Supplementary Material

Survey Date: __/__/____

1. How old are you: ____ years old
2. When did you deliver? __/__/____
3. Did you have a cesarean section or a vaginal delivery?
   __________
   1. If you had a cesarean section: was it scheduled? __________
4. Was this your first baby? __________
5. Did you deliver full term (37 weeks or more)? __________
6. Mark if you have one or more of the following diagnosis:
   ◦ Hypertension, elevated blood pressures prior to the pregnancy
   ◦ Preeclampsia
   ◦ Diabetes
   ◦ Gestational diabetes
   ◦ Asthma
7. What is the highest grade or level of school that you have completed?
   ◦ 8th grade or less
   ◦ Some high school, but did not graduate
   ◦ High school graduate or GED
   ◦ Some college or 2-year degree
   ◦ 4-year college graduate
   ◦ More than 4-year college degree
8. Are you of Spanish, Hispanic or Latino origin or descent?
   ◦ No, not Spanish/Hispanic/Latino
   ◦ Yes, Puerto Rican
   ◦ Yes, Mexican, Mexican American, Chicano
   ◦ Yes, Cuban
   ◦ Yes, other Spanish/Hispanic/Latino
9. What is your race? Please choose one or more.
   ◦ White
   ◦ Black or African American
   ◦ Asian
   ◦ Native Hawaiian or other Pacific Islander
   ◦ American Indian or Alaska Native
10. During this hospital stay, how often did doctors treat you with courtesy and respect?
    ◦ Never
    ◦ Sometimes
    ◦ Usually
    ◦ Always
11. During this hospital stay, how often did doctors listen carefully to you?
    ◦ Never
    ◦ Sometimes
    ◦ Usually
    ◦ Always
12. During this hospital stay, how often did doctors explain things in a way you could understand?
    ◦ Never
    ◦ Sometimes
    ◦ Usually
    ◦ Always
13. During this hospital stay, how often did doctors dress appropriately?
    ◦ Never
    ◦ Sometimes
    ◦ Usually
    ◦ Always
14. Was your doctor wearing a white coat?
    ◦ Yes
    ◦ No
    ◦ I do not remember
15. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?
    ◦ 0 Worst hospital possible
    ◦ 1
    ◦ 2
    ◦ 3
    ◦ 4
    ◦ 5
    ◦ 6
    ◦ 7
    ◦ 8
    ◦ 9
    ◦ 10 Best hospital possible
16. Would you recommend this hospital to your friends and family?
    ◦ Definitely no
    ◦ Probably no
    ◦ Probably yes
    ◦ Definitely yes