

**Disclaimer: No personally identifiable information will be reported to the requestor unless you voluntarily offer personal or contact information in any comment fields. Additionally, your responses are combined with those of many others and summarized in a report to protect your anonymity further.**

Date: \_\_\_\_\_ Birthday \_\_\_\_\_

Name (Optional) \_\_\_\_\_

1. How do you describe your ethnicity?

<input type="checkbox"/>
<input type="checkbox"/>

Latino/Latina  
Mixed

<input type="checkbox"/>
<input type="checkbox"/>

Native American  
Caucasian (White)

<input type="checkbox"/>
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Asian  
Other \_\_\_\_\_

2. Have you ever been pregnant?

Yes, when \_\_\_\_\_

Yes, currently

No

3. Are you currently in school? If yes, what grade? If yes, skip question #4.

Yes, \_\_\_\_ grade

No

4. If you do not attend school, why?

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5. Are you currently employed?

Yes	No
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6. Do you have additional financial support? If yes, who provides additional financial support?

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7. Is your partner supportive?

Yes	No
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8. If yes, how does your partner provide support?

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9. Do you have parental support?

Yes	No
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10. If yes, how are your parents supportive?

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11. Do you receive WIC?

Yes No

12. Do you receive Food Stamps?

Yes No

13. Are you connected with any resources available in the community?

Yes No

14. If yes, what organization provides resources, and what is being provided for you? Diapers? Formula?

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15. What resources do you need? Do you know if they are available in the community?

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16. Would you say that you have/had healthy eating habits during pregnancy?

Yes No

17. What do you know about healthy eating and eating habits during pregnancy? Please provide specific details.

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18. Do you take Prenatal Vitamins during pregnancy?

Yes No

19. If yes, how long did you take prenatal vitamins?

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20. Do/Did you do any of the following during pregnancy?

<input type="checkbox"/>	Tobacco Use/ Cigarettes/Vaping	<input type="checkbox"/>	Marijuana use	<input type="checkbox"/>
<input type="checkbox"/>	Drink Alcohol	<input type="checkbox"/>	Illicit drugs	

21. Is there anything else you would like to add to help inform the research staff of any additional needs you had during your pregnancy?

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22. If you are interested in participating in an interview or focus group to help discuss pregnant teenagers' needs, please provide your information below.

Name:

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Primary Phone Number:

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E-mail Address:

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23. Are there any other comments you would like to make about our organization?

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