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FOR

Dads

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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.

YOUR HEALTH

The first questions are about your recent health.

1. What is *your* date of birth?

/ /
 Month Day Year

2. How tall are *you* without shoes?

Write ONE answer

feet & inches
 OR centimeters

3. How much do you weigh?

Write ONE answer

pounds OR kilos

4. Would you say that in general that your health is:

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

5. Thinking about your physical health, which includes physical illness and injury, for how many days during the *past 30 days* was your physical health *not* good?

Number of days (0-30)

6. Thinking about your *mental health*, which includes stress, depression, and problems with emotions, for how many days during the *past 30 days* was your mental health *not* good?

Number of days (0-30)

7. During the *past 30 days*, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Number of days (0-30)

8. In the *last week*, how much time, on average, did you spend sleeping each night?

- ☐ 0-3 hours
- ☐ 4-6 hours
- ☐ 7-8 hours
- ☐ 9 hours or more

9. During the 12 months before your new baby was born, did you have any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

- | | 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 or triglycerides | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Depression | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Anxiety | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| g. An injury that required a visit for healthcare | <input type="checkbox"/> | <input type="checkbox"/> |

10. In the 12 months before your new baby was born, did you have any of the following healthcare visits? For each one, check **No** or **Yes**.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. Regular checkup with a family doctor..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Visit for an injury, illness, or chronic condition | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Visit to urgent care or the emergency room..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Visit for family planning or to get condoms, a vasectomy, or other birth control | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Visit for depression or anxiety | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Visit to have my teeth cleaned | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other | <input type="checkbox"/> | <input type="checkbox"/> |
- Please tell us:

If you did not have any healthcare visits in the 12 months before your new baby was born, go to Page 3 Question 14.

11. During any of your healthcare visits in the 12 months before your new baby was born, did a healthcare provider talk to you about any of the following things? For each one, check **No** or **Yes**.

- | | No | Yes |
|--|--------------------------|--------------------------|
| Talk to me about... | | |
| a. My weight..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Regularly checking my blood pressure.... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Watching my cholesterol or triglycerides | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My desire to have or not have children.... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Birth control methods | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Sexually transmitted infections such as chlamydia, gonorrhea, syphilis, or HIV..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Doing monthly self-exams or screening for testicular cancer | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Getting up to date on my vaccines | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Other | <input type="checkbox"/> | <input type="checkbox"/> |
- Please tell us:

12. During any of your healthcare visits in the 12 months before your new baby was born, did a healthcare provider ask you any of the following things? For each one, check **No** or **Yes**.

- | | No | Yes |
|---|--------------------------|--------------------------|
| Ask me... | | |
| a. If I smoked cigarettes or used e-cigarettes ("vapes") or other smokeless tobacco | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If I was drinking alcohol | <input type="checkbox"/> | <input type="checkbox"/> |
| c. If I was using marijuana | <input type="checkbox"/> | <input type="checkbox"/> |
| d. If I was using illegal drugs | <input type="checkbox"/> | <input type="checkbox"/> |
| e. If someone was hurting me emotionally or physically | <input type="checkbox"/> | <input type="checkbox"/> |
| f. If I felt depressed or anxious | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other | <input type="checkbox"/> | <input type="checkbox"/> |
- Please tell us:

13. In the 12 months before your new baby was born, did a healthcare provider ask you a series of questions, in person or on a form, to know if you were feeling down, depressed, anxious, or irritable?

- ☐ No
- ☐ Yes
- ☐ I don't remember

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

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

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

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

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

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

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

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

This question is about your health insurance.

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

Check ALL that apply

- ☐ Private health insurance (paid for by me, someone else, or through a job)
- ☐ Medicaid
- ☐ Healthy Michigan Plan
- ☐ TRICARE or other military healthcare
- ☐ Indian Health Service (IHS) or other tribal program
- ☐ Other health insurance —→ Please tell us:
- ☐ I don't have any health insurance *now*

The next questions are about cigarettes, e-cigarettes, and other tobacco products.

19. How many cigarettes do you smoke on an average day?

- ☐ 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 don't smoke

20. How often do you use e-cigarettes ("vapes") or other electronic nicotine products?

- ☐ Every day
- ☐ Some days
- ☐ I don't use e-cigarettes or other electronic nicotine products

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.

21. How many alcoholic drinks do you have in an average week?

- ☐ 15 or more drinks a week
☐ 7 to 14 drinks a week
☐ 1 to 6 drinks a week
☐ Less than one drink a week
☐ I don't drink —————→

Go to Question 23

22. During the last 30 days, how many days did you have 5 or more alcoholic drinks in a 2-hour time span?

- ☐ 5 or more days
☐ 2 to 4 days
☐ 1 day
☐ No days

23. During the last 30 days, did you take or use any of the following? For each one, check **No** or **Yes**.

No Yes

- a. Marijuana or hash in any form ☐ ☐
b. Prescription pain relievers such as hydrocodone (Vicodin), oxycodone (Percocet), or codeine. ☐ ☐

The next questions are about the time around when your baby's mother got pregnant with your new baby.

24. Thinking back to *just before* your baby's mother got 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

25. When your baby's mother got pregnant with your new baby, were you and your baby's mother trying to get pregnant?

- ☐ No
☐ Yes —————→

Go to Page 5 Question 29

26. When your baby's mother got pregnant, were either of you doing anything to keep from getting pregnant? This can include having tubes tied, having a vasectomy, using birth control pills, condoms, withdrawal, natural family planning, or other methods.

- ☐ No
☐ Yes —————→
☐ I don't know —————→

Go to Page 5 Question 28

Go to Page 5 Question 29

Go to Page 5 Question 27

27. What were your or your baby's mother's reasons for not doing anything to keep from getting pregnant?

Check ALL that apply

- ☐ I didn't mind if she got pregnant
- ☐ I thought she couldn't get pregnant at that time
- ☐ I had side effects from the birth control method I was using
- ☐ I had problems getting 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
- ☐ My baby's mother didn't want me to use anything
- ☐ I forgot to use a birth control method
- ☐ I had problems paying for birth control
- ☐ Other _____ → Please tell us:

If you were not doing anything to keep from getting pregnant, go to Question 29.

28. What kind of birth control were you using when your baby's mother got pregnant?

Check ALL that apply

- ☐ Condoms
- ☐ Vasectomy (male sterilization)
- ☐ Withdrawal (pulling out)
- ☐ Natural family planning or fertility awareness methods (such as rhythm or calendar method or fertility apps)
- ☐ I **was not** using birth control
- ☐ My baby's mother **was** using birth control
- ☐ Other _____ → Please tell us:

29. Since your baby's mother became pregnant until now, did you attend any of the following kinds of pregnancy related classes, healthcare, or hospital visits?

Check ALL that apply

- ☐ A pregnancy, childbirth, or parenting class provided by a hospital or other healthcare organization
- ☐ Prenatal care visits or ultrasound for my baby's mother
- ☐ Labor or delivery of my new baby
- ☐ Postpartum visits for my baby's mother
- ☐ A visit with my baby's doctor or pediatrician
- ☐ A visit to the emergency room or urgent care for my baby's mother or my new baby
- ☐ Other _____ → Please tell us:

PREPARING FOR BABY

The next questions are about information fathers may be interested in around the time a new baby is born.

30. Which of the following people or groups do you normally go to for information specific to fatherhood or parenthood?

Check ALL that apply

- ☐ Family
- ☐ Friends
- ☐ Informal peer parenting groups (virtual or in-person groups specifically for fathers or parenting like a Facebook or "MeetUp" group)
- ☐ My health care provider(s) (such as a primary care doctor, nurse, counselor, or therapist)
- ☐ My baby's health care provider(s) (such as a pediatrician)
- ☐ Birth preparation groups (such as hospital based birthing or parenting classes, Lamaze classes)
- ☐ I google or look things up on the internet
- ☐ Other people or groups → Please tell us:
- ☐ I do not have people or groups I go to for fatherhood/parenthood resources

31. Which of the following are internet resources you normally go to for information specific to fatherhood or parenthood?

Check ALL that apply

- ☐ Formal online resources (websites such as fatherhood.org)
- ☐ Informal online resources (such as Facebook, Twitter, or Instagram)
- ☐ Other people or groups → Please tell us:
- ☐ I do not use internet fatherhood/parenthood resources

32. Below are programs or groups for fathers in Kent County and Michigan. Have you heard of or have you participated in the following groups or programs?

For each program check only one answer.

N for Never heard of

H for Heard of, but don't participate

P for Participated in this program

N H P

- a. Strong Fathers/Padres Fuertes (Strong Beginnings-Healthy Start) ... ☐ ☐ ☐
- b. Great Start Parent Coalition/Great Start Collaborative..... ☐ ☐ ☐
- c. Family Futures..... ☐ ☐ ☐
- d. Hispanic Center of Western Michigan ☐ ☐ ☐
- e. Other ☐ ☐ ☐

Please tell us:

33. When you were preparing to be a new father or when you became a new father, what information about pregnancy did you want, and did you receive the information you wanted?

a. What to expect during pregnancy and delivery

No Yes

Wanted information..... ☐ ☐

Received information ☐ ☐

b. What to expect in the month after delivery with my baby at home

No Yes

Wanted information..... ☐ ☐

Received information ☐ ☐

34. When you were preparing to be a new father or when you became a new father, what information about caring for your baby did you want, and did you receive the information you wanted?

a. Advice on parenting a newborn

	No	Yes
Wanted information.....	<input type="checkbox"/>	<input type="checkbox"/>
Received information.....	<input type="checkbox"/>	<input type="checkbox"/>

b. Information on child development or milestones

	No	Yes
Wanted information.....	<input type="checkbox"/>	<input type="checkbox"/>
Received information.....	<input type="checkbox"/>	<input type="checkbox"/>

c. Advice on co-parenting with my baby's mother

	No	Yes
Wanted information.....	<input type="checkbox"/>	<input type="checkbox"/>
Received information.....	<input type="checkbox"/>	<input type="checkbox"/>

d. The importance of placing my baby to sleep on their back

	No	Yes
Wanted information.....	<input type="checkbox"/>	<input type="checkbox"/>
Received information.....	<input type="checkbox"/>	<input type="checkbox"/>

e. How to create a safe sleeping space for my baby

	No	Yes
Wanted information.....	<input type="checkbox"/>	<input type="checkbox"/>
Received information.....	<input type="checkbox"/>	<input type="checkbox"/>

f. How to support my baby's mother's breastfeeding

	No	Yes
Wanted information.....	<input type="checkbox"/>	<input type="checkbox"/>
Received information.....	<input type="checkbox"/>	<input type="checkbox"/>

g. How to properly install and use an infant car seat

	No	Yes
Wanted information.....	<input type="checkbox"/>	<input type="checkbox"/>
Received information.....	<input type="checkbox"/>	<input type="checkbox"/>

35. When you were preparing to be a new father or when you became a new father, what information about your health did you want, and did you receive the information you wanted?

a. Help with physical health concerns including my weight

	No	Yes
Wanted information.....	<input type="checkbox"/>	<input type="checkbox"/>
Received information.....	<input type="checkbox"/>	<input type="checkbox"/>

b. Help with mental health concerns (depression, sadness, anxiety, or stress)

	No	Yes
Wanted information.....	<input type="checkbox"/>	<input type="checkbox"/>
Received information.....	<input type="checkbox"/>	<input type="checkbox"/>

c. Help with emotional health (managing my anger or temper)

	No	Yes
Wanted information.....	<input type="checkbox"/>	<input type="checkbox"/>
Received information.....	<input type="checkbox"/>	<input type="checkbox"/>

d. Information on family planning (having or preventing another pregnancy)

	No	Yes
Wanted information.....	<input type="checkbox"/>	<input type="checkbox"/>
Received information.....	<input type="checkbox"/>	<input type="checkbox"/>

e. Finding physical and mental health providers that are the same race, culture, or background as me

	No	Yes
Wanted information.....	<input type="checkbox"/>	<input type="checkbox"/>
Received information.....	<input type="checkbox"/>	<input type="checkbox"/>

f. Guidance around alcohol or marijuana use

	No	Yes
Wanted information.....	<input type="checkbox"/>	<input type="checkbox"/>
Received information.....	<input type="checkbox"/>	<input type="checkbox"/>

g. Finding a family doctor or primary care provider for myself

	No	Yes
Wanted information.....	<input type="checkbox"/>	<input type="checkbox"/>
Received information.....	<input type="checkbox"/>	<input type="checkbox"/>

36. When you were preparing to be a new father or when you became a new father, what information about financial or legal concerns did you want, and did you receive the information you wanted?

a. Applying for or understanding time off from work (Family Medical Leave/FMLA)

	No	Yes
Wanted information.....	<input type="checkbox"/>	<input type="checkbox"/>
Received information	<input type="checkbox"/>	<input type="checkbox"/>

b. Finding or understanding health insurance related to having a baby

	No	Yes
Wanted information.....	<input type="checkbox"/>	<input type="checkbox"/>
Received information	<input type="checkbox"/>	<input type="checkbox"/>

c. Finding financial assistance, support, or resources

	No	Yes
Wanted information.....	<input type="checkbox"/>	<input type="checkbox"/>
Received information	<input type="checkbox"/>	<input type="checkbox"/>

d. Finding legal assistance for or understanding child support or custody, or parenting time (PT) orders

	No	Yes
Wanted information.....	<input type="checkbox"/>	<input type="checkbox"/>
Received information	<input type="checkbox"/>	<input type="checkbox"/>

f. Finding advice on or help with my citizenship or immigration status

	No	Yes
Wanted information.....	<input type="checkbox"/>	<input type="checkbox"/>
Received information	<input type="checkbox"/>	<input type="checkbox"/>

37. Were there any other things you wanted information about when you were preparing to be a new father or when you became a new father? Please tell us.

YOUR AND YOUR BABY'S RELATIONSHIP

The next questions are about your new baby's living situation.

38. What is your relationship with your baby's mother *now*?

Are they your....

- ☐ Spouse (legally married)
- ☐ Partner (not legally married)
- ☐ Girlfriend
- ☐ Friend
- ☐ Ex-partner or ex-spouse
- ☐ Ex-girlfriend
- ☐ Other _____ → Please tell us:

39. *Not including your new baby*, how many children do you have?

Number of children

- ☐ None- my new baby is my *only* child

40. Is your baby alive now?

- ☐ No →
- ☐ Yes

We are very sorry for your loss.
Go to Page 11, Question 51

Go to Question 41

41. Which of the following best describes your new baby's living situation?

Check ONE answer

My new baby....

- ☐ Lives with **me alone** full time
- ☐ Lives with me **and** my baby's mother full time
- ☐ Lives with my baby's **mother alone** full time
- ☐ **Splits time** with me and my baby's mother
- ☐ Other living situation _____ → Please tell us:

**Go to
Page 10
Question 43**

Go to Question 42

42. What are the reasons your new baby does not live with you *full time*? For each item, check **No** if it is not a reason or **Yes** if it is.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. My baby's mother and I separated | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My baby's mother and I were never living together | <input type="checkbox"/> | <input type="checkbox"/> |
| c. There is a custody order in place..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. There are personal issues with my baby's mother or their family | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I have issues with my housing | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My baby is in the hospital | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My baby's mother and I are apart due to work, school, extended travel, or deployment | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Other | <input type="checkbox"/> | <input type="checkbox"/> |
- Please tell us:

43. In the *past 30 days*, about how many days did you spend time with or have a visit with your new baby?

Number of days (1-30)

☐ No days- I do not spend time with or visit my new baby —————> **Go to Question 45**

44. On days when you spend time with or have a visit with your new baby, about how many **hours** are you with them? Please include the *entire time* you are with your baby even if you or your baby are sleeping.

Number of hours (1-24)

☐ Less than one hour

45. Overall, in the *past 30 days*, how satisfied or dissatisfied are you with how much time you spend with your new baby?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neutral
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

CARING FOR BABY

The next questions are about breastfeeding.

46. Did your baby’s mother ever breastfeed or feed pumped milk to your new baby, even for a short period of time?

- ☐ No
- ☐ Yes
- ☐ I don’t know

47. When your *new baby was born*, what did you think about your baby’s mother breastfeeding your baby?

Check ONE answer

- ☐ I wanted her to breastfeed
- ☐ I did *not* want her to breastfeed
- ☐ I wasn’t sure if I wanted her to breastfeed
- ☐ I had no opinion about whether she would breastfeed

The next questions are about how your baby sleeps.

48. In the *past 2 weeks*, how did you place your new baby to sleep at night and during naps? For each one, check **No** or **Yes**.

	No	Yes
a. On their side	<input type="checkbox"/>	<input type="checkbox"/>
b. On their back.....	<input type="checkbox"/>	<input type="checkbox"/>
c. On their stomach	<input type="checkbox"/>	<input type="checkbox"/>
d. I don’t lay my baby down to sleep.....	<input type="checkbox"/>	<input type="checkbox"/>

↓

If you don’t lay your baby down to sleep, go to Page 11, Question 51.

49. In the past 2 weeks, where have you placed your new baby to sleep at night or during naps? For each one, check **No** or **Yes**.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. In a crib, portable crib, or bassinet | <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 | <input type="checkbox"/> | <input type="checkbox"/> |
| e. In a swing, rocker, or other inclined sleeper | <input type="checkbox"/> | <input type="checkbox"/> |
| f. In an in-bed sleeper | <input type="checkbox"/> | <input type="checkbox"/> |
| g. In a baby board or cradleboard | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Other | <input type="checkbox"/> | <input type="checkbox"/> |
- Please tell us:

50. In the past 2 weeks, has your new baby been placed to sleep with the following? For each one, check **No** or **Yes**.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. In a sleeping sack or wearable blanket | <input type="checkbox"/> | <input type="checkbox"/> |
| b. In a swaddled blanket | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Comforters, quilts, blankets, or non-fitted sheets | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Soft toys, cushions, or pillows, including nursing pillows | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Crib bumper pads (mesh or non-mesh) ... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other | <input type="checkbox"/> | <input type="checkbox"/> |
- Please tell us:

OTHER EXPERIENCES

The next questions are about a variety of topics.

If you did not attend any healthcare visits for your baby's mother during pregnancy or at delivery or healthcare visits for your baby or your baby's mother after your baby was born go to Page 12, Question 52.

51. While attending healthcare visits for your baby's mother during pregnancy, at delivery, or at healthcare visits for your baby or your baby's mother after your baby was born, did you experience discrimination or were you prevented from doing something, hassled, or made to feel inferior? For each one, check **No** if you did not experience discrimination because of it or **Yes** if you did.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. My race, ethnicity, or skin color | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My disability status | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My immigration status | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My age | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My weight | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My income | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My sex or gender | <input type="checkbox"/> | <input type="checkbox"/> |
| h. My sexual orientation | <input type="checkbox"/> | <input type="checkbox"/> |
| i. My religion | <input type="checkbox"/> | <input type="checkbox"/> |
| j. My language or accent | <input type="checkbox"/> | <input type="checkbox"/> |
| k. My type or lack of health insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| l. My use of substances (alcohol, tobacco, or other drugs) | <input type="checkbox"/> | <input type="checkbox"/> |
| m. My involvement with the justice system (jail or prison) | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Another reason | <input type="checkbox"/> | <input type="checkbox"/> |
- Please tell us:

52. Have you ever been treated unfairly due to your race, ethnicity, or skin color in any of the following situations? For each one, check **No** or **Yes**.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. Job (hiring, promotion, firing)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Housing (renting, buying, mortgage) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Police (stopped, searched, threatened) | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In the courts | <input type="checkbox"/> | <input type="checkbox"/> |
| e. At school or my child's school | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Getting medical care..... | <input type="checkbox"/> | <input type="checkbox"/> |

53. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

54. Have you ever been in jail or prison longer than two days, been on court ordered probation, house arrest, or electronic monitoring, or had court ordered community service?

- ☐ No
- ☐ Yes
- ☐ Other → Please tell us:

The time around pregnancy can be difficult. The next questions are about things that may have happened in the 12 months before your new baby was born.

55. Did any of the following things happen during the 12 months before your new baby was born? For each one, check **No** or **Yes**.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. I got separated or divorced | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was evicted or forced to move | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I didn't have a regular place to sleep..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I was homeless or had to sleep outside, in a car, or in a shelter..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My spouse, partner, or I lost a job | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My spouse, partner, or I had a cut in work hours or pay..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I had problems paying the rent, mortgage, or other bills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. My spouse or partner went to jail/prison.. | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I went to jail/prison | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Someone close to me had a problem with drinking or drugs | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Someone close to me was very sick or died | <input type="checkbox"/> | <input type="checkbox"/> |

56. Please tell us how often each of the following happened during the 12 months before your new baby was born.

- a. I worried whether my food would run out before I got money to buy more
 - ☐ Often ☐ Sometimes ☐ Never
- b. The food that I bought just didn't last, and I didn't have money to get more
 - ☐ Often ☐ Sometimes ☐ Never

57. During the 12 months before your new baby was born, did lack of transportation keep you from any of the following? For each one, check **No** or **Yes**.

No Yes

- a. Going to medical appointments ☐ ☐
- b. Going to non-medical appointments, meetings, or work ☐ ☐
- c. Doing errands ☐ ☐

58. During the 12 months before your new baby was born, which of the following statements about basic needs applied to you? For each item, check **No** if it was not true or **Yes** if it was.

No Yes

- a. I had safe housing ☐ ☐
- b. I had consistent and stable housing ☐ ☐
- c. My house or apartment was too crowded ☐ ☐
- d. I could keep basic utility services on (heat, water, lights) ☐ ☐
- e. I had access to a telephone when needed ☐ ☐
- f. I had other basic needs that were not met ☐ ☐

Please tell us:

59. Some of these things might happen to people during childhood. Childhood experiences may be important. Please tell us if any of these things happened to you from the time you were born through age 17.

No Yes

- a. Most of the time I had an adult who believed in me and who I could count on to help me ☐ ☐
- b. A parent or guardian I lived with got divorced or separated ☐ ☐
- c. We had to move because of problems paying the mortgage or rent ☐ ☐
- d. Someone in my family or I went hungry because we could not afford enough food ☐ ☐
- e. A parent or guardian got in trouble with the law or went to jail ☐ ☐
- f. A parent or guardian I lived with had a serious drinking or drug problem ☐ ☐
- g. I was in foster care (removed from my home by the court or child welfare agency) ☐ ☐

The last questions are about your job and work leave.

60. During the 12 months before your new baby was born, were you employed for wages or self-employed?

- ☐ No
- ☐ Yes

61. Are you currently...

Check ONE answer

- ☐ Employed for wages or self employed
- ☐ Out of work for 1 year or more
- ☐ Out of work for less than a year
- ☐ A stay-at-home parent or caretaker
- ☐ A student
- ☐ Other _____ → Please tell us:

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

Check ALL that apply

- ☐ I took **paid** leave from my job
- ☐ I took **unpaid** leave from my job
- ☐ I didn't take any leave



Go to Question 64

63. After your new baby was born, in total, how many weeks or months of leave from work did you take, or will you take?

Write ONE answer

- ☐ Less than one week

weeks **OR** months

64. How did you feel about the amount of time you were able to take off after the birth of your new baby?

- ☐ Too little time
- ☐ Just the right amount of time
- ☐ Too much time

65. Did any of the following things affect your decision about taking leave from work after your new baby was born? For each one, check No or Yes.

No Yes

- a. I could not financially afford to take leave ☐ ☐
- b. I was afraid I'd lose my job if I took leave or stayed on leave longer ☐ ☐
- c. I had too much work to do to take leave or stay out longer ☐ ☐
- d. My job does not have paid leave ☐ ☐
- e. My job does not offer a flexible work schedule..... ☐ ☐
- f. I had not built up enough leave time to take any or more time off ☐ ☐
- g. I wanted to return to work before my leave ended ☐ ☐
- h. It's not normal in my profession or workplace to take leave when you have a new baby..... ☐ ☐

66. During the 12 months before your new baby was born, what was your yearly total household income before taxes? Include your income, your spouse or partner's income if they lived with you, and any other income you may have received. *All information will be kept private and will not affect any services you are getting.*

- ☐ \$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

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

Number of children
(under the age of 18)

Number of adults
(18 years of age or older)

68. Do you currently live in Kent County, Michigan? *Your answer to this question does not affect your eligibility to take this survey and receive a gift card.*

- ☐ No
☐ Yes
☐ I don't know

69. Are you Hispanic, Latino/x, or Spanish origin?

- ☐ No
☐ Yes

70. Which one or more of the following would you say is your race?

Check ALL that apply

- ☐ Black or African American
☐ White
☐ American Indian or Alaska Native
☐ Asian
☐ Pacific Islander
☐ Other _____ ➔ Please tell us:

71. Are you of Middle East or North African (MENA) origin (Arab, Chaldean, Lebanese, Egyptian, etc.)?

- ☐ No
☐ Yes

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**We would love to hear more about your story!
Is there anything else you would like to share about your experiences
around pregnancy and your new baby or the health and wellbeing of
fathers in Kent County?**

Thanks for answering our questions!

Your answers will help us work to make fathers and babies healthier.

For Office Use Only

Received:	___/___/___	By:_____
Checks:	D <input type="radio"/> Yes <input type="radio"/> No	
Data Entry:	___/___/___	By:_____
DDE:	___/___/___	By:_____
Verification:	___/___/___	By:_____

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