**OWH Focus Groups:** **PHASE 2** **ONLINE SCREENER**

**2022 Concept Testing for PPD Campaign**

Hello,

Thanks for agreeing to complete a few questions about your experiences as a new mom. The following questions are part of a study being conducted on behalf of the U.S Office on Women’s Health, by LTG Associates and the NORC at the University of Chicago. We are recruiting women across the nation for a series of virtual online focus groups on their experiences being a new mom – the information we gather will be used to develop a national media campaign for new moms. Your responses to these questions and participation in a virtual focus group will help other moms and the challenges they may face.

**[NEW SCREEN]**

Your answers will be kept separate from your name. We assign a number to your answers instead of using your name. Your name will never be linked to your answers. We use 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 answer the questions online or over the phone. Please look around your area and change your location or screen so others cannot view or hear your answers. We also suggest you use a secure network to take the online survey and avoid public WIFI.

In order to place you into a virtual focus group session, we need your responses to these questions about your activities, experiences, and emotions since your baby was born. This should take about 5-7 minutes to complete. Your responses to these questions will only be used for group selection and will not be used in any other way. Some of the questions may be personal or sensitive. You can skip any question that makes you uncomfortable. You can take a break or quit the survey at any time.

**[NEW SCREEN]**

During this survey we will ask questions about your baby who was born in the last year. We know that some women have given birth to more than one baby. To make it easier, we will just use the word “baby” in this survey even if you have twins or triplets.

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.

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 | Does not apply to me |
| Your friends | 1 | 2 | 3 | 4 | 88 |
| Social media like Facebook, online discussion forum, message boards or email listservs | 1 | 2 | 3 | 4 | 88 |
| Parenting websites  | 1 | 2 | 3 | 4 | 88 |

1. **Thinking about the social media sites you use... About how often do you visit or use Facebook?**
2. Several times a day
3. About once a day
4. A few times a week
5. Every few weeks
6. Never
7. **How often do you visit YouTube to stream video content?**
8. Several times a day
9. About once a day
10. A few times a week
11. Every few weeks
12. Never
13. **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?**
14. Yes
15. No
16. **Are you currently breastfeeding (or pumping breastmilk) your baby?**
17. Yes
18. No
19. **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 |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Somewhat Agree | Neither Agree nor Disagree | 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 |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | I do not have a partner at this 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 |  |

1. **Do you feel that your partner is someone who you can count on?**
2. Yes
3. No
4. I do not have a partner at this time
5. **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 had problems paying the rent, mortgage, or other bills | 1 | 2 |
| I argued with my partner more than usual | 1 | 2 |

1. **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.**
2. Strongly agree
3. Somewhat agree
4. Neither agree not disagree
5. Somewhat disagree
6. Strongly disagree
7. **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 |

1. **Over the last week or 7 days, how often have you felt down, sad, depressed, or hopeless?**
2. Every day
3. Nearly every day
4. More than half the days
5. Less than half the days
6. Never
7. **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 |

By completing these questions above and marking yes below, you confirm your participation in a focus group if you are able to make the scheduled time.

**I agree to participate in the focus group:**

1. Yes, I agree
2. No, I do not agree

Generally, times that work best for me include: *(select all that apply)*

1. Weekday late afternoon (M-F 3-6pm)
2. Weekday evening (M-F 6-9pm)
3. Weekend morning (S-Su 9am-12pm)
4. Weekend afternoon (S-Su 12pm-3pm)

Thank you for answering our questions. We will reach out to you shortly to schedule a focus group date and time.

Thank you,

The New Moms Health and Wellness Study Team

You can find out more about the Office on Women’s Health at www.womenshealth.gov. For more information about the research, you can contact us at momshealth@norc.org or 1-877-229-4783, the LTG Associates’ Project Director at 301-270-0882, or the **OWH Project Manager at 301-XXXXXXX.**.

If you need help with any serious mental health or emotional concerns, or are concerned about your drug or alcohol use, call 911 in case of emergency, or contact one of these organizations for free and confidential help:

|  |  |
| --- | --- |
| If you need to talk to someone about: | Call or text: |
| * Feelings of depression, including
* 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
 | * Postpartum Support International1-800-944-4PPD (4773) and leave a message. A volunteer will call back as soon as possible
 |
| * Getting help with a mental health condition
* Getting help with drug or alcohol use
 | * Substance Abuse and Mental Health Services Administration's national helpline 1-800-662-HELP (4357)
 |
| * Any type of crisis
 | * Text HOME to 741741 from anywhere in the USA
 |
| * Thoughts of hurting or killing yourself
* Thoughts of hurting your baby or anyone else
 | * National Suicide Prevention Lifeline1-800-273-TALK (8255)
* 911
 |

If you have questions about your rights as a study participant taking this survey, you may call the NORC office in charge of protecting your rights, toll-free, at 1-866-309-0542, the LTG Associates’ Project Director at 301-270-0882, or the OWH Project Manager at 301-XXXXXXX.