



Confidential Motherhood Survey

Thank you for your willingness to fill out this survey. This information is being gathered to create new tools for women who are navigating motherhood just like you! Please note, the information you provide in this form is completely confidential. Providing your name and email is optional if you would like us to have your contact information. All of the information you provide is completely confidential and will not be associated with you, unless given permission. Again, we thank you for your participation in changing the journey of motherhood!

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Phase of Motherhood Journey (check all that apply) *

- ☐ Thinking of Pregnancy
- ☐ Trying to Conceive
- ☐ Pregnant
- ☐ Postpartum (1 day old - 1 year old)
- ☐ Toddler Mom
- ☐ Elementary and older children
- ☐ Adoption
- ☐ Step Mom
- ☐ Prenatal/postnatal loss
- ☐ Other...

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Please check all that apply through your perinatal journey (attempting to conceive through 1 year postpartum, this includes adoptive mothers and guardians) *

- ☐ Sadness
- ☐ Extreme fear of something bad happening to your child
- ☐ Extreme fear of something bad happening to yourself
- ☐ Fear of the unknown
- ☐ Loneliness
- ☐ Thoughts of harming your child
- ☐ Increased Anxiety
- ☐ Increased Anger
- ☐ Lack of help/support
- ☐ Confusion of Parenthood
- ☐ Birth Trauma
- ☐ Breast-feeding Challenges
- ☐ Thoughts that your child would be better off without you

When did these feelings and/or experiences start in your perinatal journey? (Check all that apply)

- ☐ Before
- ☐ During
- ☐ After

Have you noticed that these feelings have worsened since pregnancy and/or since the birth of your child?

- ☐ Yes
- ☐ No

On a scale of 1 to 5, how Important are the following:

Description (optional)

Information about depression / anxiety during pregnancy and/or postpartum:

- 1 2 3 4 5
- Not Important at all ○ ○ ○ ○ ○ Very Important

Support groups focusing on tools and coping mechanisms for motherhood challenges

1 2 3 4 5

Not Important at all ○ ○ ○ ○ ○ Very Important

Therapeutic Groups focusing on understanding Perinatal Mental Health:

1 2 3 4 5

Not Important at all ○ ○ ○ ○ ○ Very Important

Educational Classes / Support Groups for partners:

1 2 3 4 5

Not Important at all ○ ○ ○ ○ ○ Very Important

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Of the following resources, which ones would be most beneficial for you?

- ☐ Mom Support Groups
 - ☐ Therapeutic groups focusing on mental health
 - ☐ Emotional Support "Check In" (Someone to check in on you during pregnancy)
 - ☐ Perinatal Mental Health Therapy (1 on 1 therapy with a provider)
 - ☐ Just someone to talk to
 - ☐ Educational and parenting classes
 - ☐ Website with resources for moms/new mothers
 - ☐ Motivational Texts/Emails
 - ☐ Birth Preparation classes
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Pregnancy and Postpartum Questions

The following questions will ask you about your experience with pregnancy/postpartum. If you have not yet experienced either pregnancy or postpartum, then you may type N/A and skip the question.

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What, if any, have been some mental health challenges that you have experienced during pregnancy and/or after the birth of your child?

Long answer text

What are 3 of the biggest challenges you faced/are facing during pregnancy and/or after the birth of your child?

Long answer text

What do you wish you had in terms of support during pregnancy and/or after the birth of your child?

Long answer text

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Overall, what are 3 things you wish you had better knowledge and understanding of during your perinatal experience? (aka, what do you wish you would have known)

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Long answer text

THANK YOU FOR COMPLETING THIS SURVEY!

If you are entering into the giveaway DON'T FORGET to message us on our Instagram profile "DONE", and you will be entered for a chance to win!

We greatly appreciate your time and efforts to help us better understand the needs of mothers like you! If you ever have any questions, please don't hesitate to reach out to us through our website portal or social media accounts. We are so excited that you have joined the Motherhood Movement!