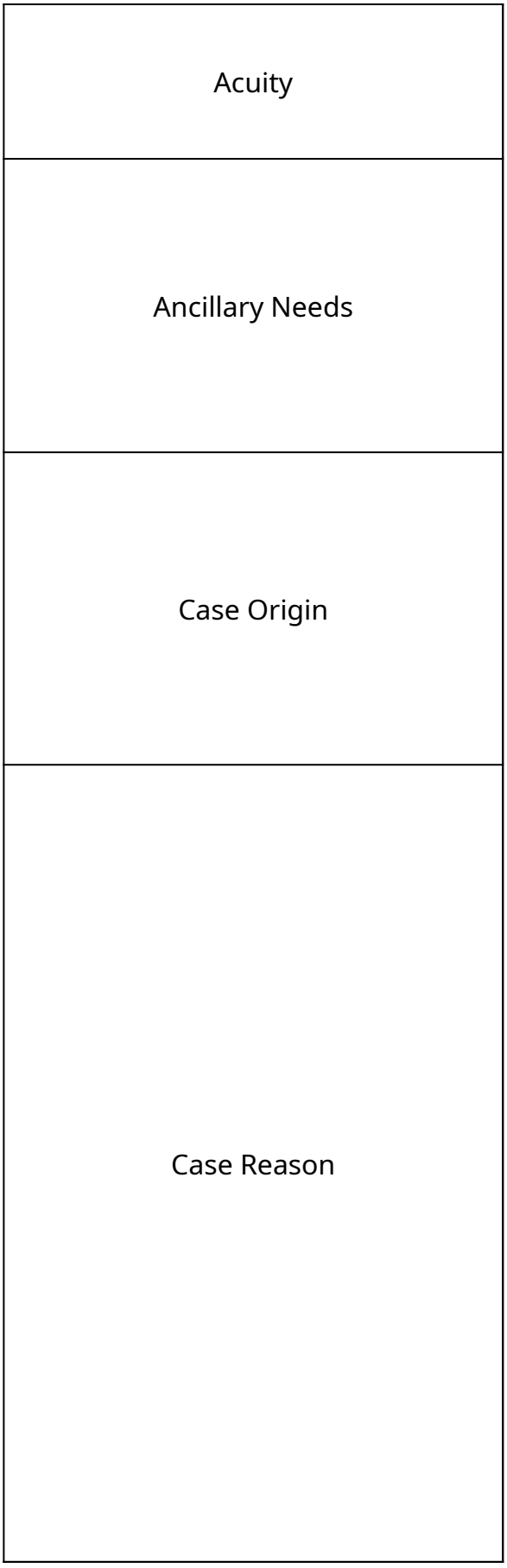
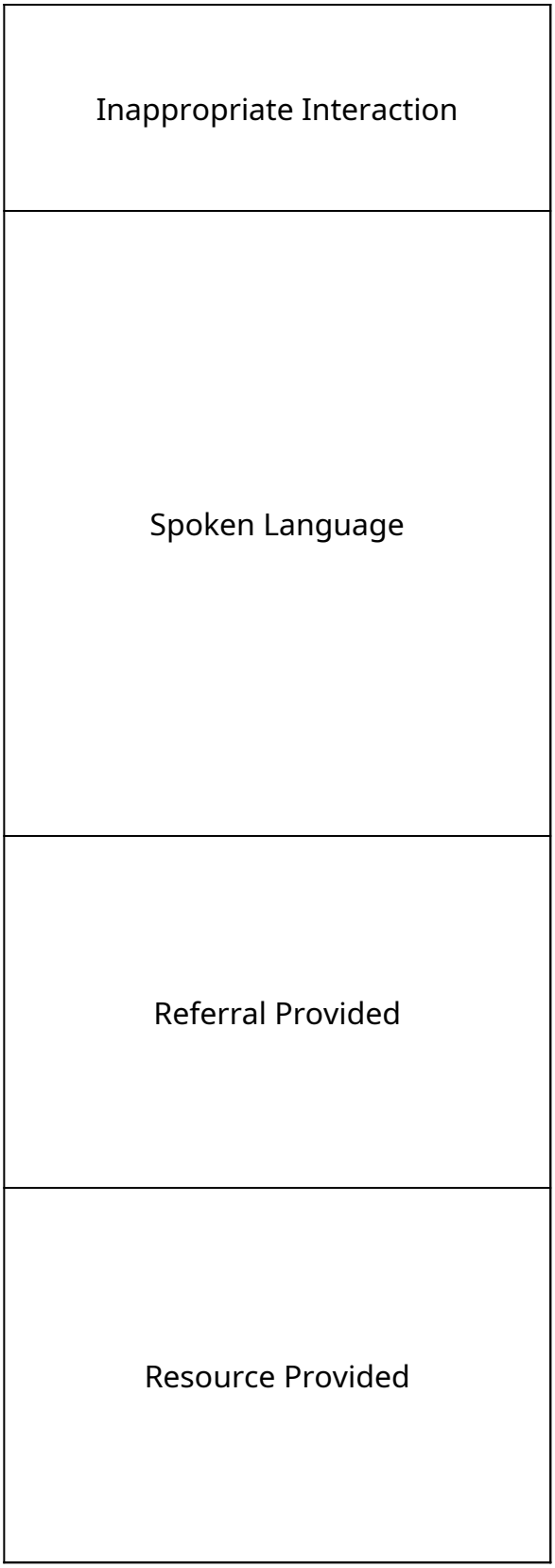
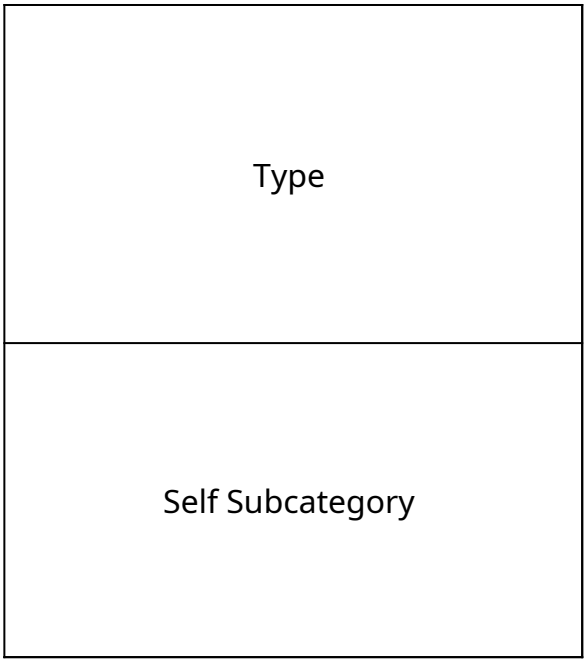
Variable Name
First Name/Alias
Phone Number
Age
~~Gender Identity~~
Geographic Location

Hotline Awareness
Military/Veteran Status
Open to Survey
Race/Ethnicity
State/Territory
ZIP Code


Acuity
Ancillary Needs
Case Origin
Case Reason


Inappropriate Interaction
Spoken Language
Referral Provided
Resource Provided


Type
Self Subcategory

Description
The reported first name and/or alias of the help-seeker. NOTE: Not provided to MCHB; for contractor use only.
The incoming phone number that the help-seeker uses to contact the Hotline is automatically populated. The phone number is not confirmed or validated by the help-seeker or hotline counselor. NOTE: Not provided to MCHB, for contractor use only.
The reported age of the help-seeker.
~~The reported gender identity of the help-seeker.~~
The geographic location/area based upon the reported help-seeker zipcode.

The reported referral source of the Hotline.
The reported military/veteran status of help-seeker.
In the system, the Hotline Counselor will choose “yes” if the help-seeker consents to receiving the survey via text. If no consent is provided, the Hotline Counselor will choose “no”. Once the case status is closed, the system will automatically send the survey to the help-seeker at the phone number listed within the person account and provided/confirmed by the help-seeker.
The reported race/ethnicity of the help-seeker.
The reported state/territory of current residence of the help-seeker.
The reported zipcode of the help-seeker

The assessment of the help seeker’s current severity of symptom(s) intensity and/or urgency during the interaction. This includes both what is verbally shared and nonverbally perceived.
Reported ancillary needs of the help-seeker. Ancillary needs are synonymous with social needs which represent the Social Determinants of Health [https://health.gov/healthypeople/priority-areas/social-determinants-health]. These identifiers are dervied from commonly reported and/expressed social needs and public health discipline.
The method of contact the help-seeker used to contact the Hotline.
The issues reported and/or reasons of contact to the Hotline by the help-seeker.

Data entry section that supports documentation of harassing, inappropriate, and operationally insufficient contacts.
The language that the help-seeker utilized during the interaction with the counselor, whether live or through translation service.
Documents if a referral was consented by the help-seeker and provided within the interaction.
Documents if a resource was consented by the help-seeker and provided within the interaction.

The Hotline Counselors capture responses throughout the conversation with the respondent. The classification of type is determined based upon the interaction.
The Hotline Counselors capture responses throughout the conversation with the respondent. The classification of type is determined based upon the interaction with individuals calling for themselves either reporting being pregnant, postpartum, or not applicable.

Visual Aide	Response Type
#VALUE!	Free Text
#VALUE!	Free Text
#VALUE!	Single Selection
~~#VALUE!~~	~~Single Selection~~
#VALUE!	Single Selection

#VALUE!	Single Selection
#VALUE!	Single Selection
#VALUE!	Single Selection
#VALUE!	Multi Selection
#VALUE!	Single Selection
	Free Text

#VALUE!	Single Selection
#VALUE!	Multi Selection
#VALUE!	Single Selection
#VALUE!	Multi Selection

#VALUE!	Checkbox
#VALUE!	Single Selection
#VALUE!	Checkbox (Dependency)
#VALUE!	Checkbox (Dependency)

#VALUE!	Single Selection
#VALUE!	Single Selection

Response Required	Response Source	Legal Values
YES	Respondent	-
YES	System	-
YES	Respondent	• Under 13 • 13-17 • 18-24 • 25-29 • 30-39 • 40-49 • 50 and above • Not Applicable (Abandoned/System Error) • Declined to Answer/Respond
~~YES~~	~~Respondent~~	~~• Female~~ ~~• Male~~ ~~• Transgender Woman/Transgender Female/Transfeminine~~ ~~• Transgender Man/Transgender Male/Transmasculine~~ ~~• Uses a different term~~ ~~• Declined to Answer/Respond~~ ~~• Not Applicable (Abandoned/System Error)~~
YES	Respondent	• Rural • Urban • Suburban • Decline to Answer/Respond • Not Applicable (Abandoned/System Error) • Not Applicable (International)

YES	Respondent	• PSI/PSI Helpline • HRSA Home Visiting/Healthy Start • Word of Mouth • TV/Radio/Social Media • Healthcare/Medical Provider • Social Services/Human Services Provider • Internet/Search Engine • Billboard • Other • Not Applicable (Abandoned/System Error) • Declined to Answer/Respond
YES	Respondent	• An active U.S. Service Member • A spouse of an active/retired U.S. Service Member • A U.S. Military Veteran • Not an active/retired/veteran service member • Not Applicable (Abandoned/System Error) • Declined to Answer/Respond
YES	Respondent	• Yes, open to receive survey • No, declined to receive survey • Not Applicable (Abandoned/System Error)
YES	Respondent	• American Indian or Alaska Native • Asian • Black or African American • Hispanic or Latino • Middle Eastern or North African • Native Hawaiian or Pacific Islander • White • Decline to Respond/Answer • Not Applicable (Abandoned/System Error)
YES	Respondent	Includes all 50 states, US Territories, District of Columbia, Outside of the United States and US Territories, Unable to Determine, Decline to Answer/Respond, Not Applicable (International)
NO	Respondent	-

YES	Counselor	• Low • Medium • High
YES	Counselor	• Child Care • Employment • Finances • Food Insecurity • Housing • Legal • Medical • Personal Safety • Not Applicable (Abandoned/System Error)
YES	System	• Text • Phone • Web Chat • Test Text • Test Phone • Test Web Chat
YES	Counselor	• Anger • Anxiety • Depression • Fear • Hotline Inquiry • Infant feeding • Insomnia • Loss • OCD • Overwhelmed • Panic • Pregnancy • Provider Dissatisfaction • Psychoeducation • Psychosis • Relationship Conflict • Substance Use Disorder • Suicide • Trauma • Not Applicable (Abandoned/System Error) • No Case Reasons Presented

NO	Counselor	• Checked (YES) • Unchecked (NO)
YES	Counselor	• English • Spanish • Chinese (Mandarin) • Chinese (Cantonese) • French, Tagalog (Filipino) • Vietnamese • Arabic • Korean • Russian • German • Haitain Creole • Portuguese • American Sign Language • Other • Not Applicable (Abandoned/System Error)
YES	Counselor	• Yes, open to receive referral • No, declined to receive referral • Not Applicable (Abandoned/System Error)
YES	Counselor	• Yes, open to receive resource • No, declined to receive resource • Not Applicable (Abandoned/System Error)

YES	Counselor	•Self •Calling on behalf of someone else (friend/family member) •Provider •Spam •Not Applicable (Abandoned/System Error)
YES	Counselor	•Self-postpartum •Self-pregnant •Not Applicable (Partner/Caregiver) •Not Applicable (Abandoned/System Error) •Decline to Answer/Respond

Variable Name	Survey Question
Demographic: State/Territory	What State/Territory are you located in?
Demographic: Age	What Age group do you fall in?
~~Demographic: Gender Identity~~	~~What gender do you identify with?~~
Demographic: Race/Ethnicity	What is your race/ethnicity?
Satisfaction 1	I would refer the Hotline to someone I know who is in need of support and services...
Satisfaction 2	I am satisfied with the service I received today...

Referral Source	How did you hear about the hotline?
Satisfaction 3	I am satisfied with the professionalism and friendliness of the Hotline Counselor I interacted with...
Quality 1	Optional, what can the National Maternal Mental Health Hotline do to better serve your needs?
Quality 2	Did you receive a resource or referral?

Response Type	Response Required	Response Source
Single Selection	YES	Respondent
Single Selection	YES	Respondent
~~Single Selection~~	~~YES~~	~~Respondent~~
Multi Selection	YES	Respondent
Rating	YES	Respondent
Rating	YES	Respondent

Single Selection	YES	Respondent
Rating	YES	Respondent
Free Text	NO	Respondent
Single Selection	YES	Respondent

Legal Values
Includes all 50 states, US Territories, Dictrict of Columbia, Outside of the United States and US Territories, Perfer not to disclose
•Under 13 •13-17 •18-24 •25-29 •30-39 •40-49 •50 and above •I prefer not to disclose
~~•Female~~ ~~•Male~~ ~~•Transgender Woman/Transgender Female/Transfeminine~~ ~~•Transgender Man/Transgender Male/Transmasculine~~ ~~•I use a different term~~ ~~•I prefer not to disclose~~
•American Indian or Alaska Native •Asian •Black or African American •Hispanic or Latino •Middle Eastern or North African •Native Hawaiian or Pacific Islander •White •I prefer not to disclose
• Strongly Disgree • Disagree • Neutral • Agree • Strongly Agree
• Strongly Disgree • Disagree • Neutral • Agree • Strongly Agree

• PSI/PSI Helpline • HRSA Home Visiting/Healthy Start • Word of Mouth • TV/Radio/Social Media • Healthcare/Medical Provider • Social Services/Human Services Provider • Internet/Search Engine • Billboard • Other
• Strongly Disgree • Disagree • Neutral • Agree • Strongly Agree
• Yes, I received • No, I did not receive • No, I declined