



**KY-Moms MATR –
FY24 Baseline
Interview**

Revised February 2024

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Please use the online data collection program for the baseline interview at <https://ukcdar.uky.edu/kymoms>

If you have to use the paper version for KY-Moms MATR baseline interview (i.e., internet is down, no computer available at the time of the interview), be sure to enter the responses from the paper copy in the online KY-Moms MATR program intake interview **within 7 days** so that the data can be used for the study.

To track clients accurately and to allow us to contact program staff if we have questions, please enter the contact information for the case manager or admitting staff person.

Name of person interviewing the client with the KY-Moms MATR intake interview:

1. Staff Member First and Last Name: _____
2. Staff Member email address: _____
3. Staff Member work phone number: (_____) _____ - _____

Please enter information about the client so we can register her in the system:

PLEASE NOTE: All client information is confidential (with identifiers stored separately from baseline responses), is encrypted (or scrambled) such that only those with a specific key can read them, and can only be accessed by authorized staff. Identifying information is used for matching service event data.

4. Client name: First _____ Middle _____ Last _____
5. What is the client's date of birth? ____/____/____ (MM/DD/YYYY)
6. What is the client's social security number?: ____-____-____
7. Date this client entered the KY-Moms MATR program: ____/____/____ (MM/DD/YYYY)
8. When did you become pregnant (*please estimate a date and use the 15th of the month if the exact date is not known*)?
____/____/____ (MM/DD/YYYY)
9. City in which the client resides: _____
10. County in which the client resides: _____
11. State in which the client resides: _____
12. Client's zip code: _____

PRELIMINARY QUESTIONS

Please answer the following questions before beginning the interview with the client:

1. Who is filling out this survey? **(select one)**

- a. Staff Member
- b. Client

2. Date of intake interview—the date this interview is/was actually completed with a client:

____/____/____ (MM/DD/YYYY)

Note: If you are recording the interview responses on the paper version please enter it into the web data collection survey within 7 days.

Introduction

*The following questions are part of the **KY-Moms MATR program evaluation**. The interview is similar to one used for many program evaluations across Kentucky and it will help the state better understand the needs of new moms. The evaluation for the KY-Moms program involves collecting information from clients about the time before, during, and after involvement with the program to gain insight into the program satisfaction and status of participants over time.*

The KY-Moms Program evaluation involves two confidential components.

Part one is a face-to-face interview with a case manager or other KY-Moms staff member as part of your intake process and takes about 30 minutes. You will be asked questions about your experiences before, during and after pregnancy including your physical and mental health, substance use history, treatment history, criminal justice system involvement, education, employment, living situation, safety, and support. At the end of this interview you will be asked if you would like to volunteer for part two of the evaluation.

Part two is a 20-minute follow-up telephone interview that takes place about 6 months after you exit the program. The **University of Kentucky evaluation team is responsible for the follow-up interviews**. This means that KY-Moms MATR program staff will not know what you say as your answers will be combined with about 50-100 other client responses. When the UK interviewers call you for a follow-up phone interview, they will remind you that this is part two of the **“UK Health Follow-up Study.”** The interviewers do not reveal your identity or that you received services through the KY-Moms program. Clients who complete the **second half of the interview** are sent a “thank you” check for **\$20** from the University of Kentucky.

What you say during the follow-up interview is **confidential**. This means your name will not be reported or even linked with the answers given in the follow-up interview. The reports only include overall findings about the entire group of participants, **not individuals**. The University of Kentucky has a **Federal Certificate of Confidentiality that prohibits researchers from revealing information about a person even under a court subpoena**. Your responses to these questions are well protected.

Your participation helps improve future services for other women in Kentucky like yourself.

Please read over the consent form provided at the end of this intake interview and decide if you would be willing to participate in the **University of Kentucky Health Follow-up Study** about 6 months after you exit the program.

Section A. Basic Client Information

These first few questions are basic questions we need to get the interview started and to learn a little more about what services you might be interested in.

1. What race or ethnicity do you consider yourself to be? **(select ALL that apply)**
 - 1 = White (not of Hispanic origin)
 - 2 = Black (not of Hispanic origin)
 - 3 = American Indian
 - 4 = Alaskan Native
 - 5 = Asian or Pacific Islander
 - 6 = Hispanic-Mexican
 - 7 = Hispanic-Puerto Rican
 - 8 = Hispanic-Cuban
 - 9 = Other Hispanic
 - 10 = Other, please specify: _____
2. What would you consider to be your primary source of referral to the KY-Moms MATR program? Select the primary referral source.
 - 1 = I was referred by my OB/GYN doctor
 - 2 = I was referred by my primary care doctor
 - 11 = I was referred by the health department
 - 3 = I was referred by my counselor at a Community Mental Health Agency
 - 4 = I was referred by HANDS
 - 5 = I was referred by the court (judge or probation officer)
 - 6 = I was referred by Child or Adult Protective Service (DCBS)
 - 7 = I was referred by a friend or family member
 - 8 = I was referred by my employer
 - 9 = I was referred by a KY-Moms MATR prevention program
 - 10 = I just decided to participate in the program on my own
 - 12 = Other, please specify: _____

2a. Were you ordered to this program by the court or other state agency? 0 = No 1 = Yes

Section B. Information About Your Baby

The next few questions ask about your baby.

1. Has your baby been born? 1 = Yes **(go to Q2)** 0 = No **(go to Q11)**
2. When was your baby born? ____/____/____ (MM/DD/YYYY)
3. How many weeks were you pregnant when your baby was born? _____ Weeks
 - 3a. Did you give birth to more than 1 baby? 0 = No **(If No, go to Q4)** 1 = Yes
 - 3b. If yes, how many babies did you have? _____ Babies

4. Please tell us about your baby, *(if more than one baby was born at the same time ask them to report about the youngest baby)*:

4.1. What is the gender of your baby? 1 = Male 2 = Female 3 = Intersex

4.2. How much did your baby weigh at birth? _____ lbs _____ oz

4.3. How long was your baby? _____ inches

5. Did you have a regular OB/GYN doctor during your pregnancy? 0 = No 1 = Yes

6. How many visits did you have with a doctor or nurse about your **pregnancy**? _____ visits

7. How many visits have you had with your baby's doctor or nurse **since the baby was born**? _____ visits

8. Has your doctor told you of any special health needs your baby has since the baby was born? 0 = No **(skip to Q9)** 1 = Yes

8a. What health problem(s) has he/she identified? List all.

9. How many times have you been to the emergency room for your baby since the baby was born? _____ visits

10. Have you breastfed your baby? 0 = No 1 = Yes **(if No, skip to Section C)**

10a. **(if yes)** How long did you breastfeed/have you breastfed? _____ months _____ weeks

10b. **(if yes)** Are you still breastfeeding? 0 = No 1 = Yes

10c. How would you say the experience of breastfeeding went for you and your baby?

1 = Poor

2 = Fair

3 = Good

4 = Very good

5 = Excellent

Questions 11-16 are for those who are pregnant when they enter the program, for those who entered AFTER the baby was born skip to Section C: Physical Health.

11. When is the baby due: ____/____/____ (MM/DD/YYYY)

12. Do you have a regular OB/GYN doctor?

0 = No**(skip to Q15)** 1 = Yes 2 = I do not have a doctor for the pregnancy yet **(skip to Q15)**

13. How many visits have you had with a doctor or nurse about your pregnancy? _____ visits

14. Has your doctor told you of any special health care needs that directly impact your pregnancy or the baby?

0 = No (**go to Q15**) 1 = Yes (**go to 14a**)

14a. What health problem(s) has he/she identified? List all.

15. Do you plan on choosing adoption for your baby? 0 = No (**Go to Section C**) 1 = Yes 2 = Haven't decided yet

16. Do you plan to breastfeed your baby? 0 = No 1 = Yes 2 = Haven't decided yet

Section C. Physical Health

The next group of questions is about your physical health. Physical health is important to assess so that we can identify and track any health concerns you may have.

1. How would you rate your overall health now?

- 1 = Poor
- 2 = Fair
- 3 = Good
- 4 = Very good
- 5 = Excellent

2. Have you **ever** been told by a doctor that you had any of the following chronic physical health problems?

(Check ALL that apply)

- | | |
|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pancreatitis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> TB (tuberculosis) |
| <input type="checkbox"/> Cardiovascular/heart disease (<i>e.g., high blood pressure, stroke, congestive heart failure, angina</i>) | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Chronic obstructive pulmonary disease (COPD) (<i>e.g., emphysema</i>) | <input type="checkbox"/> Hepatitis C |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Other sexually transmitted infections (STI) (<i>e.g., chlamydia, gonorrhea, genital herpes, trichomoniasis, syphilis, HPV</i>) |
| <input type="checkbox"/> Severe dental problems | <input type="checkbox"/> Autoimmune disorder (<i>e.g., lupus, multiple sclerosis, celiac disease, Type 1 diabetes</i>) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Kidney disease/failure | |
| <input type="checkbox"/> Cirrhosis of the liver | |

3. Do you have any major physical health problems that are not currently being treated? 0 = No 1 = Yes

3a. If Yes, please specify major health problems that are not currently being treated?

4. 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? _____ days
5. 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? _____ days

(Skip Q6 if 0 days in both Q4 & Q5)

6. 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? _____ days
7. How often, **in the past 30 days**, have you used alcohol, prescription medications, or illicit substances to reduce physical pain?

Never/Almost never	Sometimes	About half the time	Most of the time	Almost always
1	2	3	4	5

8. Did you experience any serious chronic pain lasting at least 3 months during the **6 months before you entered the program**? Like what you get from arthritis, fibromyalgia or unhealed injuries.

0= No 1 = Yes

8a. How many days in the **past 30 days** did you experience chronic pain? _____ days

(If No to both Q8 and Q8a, skip to Q9)

8b. Rate the intensity of that chronic pain on AVERAGE during the past 30 days. Select one rating.

0	1	2	3	4	5	6	7	8	9	10
No pain										Pain as bad as you can imagine

9. What are you currently using for birth control (contraception)? **(Select all that apply)**

- 0 = Client is currently pregnant
- 1 = None
- 2 = Male condoms
- 3 = Female condoms
- 4 = Birth control pills
- 5 = Cervical cap
- 6 = Vaginal ring
- 7 = Patch
- 8 = Sponge
- 9 = Spermicide and gel
- 10 = IUD
- 11 = Diaphragm
- 12 = Implant (lasts up to 5 years)
- 13 = Birth control shot (lasts up to 3 months)
- 14 = Other (specify): _____

10.What birth control (contraception) method do you plan to use in the next few months or after the baby is born? ***(Select all that apply)***

- 0 = None
- 1 = Male condoms
- 3 = Female condoms
- 4 = Birth control pills
- 5 = Cervical cap
- 6 = Vaginal ring
- 7 = Patch
- 8 = Sponge
- 9 = Spermicide and gel
- 10 = IUD
- 11 = Diaphragm
- 12 = Implant (lasts up to 5 years)
- 13 = Birth control shot (lasts up to 3 months)
- 99 = not sure/don't know
- 14 = Other (specify):

Section D. Emotional Health

In the next section you will be asked if you feel you have significant problems in certain areas of your emotional health. For this section, I will be asking the 6 months before you entered the program and the past 30 days.

<i>(Note: ask all of these questions about in the 6 months before entering the program first, then come back and ask about the past 30 days).</i>	In the 6 months before you entered the program		In the Past 30 Days	
	No	Yes	No	Yes
1.Did you have two weeks in a row (or more) when you were consistently depressed or down, most of the day, nearly every day?	0	1	0	1
2.Did you have two weeks in a row (or more) when you were much less interested in most things or much less able to enjoy the things you used to enjoy most of the time?	0	1	0	1

3. (If no to Q1 and Q2 skip to Q4 In that period of **two weeks or more when you felt depressed or uninterested...**

(Note: ask all of these questions about in the 6 months before entering the program first, then come back and ask about the past 30 days).	In the 6 months before you entered the program	In the Past 30 Days
3a. Was your appetite decreased or increased nearly every day? Did your weight decrease or increase without trying intentionally (i.e., ± 8 lbs for a 160 lb person in a month (more than expected while you were pregnant or after you had the baby))? (If yes to either, select Yes)	0 1	0 1
3b. Did you have trouble sleeping nearly every night (difficulty falling asleep, waking up in the middle of the night, early morning wakening or sleeping excessively (more than expected)?	0 1	0 1
3c. Did you talk or move more slowly than normal or were you fidgety, restless or having trouble sitting still almost every day?	0 1	0 1
3d. Did you feel tired or without energy almost every day?	0 1	0 1
3e. Did you feel worthless or guilty almost every day?	0 1	0 1
3f. Did you have difficulty concentrating or making decisions almost every day?	0 1	0 1
3g. Did you repeatedly consider hurting yourself, feel suicidal, or wish that you were dead?	0 1	0 1

4. **In the 6 months before entering the program and past 30 days** did you have a period of at least two weeks where you were bothered by the following problems?

0 = Not at all; 1 = Several days; 2 = More than half the days; 3 = Nearly every day	In the 6 months before you entered the program you had a period of at least two weeks where you felt	In the Past 30 Days, did you have a period of at least two weeks where you felt
a. Feel nervous, anxious or on edge?	0 1 2 3	0 1 2 3
b. Not being able to stop or control worrying?	0 1 2 3	0 1 2 3
c. Worrying too much about different things?	0 1 2 3	0 1 2 3
d. Trouble relaxing?	0 1 2 3	0 1 2 3
e. Being so restless that it is hard to sit still?	0 1 2 3	0 1 2 3
f. Becoming easily annoyed or irritable?	0 1 2 3	0 1 2 3
g. Feeling afraid, as if something awful might happen?	0 1 2 3	0 1 2 3

5. **(Ask of participants who have already had their baby)** In the past 30 days did you experience a postpartum mood disorder (such as postpartum depression, postpartum anxiety, postpartum psychosis)?

0 = No
1 = Yes

6. How much do you worry about your personal safety on a day-to-day basis?

0 = Not at all
1 = Only a little
2 = Somewhat
3 = A fair amount
4 = A great deal

7. This next set of questions asks about hurtful things that others may have done to you when you were a child (less than 18 years old). These questions are important because our background can sometimes influence our emotions and coping styles. Research has shown that stressful events that happen to us in childhood and things that happen to us as adults matter. The questions only have a YES or NO response and will not ask you to provide details about any of your experiences. **(Interviewer note: if the client is unsure of whether something happened or not please mark it as a no).**

While you were growing up, before your 18th birthday:	No	Yes
a. Did a household member go to prison?	0	1
b. Were your parents separated or divorced (before you turned 18 years old)?	0	1
c. Did you live with anyone who was a problem drinker or alcoholic or used street (illicit) drugs?	0	1
d. Was a household member depressed or mentally ill or did a household member attempt suicide?	0	1
e. Did you often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?	0	1
f. Did you often feel that your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	0	1
g. Did you often feel that no one in your family loved you or no one thought you were important or special?	0	1
h. Did you often feel that your family didn't look out for each other, feel close to each other, or support each other?	0	1
i. Was your mother or stepmother often pushed, grabbed, slapped, or had something thrown at her?	0	1
j. Was your mother or stepmother sometimes or often kicked, bitten, hit with a fist, or hit with something hard?	0	1
k. Was your mother or stepmother ever repeatedly hit lasting at least a few minutes or threatened with a gun or knife?	0	1
l. Did a parent or other adult in the household often swear at you, insult you, put you down, or humiliate you?	0	1
m. Did a parent or other adult in the household often act in a way that made you afraid that you might be physically hurt?	0	1
n. Did a parent or other adult in the household often push, grab, slap, or throw something at you?	0	1
o. Did a parent or other adult in the household ever hit you so hard that you had marks or were injured?	0	1
p. Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way?	0	1
q. Did an adult or person at least 5 years older than you ever try to or actually have oral, anal, or vaginal sex with you?	0	1

8. The next group of questions asks about situations in which you may have been the victim of a crime in your lifetime (ever) and in the six months before you entered the program. These are yes or no questions and if you select yes, you will be asked if the perpetrator was a partner or ex-partner, an acquaintance or family member, or a stranger. No other details will be asked.

	Ever		In the 6 months before you entered the program	
	No	Yes	No	Yes
a. Have you been robbed or mugged (someone took your wallet, money, or other personal valuables) by someone who used force or threats of force?	0	1	0	1
Who robbed or mugged you? (Select all that apply) 1 = partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well)				
b. Have you been physically assaulted or attacked by someone?	0	1	0	1
Who physically assaulted or attacked you? (Select all that apply) 1 = partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well)				
c. Have you been directly or indirectly threatened with a gun or held at gunpoint?	0	1	0	1
Who threatened you with a gun or held you at gunpoint? (Select all that apply) 1 = partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well)				
d. Have you been frightened or concerned for your safety or the safety of others close to you because someone repeatedly followed you, repeatedly contacted you, and/or repeatedly showed up at your house or other places when you did not want them to (stalked or obsessively pursued you)?	0	1	0	1
Who stalked or obsessively pursued you? (Select all that apply) 1 = partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well)				
e. Have you been threatened or forced to engage in unwanted sex or sex acts against your will?	0	1	0	1
Who sexually assaulted/raped you? (Select all that apply) 1 = partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well)				

f. Have you had sexual intercourse that you did not want when you were drunk, passed out, asleep, drugged or otherwise unable to agree or consent to it?	0 1	0 1
Who had sexual intercourse that you did not want when you were drunk, passed out, asleep, drugged or otherwise unable to agree or consent to it? (Select all that apply) 1 = partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well)		
g. Have you been abused by a dating or intimate partner? (a partner physically assaulted you, controlled you, or emotionally abused you that made you scared or afraid for your safety)?	0 1	0 1
h. Have you verbally, sexually or otherwise been harassed in a way that made you afraid for your safety that was not already discussed above?	0 1	0 1
Who verbally, sexually or otherwise been harassed in a way that made you afraid for your safety that was not already discussed above? (Select all that apply) 1 = partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well)		

9. These next four questions will ask about problems that people sometimes have in response to very stressful situations. Keeping your **worst event** in mind, please indicate how much you have been bothered by that experience **in the 6 months before you entered the program**.

In the 6 months before you entered the program how much:	Not at all	A little bit	Moderately	Quite a bit	Extremely
a. were you bothered by repeated, disturbing, and unwanted memories of those experience(s)?	0	1	2	3	4
b. did you avoid external reminders of those experience(s) (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
c. did you have strong negative beliefs about yourself, other people, or the world because of those experiences (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
d. did you feel jumpy or easily startled?	0	1	2	3	4

Section E. Education & Employment

This next group of questions is about your educational background and employment status. This information is important in understanding your unique needs as well as program outcomes.

1. How many years of education have you completed? Please choose your highest completed level from the following list.

0 = Never attended	7 = 7 th grade	14 = Some college
1 = 1 st grade	8 = 8 th grade	15 = Some voc/tech school
2 = 2 nd grade	9 = 9 th grade	16 = Voc/tech diploma
3 = 3 rd grade	10 = 10 th grade	17 = Associate's degree
4 = 4 th grade	11 = 11 th grade	18 = Bachelor's degree
5 = 5 th grade	12 = 12 th grade	19 = Master's degree
6 = 6 th grade	13 = GED	20 = Doctorate degree

2. What was your usual employment pattern in the 6 months before you entered the program (i.e., your work pattern most of the time)?

- 1 = Full time (35+ hours per week)
- 2 = Part-time (<35 hours per week)
- 3 = Part-time (irregular, day work)
- 4 = Unemployed, student
- 5 = Retired
- 6 = Disability/applied for disability
- 7 = Unemployed, homemaker/caregiver
- 8 = Unemployed
- 9 = In a controlled environment (jail, hospital, etc.)

3. What is your current employment status? Include all jobs to figure your total hours worked per week on average.

- 0 = Not currently employed and **NOT** on leave for pregnancy or maternal leave related reasons (**Skip to Q4**)
- 1 = Fulltime (35+ hours per week)
- 2 = Part-time (<35 hours per work)
- 3 = Occasional, from time to time, or seasonal work
- 4 = On leave from a job for pregnancy related reasons

- 3a. How long have you had this job (in months)? Enter longest time you have had multiple jobs.
_____ Months

- 3b. What is your current **hourly** wage (minimum wage is \$7.25)? If multiple jobs, enter the highest wage. If you receive a salary, please estimate how much you made an hour based on the typical number of hours you work in a week. \$_____.____

3c. What type of work do you do? **(Select one) If multiple jobs, select the type of job you have worked the longest.**

1 = **Professional** (e.g., librarian, healthcare professional such as RN, EMT, dental hygienist, physician, claims adjuster, mental health counselors, social workers, probation officers, paralegal, court reporter, teacher, teacher assistant, photographer, clergy, entertainer)

2 = **Service** (e.g., Peer mentor, food preparation and serving, child care, adult day care, health care support such as CNA, massage therapist, phlebotomist, landscaping, janitorial/cleaning, housekeeping, pest control, police officer, lifeguard, security guard, hair stylist, personal trainer, restaurant manager)

3 = **Sales and Office** (e.g., office and administrative support, cashier, retail sales, real estate, telemarketer, bookkeeping, bank teller, hotel desk clerk, postal service, data entry worker, store manager)

4 = **Natural Resources, Construction, and Maintenance** (e.g., mining, fishing, farming, nursery worker, logging, forestry, construction, carpenter, plumber, roofer, mechanic, repair shop, computer repair, utility worker, heating/air conditioning tech)

5 = **Production, Transportation, and Material Moving** (e.g., factory production line, baker, butcher, dry cleaning, tailor, woodworking, power plant, flight attendant, bus driver, taxi driver, packager, welder, sanitation worker)

6 = **Military Specific**

7 = **Other, specify:** _____

3d. Are you also in school or receiving additional vocational training while working? 0 = No 1 = Yes

(If Employed, SKIP Q4, ask everyone Q5)

4. If you are not currently employed, how would you describe yourself? **Select one.**

1 = Unemployed, but looking for work

2 = Unemployed, but on furlough or temporarily laid-off

3 = Unemployed, but keeping house or caring for children fulltime

4 = On disability/applied for disability

5 = Retired

6 = Student/in training

7 = In a controlled environment/prohibited from working

8 = Unemployed, not looking for work

9 = Other, please specify: _____

5. **(Ask everyone)** Do you expect to be employed in the next 6 months? 0 = No 1 = Yes

6. Do you receive public assistance? (e.g., WIC, TANF, SNAP) 0 = No **(If no, skip to Q7)** 1 = Yes

6a. What assistance do you currently receive? **(Select all that apply)**

1 = Temporary Assistance for Needy Families (TANF)

2 = Supplemental Nutrition Assistance Program (SNAP)

3 = WIC

4 = Unemployment

5 = Local Church or other community organization support

6 = Disability (SSI)

7 = Disability (SSDI)

8 = Other, please specify: _____

7. What type of medical insurance do you currently have?
- 1 = No medical insurance
 - 2= Insurance through an employer
 - 3= Insurance through your partner’s employer
 - 4 = Insurance through Health Exchange
 - 5 = Other private insurance (self-employed)
 - 6 = Medicaid (Medical card, Passport)
 - 7 = Medicare
 - 8 = VA/Champus/Tricare
 - 9 = Insurance through your parents or parents’ employer
 - 10 = Other, *please specify*: _____

8. Now I’m going to ask you some questions about how things have gone for you in your household **in the 6 months before you entered the program**. Answer yes or no for each question.

	In the 6 months before you entered the program	
	No	Yes
a. Did you/your family had difficulty paying the full amount of rent or mortgage?	0	1
b. Were you/your family evicted from your home/apartment for not paying the rent?	0	1
c. Were you/your family unable to pay the gas or electric bill?	0	1
d. Were you/your unable to pay your phone/cell phone bill?	0	1
e. Was there a time when there was not enough food in your household to eat?	0	1
f. Did you or someone in your household need to see a doctor or go to the hospital but wasn’t able to because of financial reasons?	0	1
g. Did you or someone in your household need to see a dentist but didn’t go because of financial reasons?	0	1
h. Did you or someone in your household need to fill a prescription for medication but was unable to because of cost?	0	1

Section F. KY-Moms Services

This next group of questions asks about specific services the KY-Moms program provides.

1. Please answer the following questions about specific referral needs you may have:

	Need or want a referral 0 = No 1 = Yes	
1a. Material needs (e.g., housing, transportation, food, etc.)	0 (Skip to Q1b)	1
a. Housing supports	0	1
b. Transportation services	0	1
c. Food resources (e.g., food pantry)	0	1
d. TANF (Temporary Assistance for Needy Families)	0	1
e. KTAP (Kentucky Transitional Assistance Program)	0	1
f. WIC (Special Supplemental Nutrition Program for Women, Infants and Children)	0	1
g. SNAP (Supplemental Nutrition Assistance Program)	0	1
h. Clothing supports	0	1
h. Other tangible support needs (specify):	0	1
1b. Education and employment needs (e.g., GED, VOC Rehab, etc.)	0 (Skip to Q1c)	1
a. Employment supports (e.g., VOC Rehab/work programs)	0	1
b. GED supports	0	1
c. Other education/employment supports (specify):	0	1
1c. Specialized health service needs (e.g., mental and medical services, peer support, etc.)	0 (Skip to Q1d)	1
a. Substance use treatment services (therapy)	0	1
b. Peer support services	0	1
c. Mental health services	0	1
d. Postpartum mood disorder services	0	1
e. Medical specialists for you	0	1
f. Medical specialists for your children	0	1
g. Family planning services (e.g., contraception options)	0	1
h. Other specialized health supports (specify):	0	1
1d. Parenting/pregnancy support needs (e.g., HANDS, doctor referrals, child care, etc.)	0 (Skip to Q1e)	1
a. Pregnancy center	0	1
b. Doctor referral (e.g., prenatal care, pediatrician)	0	1
c. Doula services	0	1
d. Breastfeeding support	0	1
e. Milk bank options	0	1
f. HANDS (Health Access Nurturing Development Services)	0	1
g. Parenting groups	0	1
h. MCO provided programs for at risk mothers and families	0	1
i. Child care assistance	0	1
j. Other parenting supports (specify):	0	1

	Need or want a referral 0 = No 1 = Yes
1e. Safety service needs (e.g., domestic violence services, shelters, safety planning, etc.)	0 (Skip to Q1f) 1
a. Domestic violence hotline	0 1
b. Shelters	0 1
c. Advocate	0 1
d. Safety planning	0 1
e. Other safety supports (specify):	0 1
1f. Social support needs (e.g., support groups)	0 (Skip to Q1g) 1
a. Support group	0 1
b. Other social supports (specify):	0 1
1g. Other needs referrals (e.g., Legal aid, finance education and support, any other referrals)	0 (Skip to Section G) 1
a. Legal aid	0 1
b. Financial planning education or supports (e.g., retirement, budget management)	0 1
c. Other supports (specify):	0 1

Section G. Substance Use

The next group of questions is about your substance use during the 6 months before you entered the program, and in the past 30 days. (NOTE: If there was ANY use within a month it counts as a month’s use. Also, non-prescribed use of prescription medication or misuse of prescribed medication (e.g., taking more than prescribed) should be counted as illegal substance use.)

1. Have you ever used medical marijuana (cannabis)? 0 = No (Skip to Q2) 1 = Yes

1a. Have you ever had certification from a doctor for medical cannabis in Kentucky (or had a medical marijuana card from Kentucky)? 0 = No 1 = Yes

1b. Have you ever had a medical marijuana card or prescription for marijuana from another state? 0 = No 1 = Yes

1c. During the past...how many...did you use...? If there is no use during the 6 months before they entered the program skip to the next question and leave the 30 day column blank. (Interviewer note: if there was ANY use within a month it counts as a month’s use. Ask specifically about behavior in “the past 30 days.” Do not use “in the past month” as a substitute—this may lead to confusion and inaccurate responses.)

	In the 6 months before entering the program (# OF MONTHS)	In the past 30 days 0 = No 1 = Yes
Medical marijuana (cannabis)		0 1

2. Have you used any of the following over-the-counter legal substances in the 6 months before you entered the program? (Ask about both past-6-month before the program and past 30 day use): ...in the past 30 days?

(Online program will display substances selected “yes” for 6 months before you entered the program and ask about past-30-day use)

	In the 6 months before entering the program 0 = No 1 = Yes	In the past 30 days 0 = No 1 = Yes
Kratom	0 1	0 1
Delta products (e.g., Delta 8, 9 or 10)	0 1	0 1

3. Age of first Use	
a. How old were you when you began using <u>smoke tobacco</u> products (e.g., cigarettes, cigars) regularly (on a daily basis)?	_____ Years old 0 = Never used regularly
b. How old were you when you had your first alcohol drink, other than a few sips?	_____ Years old 0 = Never used
c. How old were you when you first used illegal substances (e.g., marijuana, cocaine, heroin, tranquilizers, stimulants, sedatives, barbiturates, inhalants or prescription painkillers not prescribed for you)?	_____ Years old 0 = Never used

4. Tobacco/Nicotine Use	In the 6 months before entering the program	In the past 30 days 0=No 1=Yes
a. How many months and days did you smoke tobacco products (e.g., cigarettes, cigars, pipes, bidis, cigarillos)?	_____ # OF MONTHS	0 1
b. On the days you smoke cigarettes, how many cigarettes on average did/do you smoke a day (20 in a pack)?	_____ # cigarettes	
c. How many months and days did you use E-cigarettes (electronic cigarettes, devices that deliver nicotine in a vapor and look like cigarettes, but contain no tobacco)?	_____ # OF MONTHS	0 1
d. How many months and days did you use smokeless tobacco (e.g., chewing tobacco, snuff, dissolvable tobacco)?	_____ # OF MONTHS	0 1
5. Alcohol Use <i>Alcohol includes beer, wine, wine coolers, liquor and grain alcohol. One drink is equivalent to a 12-ounce beer or wine cooler, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.</i>	In the 6 months before entering the program	In the past 30 days 0=No 1=Yes
<i>How many months and days did you...</i> a. Drink alcohol? (If zero, skip to Q6, illicit substance use)	_____ # OF MONTHS	0 1
b. Drink alcohol to intoxication?	_____ # OF MONTHS	0 1
c. Have 4 or more alcoholic drinks in a period of about 2 hours?	_____ # OF MONTHS	0 1
6. In the 6 months before entering the program and the past 30 days...How many months and days did you use... (Online program will display 6 months before entering the program through today, then branch out into specific time frames.)	In the 6 months before entering the program	In the past 30 days 0=No 1=Yes
a. Marijuana (NOT obtained as medical marijuana for you) (e.g., Hashish/Pot)	_____ # OF MONTHS	0 1
b. THC vape pen (NOT obtained as medical marijuana for you)	_____ # OF MONTHS	0 1
c. Sedatives, hypnotics, muscle relaxants, or tranquilizers not prescribed for you (e.g., Ativan®, Xanax®, Valium®, Klonopin®, Benzodiazepines, Librium®, Halcion®, GHB, liquid ecstasy, Soma®, Flexeril®, Ketamine, Special K, Vitamin K, downers, nerve pills)	_____ # OF MONTHS	0 1
d. Barbiturates not prescribed for you (e.g., mephobarbital, Mebacut, pentobarbital, Nembutal®, Seconal®, Amytal®)	_____ # OF MONTHS	0 1
e. Opiates, analgesics, pain killers not prescribed for you (e.g., morphine, Percocet®, oxycodone, Oxycontin®, Lortab®, hydrocodone, Dilaudid®, opana, Fentanyl)	_____ # OF MONTHS	0 1

f. Stimulants not prescribed for you (e.g., methamphetamine, Dexedrine®, Adderall®, crystal, uppers, speed, MDMA, Ritalin®, Ecstasy, crank)	_____ # OF MONTHS	0 1
6. How many months and days did you use...	In the 6 months before entering the program	In the past 30 days 0=No 1=Yes
g. Cocaine/crack (e.g., cocaine crystal, free-base cocaine, crack, or rock cocaine)	_____ # OF MONTHS	0 1
h. Heroin (e.g., smack, H, junk, skag)	_____ # OF MONTHS	0 1
i. Hallucinogens/psychedelics (e.g., PCP, Other Hallucinogens/Psychedelics, LSD, Mushrooms, Mescaline, psilocybin)	_____ # OF MONTHS	0 1
j. Inhalants (e.g., poppers, Rush, Whippets or “huffing” paint, glue, aerosol can spray, air blast, chroming)	_____ # OF MONTHS	0 1
k. Methadone not prescribed for you (e.g., dolophine, LAAM, Dolls, Fizzies, Mud, Tootsie Rolls)	_____ # OF MONTHS	0 1
l. Subutex®/Suboxone® or buprenorphine that was not prescribed for you (include butran patch) (e.g., Subs, Strips, Oranges, Buse)	_____ # OF MONTHS	0 1
m. Synthetic/Designer/Novel drugs (e.g., synthetic marijuana, bath salts, K2, Flakka)	_____ # OF MONTHS	0 1
n. Tianeptine (e.g., ZaZa, Tianna Red)	_____ # OF MONTHS	0 1
o. Other illicit substances (not already recorded) Please specify: _____	_____ # OF MONTHS	0 1
p. I did not use ANY illicit substances during the above time periods (skip to Q7)	98	98

	In the past 30 days
p. How many days did you use more than one substance per day (including alcohol but excluding tobacco products)	_____ # OF DAYS

7. Have you **ever** injected any drugs? 0 = No 1 = Yes (**if no, skip to 8**)

7a. Have you injected any drugs **in the past 30 days**? 0=No 1=Yes

8. **In the 6 months before entering the program**, how many times have you received services for substance use? Count all previous treatment episodes including detox, drug court, and recovery programs.
_____ times

8a. **In the past 30 days**, did you receive services for substance use/misuse including detox, drug court, and recovery programs? 0 = No 1 = Yes

9. **In the 6 months before entering the program**, did you attend AA, NA, MA or other recovery self-help group meetings? 0 = No 1 = Yes
10. **In the past 30 days**, How many times did you attend AA, NA, MA or other recovery self-help group meetings (count # of meetings attended)? _____ Meetings
11. How many times have you overdosed on illicit substances (required intervention by someone to recover, not simply sleeping it off; including suicide attempts by OD)?
- 11a. **Ever**: _____ # of times (*If 0, skip to Q12*)
- 11b. **In the 6 months before entering the program**: _____ # of times
- 11d. **In the past 30 days**: _____ # of times
12. Have you **ever in your lifetime** received buprenorphine (Suboxone/Subutex/injectable buprenorphine), naltrexone (Vivitrol™), or methadone as part of a medication treatment for your substance use disorder?
0 = No (*skip to Q14*) 1 = Yes
- 12a. How many months **in the 6 months before entering the program** did you use any prescribed or dispensed buprenorphine (Suboxone/Subutex/injectable buprenorphine), naltrexone (Vivitrol™), or methadone for the treatment of your substance use disorder? _____ Months
- 12b. How many months **during your pregnancy** did you use prescribed buprenorphine (Suboxone/Subutex/injectable buprenorphine), naltrexone (Vivitrol™), or methadone for the treatment of your substance use disorder? _____ Months
- 12c. Did you use any of those medications in the past 30 days? 0= No 1= Yes
- 12d. What type of medication did you use most recently?
- 1 = Buprenorphine (Suboxone/Subutex/injectable buprenorphine)
2 = Methadone
3 = Naltrexone (Vivitrol)
- 12e. Where did you get the medication you most recently used?
- 1 = Prescribed by a doctor in a general medical practice
2 = Prescribed by a doctor in a specialty clinic
3 = Dispensed in a clinic
- 12f. Thinking about the most recently prescribed medication for your opioid use problems, how much do you think the medication helped you? (*Please select one*)
- 1= HELPED you with your substance use disorder
2=HAD NO EFFECT on your substance use disorder
3= Made your substance use disorder WORSE
13. Within the past 48 hours have you used prescribed buprenorphine/naloxone, naltrexone (Vivitrol™), or methadone? 0 = No 1 = Yes

Even though you may not have used alcohol or illicit substances during the time periods discussed above, you may have been anxious, bothered or worried about your ability to maintain recovery.

14. How many days did you experience alcohol/drug problems in the past **30 days** (craving, withdrawal, wanting to quit but being unable, worrying about return to use)?

ALCOHOL

DRUGS

OF DAYS

OF DAYS

15. Alcohol	Not At All	Slightly	Moderately	Considerably	Extremely
a. How troubled or bothered were you by alcohol problems in the past 30 days? (your own problems)	0	1	2	3	4
b. How important to you was a treatment program, for yourself, for these alcohol problems in the past 30 days? (your own problems)	0	1	2	3	4
16. Drugs	Not At All	Slightly	Moderately	Considerably	Extremely
a. How troubled or bothered were you by drug problems in the past 30 days? (your own problems)	0	1	2	3	4
b. How important to you was a treatment program, for yourself, for these drug problems in the past 30 days? (your own problems)	0	1	2	3	4

Section H. Living Situation

The next set of questions will ask more about you, your family, and your living situation. Family and living situation can be risk factors or can help protect us from stress.

- What is your **current** marital status?
 - 1 = Married (include same-sex and common-law marriages) **(Skip to Q3)**
 - 2 = Separated
 - 3 = Divorced
 - 4 = Widowed
 - 5 = Never married
- Are you **currently** living with an intimate partner? 0 = No 1 = Yes **(If No, skip to Q4)**
- (If married or cohabiting)** Is this partner the father of the new baby?

0 = No 1 = Yes 98 = Don't know
- How many times have you previously been pregnant? **(do not count the most recent pregnancy)** _____ times
(If 0, skip to Q6)

5. How many children have you given birth to in your lifetime that are still living? _____ child(ren) **(enter 0 if none and skip to Q6)**

5a. How many of those children are under the age of 18? _____ child(ren) **(if 0, skip to Q6)**

5b. How many of your children under the age of 18 currently live with you? _____ child(ren)

6. Has your baby (the baby you are in the KY-MOMS program for) ever been removed from your legal custody, even for a short time? 0 = No 1 = Yes

7. **In the 6 months before entering the KY-Moms program**, were you involved with Child Protective Services, DCBS, or social services? 0 = No **(If no, skip to Q8)** 1 = Yes

7a. Did that involvement result in an Open Case with Child Protective Services, DCBS, or social services?
0 = No 1 = Yes

8. Are you **currently** involved with Child Protective Services, DCBS, or Social Services?
0 = No **(If no, skip to Q9)** 1 = Yes

8a. Is that involvement an Open Case with Child Protective Services, DCBS, or social services?
0 = No 1 = Yes

9. Do you consider yourself to be **currently** homeless for any reason? 0 = No **(If no, skip to Q10)** 1 = Yes

9a. Why do you consider yourself to be homeless? **(Select one)**

1 = Staying in a shelter

2 = Staying temporarily with friends/family

3 = Staying on the street or living in your car

4 = Other, please specify: _____

10. **In the past 30 days**, where have you lived most of the time? **(Select one)**

1 = Your own home or apartment

2 = Someone else's home or apartment

3 = Residential program

4 = Recovery Center

5 = Prison, jail or detention center

6 = Hospital

7 = Military base

8 = Halfway house, Sober Living Home

9 = Shelter or on the street

10=Transitional living program or housing

11 = Other, please specify: _____

11. How stable is your current living situation?

1 = Very unstable

2 = Moderately unstable

3 = Uncertain

4 = Moderately stable

5 = Very stable

12. **In the 6 months before you entered the program**, how many **NIGHTS** were you in a facility where you were not free to come and go as you pleased like a hospital, jail, or residential substance use treatment program(not a shelter)? ____TOTAL nights
13. **In the past 30 days**, how many **NIGHTS** were you in a facility where you were not free to come and go as you pleased like a hospital, jail, or residential substance use treatment program (not a shelter)? ____TOTAL nights
14. **In the 6 months before you entered the program** how many times were you arrested and charged for any offense? _____ Times
15. **In the 6 months before you entered the program**, how many **NIGHTS** were you incarcerated (jail, prison, or a detention center)? _____ TOTAL nights
- 15a. **In the past 30 days**, how many **NIGHTS** were you incarcerated (jail, prison, or a detention center)? _____ TOTAL nights
16. Are you **currently** on parole? 0 = No 1 = Yes
17. Are you **currently** on probation? 0 = No 1 = Yes
18. Are you **currently** involved with a specialty court (Drug Court, Veterans Treatment Court, Mental Health Court)? 0 = No 1 = Yes

Section I. Your Quality of Life

The next set of questions asks about your quality of life which can be affected by stressors in your life. I understand that some of these questions might be difficult to answer, so take your time.

1. How would you rate your quality of life **now**?

1	2	3	4	5	6	7	8	9	10
Worst imaginable			Good and bad parts were about equal				Best imaginable		

2. Do you **currently** live with anyone who experiences problems from their use of alcohol, prescription medications, or illicit substances (i.e., does not include SUD programs or transitional housing situations)?
0 = No 1 = Yes

3. Thinking about **the 6 months before you entered the program** and **in the past 30 days**, has a partner, ex-partner, family member done any of the following to you? If yes, please indicate if it was done by a partner, ex-partner, or family member. No other details will be asked.

Has a partner/ex-partner/family member:	In the 6 months before you entered the program 0= No 1=Yes	In the past 30 days 0= No 1=Yes
a. Verbally or psychologically abused you? (e.g., insulted you, shouted, criticized you, criticized in front of others, treated you like an inferior, tried to make you feel crazy, told you your feelings were irrational or crazy)	0 1	0 1
If YES, who verbally or psychologically abused you? (Check ALL that apply)	1= Partner 2= Ex-partner 3=Family Member	1= Partner 2= Ex-partner 3=Family Member
b. Been extremely jealous or controlling? (e.g., tried to control you, monitored your time, accused you of having an affair, interfered in your relationship with other family members or friends, kept you from doing things to help yourself, controlled finances, work interference)	0 1	0 1
If YES, who was extremely jealous or controlling? (Check ALL that apply)	1= Partner 2= Ex-partner 3=Family Member	1= Partner 2= Ex-partner 3=Family Member
c. Threatened you or others close to you with violence? (e.g., threatened to hit or throw something at you by smashing, kicking or hitting something)	0 1	0 1
If YES, who threatened you or others close to you with violence? (Check ALL that apply)	1= Partner 2= Ex-partner 3=Family Member	1= Partner 2= Ex-partner 3=Family Member
d. Been physically violent toward you? (e.g., pushing, shoving, kicking, beat up, choking, burning, attack with a weapon)	0 1	0 1
If YES, who has been physically violent towards you? (Check ALL that apply)	1= Partner 2= Ex-partner 3=Family Member	1= Partner 2= Ex-partner 3=Family Member
e. Frightened you by repeatedly following you, calling you, and/or showing up at your home (stalked or obsessively pursued you when you did not want them to)?	0 1	0 1
If YES, who stalked or obsessively pursued you when you did not want them to? (Check ALL that apply)	1= Partner 2= Ex-partner 3=Family Member	1= Partner 2= Ex-partner 3=Family Member
f. Purposely destroyed property that belonged to you or a close friend, family member, or relative?	0 1	0 1
If YES, who destroyed property that belonged to you or someone close to you? (Check ALL that apply)	1= Partner 2= Ex-partner 3=Family Member	1= Partner 2= Ex-partner 3=Family Member

Has a partner/ex-partner/family member:	In the 6 months before you entered the program 0= No 1=Yes	In the past 30 days 0= No 1=Yes
g. Made you do sexually degrading things or sexually humiliated and degraded you?	0 1	0 1
If YES, who sexually degraded or sexually humiliated you? (Check ALL that apply)	1= Partner 2= Ex-partner 3=Family Member	1= Partner 2= Ex-partner 3=Family Member
h. Caused you to have sex because you were afraid of what might happen if you didn't but he didn't directly threaten or force you or had sex with you while you were sleeping and they knew you did not like that.	0 1	0 1
If YES, who made you have sex when you were afraid of what may have happened if not? (Check ALL that apply)	1= Partner 2= Ex-partner 3=Family Member	1= Partner 2= Ex-partner 3=Family Member
i. Made you have sex by threatening to harm you or someone close to you or physically forcing you (like hitting, holding down, or using a weapon) to have sex?	0 1	0 1
If YES, who forced you to have sex with them by threats and force of violence to you or others? (Check ALL that apply)	1= Partner 2= Ex-partner 3=Family Member	1= Partner 2= Ex-partner 3=Family Member

4. Do you feel concerned for your safety or afraid of physical or other harm from a current, ex-partner, or family member? 0 = No 1 = Yes

Section J. Social Supports

The final set of questions is about the support you have had available to you in the past 30 days.

- In the past 30 days**, how many people could you count on for support when you needed it? _____ people
- Thinking about the overall level of support from others in your life **in the past 30 days**, how satisfied would you say you are with this support?

1	2	3	4	5	6
Extremely dissatisfied	Fairly dissatisfied	A little dissatisfied	A little satisfied	Fairly satisfied	Extremely satisfied

- Could you please tell me how much you agree with the statement: It is important to me to help other new moms who have had similar experiences to me.

Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
1	2	3	4	5

Thank you for your help with this survey.

We would also like to obtain your permission to allow us to use some public health information and services about the birth of your child. This information will be kept completely confidential, in fact all identifying information such as your name will be removed from the final data, and the results will only be reported for all of those who complete a baseline. Your information will help use better understand the needs for health services of mothers of newborns in Kentucky.

☐ YES, I give permission (need SS# to link information)

Was the client's SSN confirmed? 0 = No 1 = Yes

(If no) Either confirm at this point OR please update the client's social security number

What is your SSN? ____ - ____ - ____

☐ NO, I do not give permission

Follow-Up Study

Thank you for considering participation in the follow-up study. This study helps improve programs like the KY-Moms program. This page summarizes the study while the next page has more details. The Health Follow-Up study staff from the University of Kentucky may contact you in about 6 months after you exit the program if: (1) you agree to be contacted; (2) you are selected; and, (3) we are able to contact you.

What will I be asked to do?

If you agree and are selected, we will contact you by phone in about 6 months after you exit the program for a short survey (about 20 minutes). You will be paid \$20 for your time. We will ask you about your program experience and how you have been doing during the past 6 months.

The information you provide can help other women across the state and help improve programs.

You can agree to participate now, but you will also be able to decide whether or not to agree to participate if we contact you.

Who will see my answers?

No one will know what you tell us. Your name is not attached to your answers so they can't be traced back to you. About 50-100 other women across Kentucky participate in this study each year and all of your feedback will be reported as a group. No names are ever revealed.

Why should I sign up?

Everyone has a different program experience and we want to hear about yours! After you finish the survey, the University of Kentucky will send you a \$20 check as a thank you for your feedback and time.

How do I sign up?

Let us know, on the page below, if you want to be contacted about the follow-up study. We will also need information about how to contact you in about 6 months after you exit the program.

None of your information will ever be given to anybody but you. We will use a special security process to verify we are speaking to only you when we call.

What if I have questions?

You can check out our website at ukhealthfollowup.com, text or call us at 866-304-5467 for more information, or call Dr. TK Logan at 859-323-0416 with any questions or concerns.

KY-Moms: Maternal Assistance Towards Recovery (MATR) Outcome Study Consent to Follow-Up Data Collection

WHY AM I BEING ASKED TO TAKE PART IN THIS RESEARCH?

You are being asked to take part in a follow-up research study of the KY-Moms MATR program because you were involved with the program. Your participation in this telephone survey research project is completely voluntary. If you take part in this study, you will be one of about 50-100 women each year to do so.

WHO IS DOING THE STUDY?

The Principal Investigator in charge of the study is TK Logan, Ph.D. Allison Scrivner, M.S. and Jennifer Cole, Ph.D. also work with the study. There may also be others involved in the study.

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of this study is to gather information about your health during and after your pregnancy. It also asks about your employment, education, legal status, stress and health status and your use of treatment and KY-Moms MATR services. This interview is part of the evaluation of the KY-Moms MATR program and helps us learn more about your program experiences.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

The follow-up interviews are done by staff at the University of Kentucky who will contact you by telephone. The phone survey takes about 20 minutes to complete.

WHAT WILL I BE ASKED TO DO?

You will be asked to answer questions about your health during and after your pregnancy including substance use and related behavioral health. You will be asked about your employment, stress, and your use of services. You will not be asked to take part in any experimental treatments or procedures.

You will also be asked to give contact information so that we can contact you about 6 months after you exit the program. We will ask you for the names, addresses, and phone numbers for you and up to two persons who would be most likely to know how to reach you at the time of follow-up about 6 months after you exit the program. You or the people you list as contacts may be contacted by phone, mail, email, or through social networking sites such as Facebook in order to reach you to complete the follow-up interview. We may use publicly available databases to find updated information in order to contact you about completing the follow-up interview. In some cases, we may confidentially try to contact you through addresses or phone numbers that are or have been linked to you in some way by mail or phone. When trying to contact you, the researchers will continue to keep your connection with the program confidential. You are also asked to let the researchers use state information about the number, types and costs of state and Medicaid funded services you receive and medical information about your health and birth outcomes at the time of the delivery of your baby.

ARE THERE REASONS WHY I SHOULD NOT TAKE PART IN THIS STUDY?

There are no conditions that would keep you from taking part in this study.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

There are no known risks to participating in these interviews. It is perhaps possible that the questions will cause you some emotional discomfort since they might cause you to remember times when you were unhappy or under stress. Also, some people may be uncomfortable talking about confidential information. Because of the steps we have taken to protect your privacy, the risk of unauthorized disclosure is minimal. If you express discomfort during the follow-up interview, you will be offered referrals to local and national resources.

WILL I BENEFIT FROM TAKING PART IN THIS STUDY?

There are no direct benefits to you for taking part in the follow-up study. However, some women find it helpful to be interviewed about their health and their pregnancies because it helps them see their health in a different light. Your opinion will also help provide information about how best to help pregnant and postpartum women and how to improve the KY-Moms MATR program, and may also help obtain future funding for the program.

DO I HAVE TO TAKE PART IN THIS STUDY?

If you decide to take part in this follow-up study, it should be because you really want to volunteer.

IF I DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?

If you do not want to take part in the follow-up study, there are no other choices except to not participate.

WHAT WILL IT COST ME TO TAKE PART IN THIS STUDY?

You will not have any cost for participating in any part of this research study.

WHO WILL SEE THE INFORMATION THAT I GIVE?

Because of the steps we have taken to protect your privacy, the risk of unauthorized disclosure of information is minimal. Your information will be combined with information from other people taking part in the study. When we write about the study, we will write about the combined information we have gathered. You will not be identified in these written materials. When we publish the results of this study, we will keep your name and other identifying information private. Your counselor will ask for your social security number, but it will be encrypted to keep it secure and protected. This number will help us match all information clearly to your file; however, if you do not want to give us your social security number, you can still take part in the study. All information is stored in computers that are secure and under password protection. Files are encrypted to further protect your confidentiality, which means the data are scrambled so that only authorized viewers with a passkey are able to see it.

To further protect your information, we have a Certificate of Confidentiality from the US Department of Health and Human Services (DHHS). With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceeding. You should know, however, that we may provide information to appropriate individuals or agencies if harm to you, harm to others, or child abuse is disclosed to us. In addition, the agency funding this research (The Kentucky Division of Behavioral Health) and the staff of the University of Kentucky may also see your information if necessary.

WILL I RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?

You will receive \$20.00 for a completed follow-up interview about 6 months after you exit the program. In order to get the \$20.00 you must take part in the follow-up interview, and then payment will be mailed to you. If you are paid over \$600 in any year from various studies, the University of Kentucky has to report this as income to the IRS. There is no compensation for the intake interview.

WHAT IF I HAVE QUESTIONS?

Before you decide whether to participate in this follow-up study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, Professor TK Logan at 859-257-8248. If you have any questions about your rights as a volunteer in this research, contact the staff in the Office of Research Integrity at the University of Kentucky at 859-257-9428 or toll-free at 1-866-400-9428. You may also contact the Cabinet for Health and Family Services Institutional Review Board (CHFS-IRB) at 502-564-5497 ext. 4102. You can ask for a copy of this consent form to take with you if you wish to do so.

WHAT ELSE DO I NEED TO KNOW?

This study is funded by the Kentucky Division of Behavioral Health to better understand the effects of the KY-Moms MATR program.

By choosing the appropriate option below, the client agrees to being contact by telephone approximately 6 months after giving birth for a follow-up interview. At that time, a participant can decide again whether they do or do not want to participate in the follow-up interview.

- ☐ I agree to be contacted for participation in the research study.
- ☐ I do NOT agree to be contacted for participation in the research study.

If client answers “Do NOT agree”

Thank you for answering these questions. Your information helps improve prenatal services for other women in Kentucky like yourself.

If client answers “Agree”

Thank you for agreeing to let us get in touch with you in the future. This last section asks you about some information to help us contact you. Like all the rest of the responses you have just given, the locator information is stored encrypted in a password-protected file to which only approved study staff has access. We will only use this information to locate you in the future, and it will not be given to anyone else. One thing we will ask is whether we can contact someone you know (like your mother or grandmother) to reach you. If we do that, we will not tell that person anything except that you have been asked to take part in a **health program follow-up study**.

1. In order to make sure we are only talking to you at the follow-up please pick **two security questions** from the list below and provide responses you will remember about 6 months after you exit the program.

1. What is the name of your first pet? _____
2. What was the make/model of your first car? _____
3. In what city were you born? _____
4. What was the name of the last elementary school you attended? _____
5. What was your childhood nickname? _____
6. What is the name of your favorite childhood friend? _____

Please provide as much information as possible so that you can be contacted in 6 months after the client leaves the program (for any reason) for Part Two of KY-Moms, the UK Health Follow-up Study.

2. Client's Contact Information	
Client's Maiden Name or other associate name (Alias, nickname)	
Home phone number (including area code)	
Cell phone number (including area code)	
Do you have any other phone numbers we can contact you by? (including area code)	
Client's current address number and street name	
Apartment number (if applicable)	
City name	
State name	
Zip code	
Is this the client's permanent address?	_____ Yes (if yes, skip next two questions) _____ No _____ No Answer
If this is not the client's permanent address, whose address is this? Name (First, Last)	Name (First _____ Last _____)
Relationship with the client	<input type="checkbox"/> Mother/Father <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Spouse/partner/girlfriend/boyfriend <input type="checkbox"/> Ex-spouse/ex-partner/ex-girlfriend/ex-boyfriend <input type="checkbox"/> Grandmother/Grandfather <input type="checkbox"/> Child <input type="checkbox"/> Cousin <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Mother In-law/Father In-law <input type="checkbox"/> Sister In-law/Brother In-law <input type="checkbox"/> Employer/Co-worker <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Other, please specify other relationship:

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Please provide the TWO best people who will always know where to find you. Mothers and female relatives tend to keep up with people really well. **Remember, the interviewers will NEVER reveal that you were in the program** or give out any personal information other than that you agreed to be called for the UK Health Follow-up Study.

4. Person 1

Next best address for client	
First and last name associated with this address	
Address number and street name	
Apartment number (if applicable)	
City name	
State name	
Zip code	
Email address	
<u>Home</u> phone number (including area code)	
<u>Cell</u> phone number (including area code)	
Relationship with the client (select one)	<input type="checkbox"/> Mother/Father <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Spouse/partner/girlfriend/boyfriend <input type="checkbox"/> Ex-spouse/ex-partner/ex-girlfriend/ex-boyfriend <input type="checkbox"/> Grandmother/Grandfather <input type="checkbox"/> Child <input type="checkbox"/> Cousin <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Mother In-law/Father In-law <input type="checkbox"/> Sister In-law/Brother In-law <input type="checkbox"/> Employer/Co-worker <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Other: Specify other relationship: _____

5. Person 2

<u>Another contact address:</u>	
First and last name associated with this address	
Address number and street name	
Apartment number (if applicable)	
City name	

State name	
Zip code	
Email address	
Home phone number (including area code)	
Cell phone number (including area code)	
Relationship with the client (select one)	<input type="checkbox"/> Mother/Father <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Spouse/partner/girlfriend/boyfriend <input type="checkbox"/> Ex-spouse/ex-partner/ex-girlfriend/ex-boyfriend <input type="checkbox"/> Grandmother/Grandfather <input type="checkbox"/> Child <input type="checkbox"/> Cousin <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Mother In-law/Father In-law <input type="checkbox"/> Sister In-law/Brother In-law <input type="checkbox"/> Employer/Co-worker <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Other: Specify other relationship: _____

6. We may contact you by sending messages through Facebook messenger or some other social media platform. We would only use Facebook messenger or social media to contact you, or your listed contact person, to try to get in touch with you. We will not disclose any private information.

What is your Facebook name? _____

*Note: Messages would come from our study Facebook community page (UKHFS Page (Health Follow Up Study) or UKHFS Page (Kentucky Health Follow Up)). We may send you a friend request from our page, however your Facebook friends may be able to see this activity. If you decide to not follow our page, please check your messenger junk folder for messages from our study team. Additionally, we advise you not to disclose any private information in Facebook messages that you send to us.

Privacy disclaimer: We will not share your private information, however all communication using Facebook messenger is subject to Facebook's privacy and data policies. Facebook collects content and other information messaged or communicated with others. This can include information in or about the content you provide, such as the location of a photo or the date a file was created. More information can be found at www.facebook.com/about/privacy/

7. What is the best email address to reach you? _____

7a. Other email address to reach you? _____

9. What is the best way to reach you (check all that apply)?

☐ Text message ☐ Phone call ☐ Email ☐ Facebook ☐ Work ☐ Other Social Media

10. If work is a good place to contact you please provide your work contact information:

Company/Agency name	
Office or Unit Number	
Company/Agency Phone number	

11. If one year from now, someone owed you \$1000 and your phone number and address had changed, how would that person find you to give it to you?

Thank you for answering these questions.
Your information helps improve services for women in Kentucky.