 Neither Likely nor Unlikely
- 4 Not Likely
- 5 Not At All Likely

TRUSTPC

How much do you trust the source of the information to know about postpartum depression?

- 1 A lot
- 2 Some
- 3 Not much
- 4 Not at all

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TALKPC

After seeing this informational card, how likely are you to do any of the following if you were going through a tough time?

	Very Likely	Likely	Neither Likely nor Unlikely	Unlikely	Very Unlikely
Talk to your partner about it [SKIP IF NO PARTNER]	1	2	3	4	5
Talk to a friend about it	1	2	3	4	5
Talk to your parents about it	1	2	3	4	5
Talk to a family friend or relative about it	1	2	3	4	5
Talk to a professional like a medical doctor or other health care worker about it	1	2	3	4	5
Talk to a counselor, therapist or social worker about it	1	2	3	4	5
Talk to a religious or faith leader, or a counselor associated with a specific faith tradition (such as a Christian Counselor) about it	1	2	3	4	5
Talk to someone through an online community forum, board or chat room	1	2	3	4	5
Look for help on a website	1	2	3	4	5
Look for help by using a social networking site such as Facebook, Reddit or Other	1	2	3	4	5
Do nothing	1	2	3	4	5
Something else (please specify): [TEXT BOX]					

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ACTIONPC

Here are some different types of responses you might have after seeing this informational card. For each, please mark how true the statement is for you with 1 being not at all true for you and 5 being very true for you.

The informational card makes me...

	Very true for me	Somewhat true for me	Neither true nor untrue	Somewhat untrue for me	Not at all true for me
Think about someone who might be struggling with postpartum depression	1	2	3	4	5
Want to learn about postpartum depression	1	2	3	4	5
Want to talk with someone I have been concerned about to discuss how they might be struggling emotionally as a new mom	1	2	3	4	5
Aware to watch for signs or symptoms of postpartum depression I might experience as a new mom	1	2	3	4	5
Aware to watch for other moms around me who might be experiencing postpartum depression	1	2	3	4	5
Want to talk to a professional like a medical doctor or other health care worker about postpartum depression	1	2	3	4	5
Want to talk to a professional like a counselor, therapist or social worker about postpartum depression	1	2	3	4	5
Want to do something else (please specify): [TEXT BOX]					

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RESPONDENT CHARACTERISTICS/RISK FACTORS

The next questions are about you...

MH

Please read the statements below and check all that apply to you:

I have a mental illness, or had a mental illness in the past	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
A member of my family has mental illness	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
I have a friend who has mental illness	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
I do not know anyone who has mental illness	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
I know someone who has attempted or died by suicide	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>

SMDOSE

Thinking about the social media sites you use... About how often do you visit or use the following sites?

	Several times a day	About once a day	A few times a week	Every few weeks or less often	Never
Twitter	1	2	3	4	5
Instagram	1	2	3	4	5
Pinterest	1	2	3	4	5
Facebook	1	2	3	4	5
TikTok	1	2	3	4	5
LinkedIn	1	2	3	4	5

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FORUMDOSE

Thinking about the online community network, boards or forums you use... About how often do you visit or use the following sites?

	Several times a day	About once a day	A few times a week	Every few weeks or less often	Never
What to Expect	1	2	3	4	5
Peanut	1	2	3	4	5
Tinyhood Circle	1	2	3	4	5
Mama Meetups by MOPS	1	2	3	4	5
Mocha Moms	1	2	3	4	5
Lucie's List	1	2	3	4	5
Somewhere else: Please specify					

MEDIADOSE

In a typical week, about how many hours do you do the following?

	More than 20 hours	11-20 hours	5-10 hours	4 hours or less	Never/D o not
Listen to the radio (AM/FM/streaming)	1	2	3	4	5
Use the internet	1	2	3	4	5
Watch TV (regular, cable, online, streaming, etc.)	1	2	3	4	5

VIDEODOSE

How often do you stream video content from these sources: ?

	Several times a day	About once a day	A few times a week	Every few weeks or less often	Never
Hulu	1	2	3	4	5
YouTube	1	2	3	4	5
Vudu	1	2	3	4	5
Vimeo	1	2	3	4	5
Crackle	1	2	3	4	5
Twitch	1	2	3	4	5
Netflix	1	2	3	4	5
Amazon	1	2	3	4	5
Disney Plus	1	2	3	4	5

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PRE_EMPLOY

Before your baby was born, did you work (for pay or not) outside of the home?

Part-time job

Full-time job

I did not work outside of the home

POST_EMPLOY

Which statement best describes your current employment status? If you are on maternity leave from a job, mark the one you were doing before maternity leave.

Working-as a paid employee

Working-self employed

Not working for pay-home maker

Not working-on temporary layoff from a job

Not working-looking for work

Not working-retired

Not working-disabled

Not working-other

INSHURD

Do you currently have medical/health insurance?

Yes

No

[IF YES]CIS_SOURCE Is your current health insurance through...

Your employer or union

Your family member's employer or union

Directly with a health insurance company or health insurance marketplace

Medicare, the insurance program for Americans aged 65 plus and people with certain health problems

Medicaid, CHIP or some other type of government assistance program for those with low incomes or a disability

TRICARE or other military health care, including VA health care

Indian Health Service

Another source, please specify: [TEXT BOX]

Not sure

Prefer not to answer

URBAN

How would you best characterize the place where you live?

Rural (far away from the city, in the country)

Suburban (homes near a city)

Urban (in the city)

Not sure

Prefer not to answer

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ZIP

What is your current zip code? _____

SO

Which of the following best represents how you think of yourself?

Lesbian or gay

Straight, that is, not lesbian or gay

Bisexual

Something else: _____ [TEXT BOX]

I do not know the answer

Prefer not to answer

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SURVEY COMPLETION

On behalf of the Office on Women's Health and our survey team, we want to thank you for your participation in this survey. Your information will help us to design a strong PPD campaign that will reach new moms across the country and help them understand and address the symptoms of PPD. If you would like to learn more about postpartum depression or resources for mental health, go to <https://www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression>

People often do not get the mental health services they need because they do not know where to start. Talk to your primary care doctor or another health professional about mental health problems. Ask them to connect you with the right mental health services. If you do not have a health professional who is able to assist you, use these free and confidential resources to find help for yourself, your friends, your family, or your community.

<https://www.mentalhealth.gov/get-help/immediate-help>

If you need to talk to someone about:	Call or text:
<ul style="list-style-type: none">• Feelings of depression, including<ul style="list-style-type: none">• Sadness or crying most of the time• Feeling unconnected to your baby• Not being able to take care of yourself, including sleeping, eating, or bathing	<ul style="list-style-type: none">• Postpartum Support International 1-800-944-4PPD (4773) and leave a message. A volunteer will call back as soon as possible
<ul style="list-style-type: none">• Getting help with a mental health condition• Getting help with drug or alcohol use	<ul style="list-style-type: none">• Substance Abuse and Mental Health Services Administration's national helpline 1-800-662-HELP (4357)
<ul style="list-style-type: none">• Any type of crisis	<ul style="list-style-type: none">• Text HOME to 741741 from anywhere in the USA
<ul style="list-style-type: none">• If you are experiencing serious mental concerns including thoughts of self-harm or harm to other yourself	<ul style="list-style-type: none">• National Suicide Prevention Lifeline 1-800-273-TALK (8255)• 911