

**We know this is a busy time for you.
Thank you for your help!**

Please read this before starting:

- It usually takes about 15-20 minutes to fill out the survey. We will send you a Target or Amazon gift card when we receive your completed survey.
- It's your choice whether or not to do the survey.
- Answering the survey questions will not affect your health care or any benefits you may get.
- You can skip questions you don't want to answer.
- We will not connect your name and contact information to your survey answers.
- Using a special code, we will connect survey answers to information from birth certificates and other sources.
- Information that identifies you will be kept secure. We do not ask about immigration status. Protecting your personal information is our highest priority.
- If you have any questions about the survey, please call **1-888-614-0569** or email **info@MIHAforCA.org**.
- *For information on your rights as a research participant, please call the Committee for the Protection of Human Subjects at (916) 651-5599.*



Here's how to fill out the survey:

- Please try to answer each question.
- Using a blue or black pen, answer each question by checking the box or writing a number or a few words on the line.
- Never check more than one box, except where it says **"Check ALL that apply."**
- Sometimes we ask you to skip a question. An arrow will tell you what question to answer next, like this:

☐ Yes → **Skip to question 1**

☐ No

- If none of the boxes are right for you, please check the one that fits you best.
- If you need help with the survey or decide you want to do it by telephone, please call one of our interviewers at **1-888-614-0569**.
- If you have questions about the survey, you can email us at **info@MIHAforCA.org**.

Be sure to fill out the last page of the survey, which asks for your mailing address so we can send you a gift card to say, "thank you." Then please mail this survey back to us in the enclosed envelope. No stamps are needed.

In our thank you note, we'll share more details about how this MIHA survey helps support the health of families in California and offer you a way for you to stay informed about the survey, if you want.



1.A What is today's date?

____ month ____ day ____ year

1.B When was your most recent baby born?

____ month ____ day ____ year

These first questions are about the time just before you got pregnant with your baby who was just born.

2. Just before you got pregnant, did you have a particular doctor, nurse, or clinic that you usually went to if you wanted health care?

- ☐ Yes
☐ No

3. How would you rate your health **just before you got pregnant?**

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

4. During the month before you got pregnant, did you have Medi-Cal, private insurance, or some other health insurance plan for your own health care, or were you uninsured?

Check ALL that apply.

- ☐ Medi-Cal
- ☐ A health plan paid for by Medi-Cal
(**Name of plan:** _____)
- ☐ Private insurance (paid for by me, someone else, or through a job)
(**Name of plan:** _____)
- ☐ Other
(**Name of plan:** _____)
- ☐ I **did not have** Medi-Cal or any other health insurance during the **month before** I got pregnant

5. Before you got pregnant, did a doctor, nurse or other health care worker ever tell you that you had any of the following health conditions?

	Yes	No
Diabetes (high blood sugar)	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension (high blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>

Now, we have a few questions about your experiences when you were pregnant with your baby who was just born.

6. During your most recent pregnancy, did you have someone you could turn to if you needed practical help, like getting a ride somewhere, or help with shopping or cooking a meal?

- ☐ Yes
☐ No

7. During your most recent pregnancy, did you have someone you could turn to if you needed someone to comfort or listen to you?

- ☐ Yes
☐ No

8. During your most recent pregnancy, were you given information about "warning signs" you should watch for during and after your pregnancy that require medical care right away? Some of these warning signs include fever, a headache that will not go away or gets worse, severe belly or chest pain, or trouble breathing.

- ☐ Yes, I was given information about warning signs
- ☐ No, I was not given information about warning signs

9. During your most recent pregnancy, did you visit a dentist, dental clinic, or get dental care at any other health clinic?

- ☐ Yes → **Skip to question 11**
- ☐ No

10. Here is a list of reasons why people don't get dental care **during pregnancy**. For each one, please tell us if it was a reason for you.

	Yes	No
I didn't need to go	<input type="checkbox"/>	<input type="checkbox"/>
I didn't have dental insurance	<input type="checkbox"/>	<input type="checkbox"/>
It cost too much to get dental care	<input type="checkbox"/>	<input type="checkbox"/>
I don't like going to the dentist, I was nervous or afraid to go, or I was afraid it would hurt	<input type="checkbox"/>	<input type="checkbox"/>
I was too busy	<input type="checkbox"/>	<input type="checkbox"/>
I didn't have transportation	<input type="checkbox"/>	<input type="checkbox"/>
I didn't have childcare	<input type="checkbox"/>	<input type="checkbox"/>
A doctor or nurse told me not to go to the dentist during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Someone in a dentist's office told me to wait until after my pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
I couldn't find a dentist who would see me during my pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
I didn't think it was safe to go to the dentist during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please tell us: _____)	<input type="checkbox"/>	<input type="checkbox"/>

11. During your most recent pregnancy, did you get a flu shot?

- ☐ Yes
- ☐ No

12. During your most recent pregnancy, did you receive a Tdap vaccination or shot? A Tdap vaccination is a shot that protects against tetanus, diphtheria, and pertussis (whooping cough).

- ☐ Yes, I got a Tdap shot during my pregnancy
- ☐ No, but I got a Tdap shot in the hospital after I delivered
- ☐ No, I did not get a Tdap shot
- ☐ I do not remember

The next few questions are about your feelings and experiences when you were pregnant with your baby who was just born.

13. During your pregnancy, how often did you feel down, depressed, or hopeless?

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

14. During your pregnancy, how often did you have little interest or little pleasure in doing things you usually enjoyed?

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

15. During your pregnancy, how often did you feel nervous, anxious, or on edge?

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

16. During your pregnancy, how often were you **not** able to stop or control worrying?

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

17. During your pregnancy, did you **fill out a form** or **were you asked a series of questions** from a doctor, nurse, social worker, or other professional about feeling down, depressed, anxious, or irritable?

- ☐ Yes
- ☐ No



18. Here are a few things that might happen to some people **during pregnancy**. Please tell us if these things happened to you during your most recent pregnancy.

	Yes	No
I got separated or divorced from my spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>
I had a lot of bills I couldn't pay	<input type="checkbox"/>	<input type="checkbox"/>
I had to move because of problems paying the rent or mortgage	<input type="checkbox"/>	<input type="checkbox"/>
I did not have a regular place to sleep at night (had to move from house to house)	<input type="checkbox"/>	<input type="checkbox"/>
I was homeless (had to sleep outside, or stay in a car or a shelter)	<input type="checkbox"/>	<input type="checkbox"/>
My spouse or partner lost their job	<input type="checkbox"/>	<input type="checkbox"/>
I lost my job even though I wanted to go on working	<input type="checkbox"/>	<input type="checkbox"/>
My partner or I had our pay or hours cut back	<input type="checkbox"/>	<input type="checkbox"/>
My partner or I went to jail	<input type="checkbox"/>	<input type="checkbox"/>
Someone very close to me had a bad problem with drinking or drugs	<input type="checkbox"/>	<input type="checkbox"/>

Now, we have a few questions about smoking before, during, and after your pregnancy with your baby who was just born.

19. Have you smoked any cigarettes in the **past 2 years**?

- ☐ Yes
- ☐ No → **Skip to question 23 on next page**

20. During the 3 months before you got pregnant, how many cigarettes or packs of cigarettes did you smoke **on an average day?** (A pack has 20 cigarettes.)

_____cigarette(s) **OR** _____pack(s)

- ☐ Less than one cigarette a day
☐ I didn't smoke at all during the 3 months before I got pregnant

21. During the last 3 months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke **on an average day?** (A pack has 20 cigarettes.)

_____cigarette(s) **OR** _____pack(s)

- ☐ Less than one cigarette a day
☐ I didn't smoke at all during the last 3 months of my pregnancy

22. How many cigarettes do you smoke on an average day now? (A pack has 20 cigarettes.)

_____cigarette(s) **OR** _____pack(s)

- ☐ Less than one cigarette a day
☐ I don't smoke at all now

23. The next questions are about drinking alcohol. By "drinks with alcohol" we mean any kind of drink with alcohol in it. A drink is one glass of wine, one wine cooler, one can or bottle of beer, one shot of liquor, or one mixed drink.

Have you had any drinks with alcohol in the **past 2 years?**

- ☐ Yes
☐ No → **Skip to question 28 on next page**

24. During the 3 months before you got pregnant, about how many drinks with alcohol did you have **in an average week?**

- ☐ 8 or more drinks per week
☐ 4 to 7 drinks per week
☐ 1 to 3 drinks per week
☐ Less than one drink per week
☐ I didn't drink at all during the 3 months before I got pregnant

25. During the 3 months before you got pregnant, how many times did you drink **4 or more** drinks with alcohol **in one sitting?** (By one sitting we mean within about two hours.)

_____ times

- ☐ Never

The next two questions are about drinking alcohol during your pregnancy with your baby who was just born.

26. During the last 3 months of your pregnancy, about how many drinks with alcohol did you have **in an average week?**

- ☐ 8 or more drinks per week
☐ 4 to 7 drinks per week
☐ 1 to 3 drinks per week
☐ Less than one drink per week
☐ I didn't drink at all during the last 3 months of my pregnancy

27. During your most recent pregnancy (including before you knew you were pregnant for sure), how many times did you drink **4 or more** drinks with alcohol **in one sitting?** (By one sitting we mean within about two hours.)

_____ times

- ☐ Never

28. *Now, we have a few questions about using marijuana during and after your most recent pregnancy.*

During your most recent pregnancy, did you use marijuana or weed in any way (like smoking, eating, or vaping)?

- ☐ Yes
☐ No

29. Since your most recent birth, have you used marijuana or weed in any way (like smoking, eating, or vaping)?

- ☐ Yes
☐ No → **Skip to question 31**

30. During the past 30 days, on how many days did you use marijuana in any way?

_____ days

- ☐ I didn't use marijuana in any way during the **past 30 days**

31. *The next questions are about relationships with intimate partners during your most recent pregnancy. By "partner" we mean **current or former** spouse, partner, boyfriend, or girlfriend. Please remember that all the information in this survey is completely confidential.*

During your most recent pregnancy, were you ever frightened for the safety of yourself, your family, or your friends because of the anger or threats from your current or former partner?

- ☐ Yes
☐ No

32. During your most recent pregnancy, did your current or former partner try to control most or all of your daily activities? For example, controlling who you talked to or where you could go?

- ☐ Yes
☐ No

33. During your most recent pregnancy, did your current or former partner push, hit, slap, kick, choke, or physically hurt you in any way?

- ☐ Yes
☐ No

34. During your most recent pregnancy, did your current or former partner force you into any type of unwanted sexual activity after you said or showed that you did not want them to?

- ☐ Yes
☐ No

Now, we have some questions about your health insurance coverage during your pregnancy.

35. During your most recent pregnancy, did you have Medi-Cal, private insurance, or some other health insurance plan to pay for your prenatal care?

Check ALL that apply.

- ☐ Medi-Cal
☐ A health plan paid for by Medi-Cal
(**Name of plan:** _____)
☐ Private insurance (paid for by me, someone else, or through a job)
(**Name of plan:** _____)
☐ Other
(**Name of plan:** _____)
☐ I **did not have** Medi-Cal or any other health insurance to pay for my prenatal care

36. During your most recent pregnancy, was there any time when you had no health insurance plan at all?

- ☐ Yes
☐ No

The next question is about the birth of your most recent baby.

37. Other than doctors, nurses, or midwives, who was with you **during your most recent labor or birth?**

Check ALL that apply.

- ☐ My spouse, partner, or baby's other parent
- ☐ Another family member or a friend
- ☐ A doula, or trained labor support person
- ☐ Some other support person other than doctors, nurses, or midwives
- ☐ No one other than doctors, nurses, or midwives

*The next questions are about your experiences at the time and place where you had your most recent birth. Please **do not** include your prenatal care experiences. Remember that all your answers are confidential. They will not be shared in any way that you can be identified.*

38. During your most recent birth, did you feel heard and listened to by your doctors, nurses, and midwives?

- ☐ No, never
- ☐ Yes, a few times
- ☐ Yes, most of the time
- ☐ Yes, all the time

39. During your most recent birth, did your doctors, nurses, and midwives involve you in decisions about your care?

- ☐ No, never
- ☐ Yes, a few times
- ☐ Yes, most of the time
- ☐ Yes, all the time

40. During your most recent birth, did your doctors, nurses, and midwives explain to you why they were doing examinations or procedures on you?

- ☐ No, never
- ☐ Yes, a few times
- ☐ Yes, most of the time
- ☐ Yes, all the time

41. During your most recent birth, did your doctors, nurses, and midwives check that you understood information that was given to you?

- ☐ No, never
- ☐ Yes, a few times
- ☐ Yes, most of the time
- ☐ Yes, all the time

42. During your most recent birth, did your doctors, nurses, and midwives speak to you using language or words you could understand?

- ☐ No, never
- ☐ Yes, a few times
- ☐ Yes, most of the time
- ☐ Yes, all the time

43. During your most recent birth, did you feel informed about what was happening to you during your childbirth?

- ☐ No, never
- ☐ Yes, a few times
- ☐ Yes, most of the time
- ☐ Yes, all the time

Next are a few more questions about the care you received during your most recent birth.

44. During your most recent birth, did you feel pressured into a decision by your doctors, nurses, or midwives?

- ☐ No, never
- ☐ Yes, a few times
- ☐ Yes, most of the time
- ☐ Yes, all the time

45. During your most recent birth, did you feel your doctors, nurses, or midwives avoided, ignored, or otherwise neglected you?

- ☐ No, never
- ☐ Yes, once
- ☐ Yes, a few times
- ☐ Yes, many times

46. During your most recent birth, did you feel your doctors, nurses, or midwives shouted at you, scolded, insulted, threatened, or talked to you rudely?

- ☐ No, never
- ☐ Yes, once
- ☐ Yes, a few times
- ☐ Yes, many times

47. During your most recent birth, how often did you experience discrimination or how often were you prevented from doing something, hassled, or made to feel inferior because of your race, ethnicity, or color?

- ☐ Very often
- ☐ Somewhat often
- ☐ Not very often
- ☐ Never

Here are a few questions about your health and health care since your most recent birth.

48. Right now, do you have Medi-Cal, private insurance, or some other health insurance plan to pay for your own health care?

Check ALL that apply.

- ☐ Medi-Cal
- ☐ A health plan paid for by Medi-Cal
(**Name of plan:** _____)
- ☐ Private insurance (paid for by me, someone else, or through a job)
(**Name of plan:** _____)
- ☐ Other
(**Name of plan:** _____)
- ☐ I **do not have** Medi-Cal or any other health insurance to pay for my own health care **now**

49. Since your most recent birth, has there been any time when you had no health insurance plan at all?

- ☐ Yes
- ☐ No

50. Since your most recent birth, have **you** had a postpartum checkup for yourself (the medical checkup a person has in the first 12 weeks after giving birth)?

- ☐ Yes
- ☐ No

51. Since your most recent birth, how often have you felt down, depressed, or hopeless?

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

52. Since your most recent birth, how often have you had little interest or little pleasure in doing things you usually enjoyed?

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

53. Since your most recent birth, how often have you felt nervous, anxious, or on edge?

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

54. Since your most recent birth, how often have you **not** been able to stop or control worrying?

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

55. Since your most recent birth, have you **filled out a form or have you been asked a series of questions** from a doctor, nurse, social worker, or other professional about feeling down, depressed, anxious, or irritable?

- ☐ Yes
- ☐ No

56. At any time during pregnancy or since your most recent birth, did you ever see a doctor or mental health professional for emotional or mental health counseling or treatment? (This can include an obstetrician, primary care doctor, midwife, counselor, therapist, social worker, psychologist, or psychiatrist.)

- ☐ Yes → **Skip to question 58**
- ☐ No

57. At any time during pregnancy or since your most recent birth, did you feel you needed emotional or mental health counseling or treatment for yourself?

- ☐ Yes
- ☐ No

58. Are you or your spouse or partner doing anything **now** to keep from getting pregnant? (This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.)

- ☐ Yes → **Continue to question 59**
- ☐ No → **Skip to question 60 on next page**

59. What kind of birth control are you or your spouse or partner using now to keep from getting pregnant? **Check ALL that apply.**

- ☐ Tubes tied or blocked
- ☐ My spouse or partner had a vasectomy
- ☐ Birth control pills, contraceptive patch, vaginal ring
- ☐ Condoms
- ☐ Shots or injections (Depo-Provera)
- ☐ IUD
- ☐ Contraceptive implant in the arm (Nexplanon)
- ☐ Withdrawal (pulling out)
- ☐ Natural family planning or fertility awareness methods (such as rhythm or calendar method, fertility apps)
- ☐ Breastfeeding for birth control (lactational amenorrhea or LAM)
- ☐ Not having sex (abstinence)
- ☐ Other (**Please tell us:** _____)

60. What are your reasons for not doing anything to keep from getting pregnant now?

Check ALL that apply.

- ☐ I am pregnant now → **Skip to question 61**
- ☐ I want to get pregnant or don't mind if I do
- ☐ I had my tubes tied or blocked
- ☐ I don't want to use birth control
- ☐ I am worried about the side effects from birth control
- ☐ My spouse or partner doesn't want to use anything
- ☐ My spouse or partner is the same sex as me
- ☐ I can't pay for birth control
- ☐ I have problems getting birth control I want
- ☐ My spouse or partner had a vasectomy
- ☐ I am not having sex
- ☐ Other (**Please tell us:** _____)
_____)

61. Now, we have a few questions about your baby who was just born.

(Note: if you had twins or triplets, please answer these next questions about the baby who was born first.)

Is your baby alive now?

- ☐ Yes
- ☐ No → **Please accept our deepest sympathy. Skip to question 73 on next page.**

62. Is your baby living with you now?

- ☐ Yes → **Go to question 63**
- ☐ No → **Skip to question 73 on next page**

63. Before you delivered your new baby, how did you plan to feed your baby when they were born?

- ☐ I planned to breastfeed only
- ☐ I planned to use formula only
- ☐ I planned to breastfeed and use formula
- ☐ I was not sure how I would feed my baby

64. Was your new baby ever breastfed or fed breast milk?

- ☐ Yes
- ☐ No → **Skip to question 67**

65. Are you still feeding your new baby breast milk?

- ☐ Yes → **Skip to question 67**
- ☐ No

66. How old was your new baby when you stopped feeding them breast milk?

____day(s) **OR** ____week(s) **OR** ____month(s)

67. Here are some questions about liquids and foods you **might** have given your new baby other than breast milk. If you have never given your new baby any of these, just check the box at the bottom of each question.

How old was your new baby when they were first fed formula?

____day(s) **OR** ____week(s) **OR** ____month(s)

- ☐ Less than 1 day old
- ☐ My baby has **never** had any formula

68. How old was your new baby the first time they drank liquids other than breast milk or formula (such as water, juice, tea, or cow's milk)?

____day(s) **OR** ____week(s) **OR** ____month(s)

- ☐ Less than 1 day old
- ☐ My baby has **never** had any liquids other than breast milk or formula

69. How old was your new baby the first time they ate food (such as baby cereal, baby food, or any other food)?

____ day(s) **OR** ____ week(s) **OR** ____ month(s)

☐ My baby has **never** eaten food

70. In the past 2 weeks, how did you place your new baby to sleep at night and during naps?

	Yes	No
On their side	<input type="checkbox"/>	<input type="checkbox"/>
On their back	<input type="checkbox"/>	<input type="checkbox"/>
On their stomach	<input type="checkbox"/>	<input type="checkbox"/>

71. Since your new baby was born, have you or your partner had to quit a job, not take a job, or greatly change your job because of problems with child care?

☐ Yes

☐ No

72. Right now, is your new baby covered by Medi-Cal, private insurance, or some other health insurance plan for their health care?

Check ALL that apply.

☐ Medi-Cal

☐ A health plan paid for by Medi-Cal
(**Name of plan:** _____)

☐ Private insurance (paid for by me, someone else, or through a job)
(**Name of plan:** _____)

☐ Other
(**Name of plan:** _____)

☐ My new baby **does not have** Medi-Cal or any other health insurance to pay for their health care

73. *These next questions give us a general idea of the different backgrounds and experiences of people who have taken part in this important survey. We ask these questions of everyone who participates. Again, please remember that all the information is confidential.*

At the time your new baby was born, what was your marital status?

☐ Married

☐ Living with someone like we were married, but not legally married

☐ Separated, divorced, or widowed

☐ Single (never married)

74. What is the highest grade or year of school you've completed?

☐ I never went to school

☐ 8th grade or less

☐ Some high school, but I did not graduate

☐ High school (or I got a GED)

☐ Some college or community college, but I did not graduate from a four-year college

☐ College graduate (from a four-year college or university) or more

75. What language do you **usually** speak at home? If you speak more than one, please choose the one you use **most** often.

☐ English

☐ Spanish

☐ English and Spanish equally

☐ Asian language (**Please tell us:** _____)

☐ Some other language (**Please tell us:** _____)

76. Overall, during your life until now, how often have you worried that you might be treated or judged unfairly because of your race or ethnic group?

- ☐ Very often
- ☐ Somewhat often
- ☐ Not very often
- ☐ Never

77. Overall, during your life until now, how often have you worried that a loved one like your spouse, partner, child, or parent might be treated or judged unfairly because of their race or ethnic group?

- ☐ Very often
- ☐ Somewhat often
- ☐ Not very often
- ☐ Never

78. Overall, during your life until now, how often have you been discriminated against, prevented from doing something, or hassled or made to feel inferior because of your race, ethnicity, or color?

- ☐ Very often
- ☐ Somewhat often
- ☐ Not very often
- ☐ Never

These next questions are about food and money.

*Please read the next few statements and tell us whether they were **often, sometimes, or never** true for you during your most recent pregnancy.*

79. "I worried whether my food would run out before I got money to buy more." **During your most recent pregnancy**, was that often, sometimes, or never true for you?

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ Don't know

80. "The food that I bought just didn't last, and I didn't have money to get more." **During your most recent pregnancy**, was that often, sometimes, or never true for you?

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ Don't know

81. **During your pregnancy**, did you receive food stamps (also called CalFresh benefits)?

- ☐ Yes
- ☐ No

82. Did you have WIC at any time **during your most recent pregnancy**? (WIC is the Women, Infants and Children Supplemental Nutrition Program.)

- ☐ Yes → **Skip to question 84 on next page**
- ☐ No

83. Why did you **not** have WIC during your pregnancy? **Check ALL that apply.**

- ☐ I never heard of WIC
- ☐ I didn't think I would qualify
- ☐ I did not need WIC
- ☐ I couldn't get to WIC
- ☐ I couldn't get through on the phone or online
- ☐ It was too difficult to apply
- ☐ I used to have WIC but didn't like it
- ☐ I did not want to use the WIC Card to shop
- ☐ Other (**Please tell us:** _____)

Please include income from all sources, including jobs, welfare, Disability, Unemployment, child support, interest, dividends, and support from family members.

Thank you for answering these questions!

- 87.** We want to send you a gift card to thank you for your help with this important survey. To make sure that our records are correct and you receive the gift card, please fill in your name, address, and best phone number to reach you.

Name: _____

Address: _____ Apt # _____

City State Zip Code

Phone number: (_____) _____

Please indicate which gift card you would like to receive: ☐ Target ☐ Amazon

(Your gift card will be mailed about 2-4 weeks after we receive your survey. We will send information about how MIHA supports the health of California families and how to sign up for our email list.)

- 88.** We hope to do another survey in the future. As with this survey, whether you take part in the next survey is completely up to you. (Even if you say yes now, you can change your mind and decide not to take part later.)

A. If we do another survey in the future, may we contact you? If so, we will use the information you listed above plus any additional contact information you choose to give to us below.

☐ Yes

☐ No

The information below is only used to contact you for the next survey.

B. What is your e-mail address?

_____ @ _____

C. What is your cell phone number?

(_____) _____

☐ I do not have a cell phone

C1. Do we have permission to text you? Messaging and data rates may apply.

☐ Yes

☐ No

D. What is your alternate phone number?

(_____) _____

☐ I do not have an alternate phone

- E. In case you move or we are not able to reach you, please give us the name, address, and phone number of two people who don't live with you and who will always know how to reach you.

Person #1:

Name: _____

Address: _____ Apt # _____

City State Zip Code

Phone number: (_____) _____

How is this person related to you?

Person #2:

Name: _____

Address: _____ Apt # _____

City State Zip Code

Phone number: (_____) _____

How is this person related to you?

THANK YOU VERY MUCH FOR YOUR HELP!

Now please **fold the survey in half** and mail it back to us in the enclosed envelope.

You don't need stamps.

Your gift card will be mailed about 2-4 weeks after we receive your survey.

If you would like to learn more about the MIHA survey or sign up for our email list, please visit
www.MIHAforCA.org