

Patient Journey Survey

The following survey has been added to The Preeclampsia Registry to better understand the patient journey including diagnosis, management, treatment, and delivery. This research is being conducted by the Preeclampsia Foundation, in collaboration with rEVO Biologics, a biotechnology company that is developing therapies to treat uncommon conditions, including early onset preeclampsia, and under the supervision of Dr. Ellen Seely (Brigham & Women's Hospital, Harvard University) and Drs. Hilary Gammill and Swati Shree (University of Washington). The information collected in this survey will be de-identified and then used by rEVO Biologics to more effectively address the needs of women with preeclampsia and their healthcare providers. In addition, it will be used by the Preeclampsia Foundation to improve patient education and support, and advocate for better healthcare practices. Other investigators may also use this information for additional research studies. You do not have to answer these questions in order to continue your participation in The Preeclampsia Registry.

You can learn more about rEVO Biologics at their website www.revobiologics.com and more about the Preeclampsia Foundation at their website www.preeclampsia.org.

The information you provide in the survey will be de-identified. The Preeclampsia Registry will *not* give anybody your name, contact information, or any information that can identify you.

This survey will take approximately 30 minutes to complete. Some of these questions relate to how you felt about your experience and some relate to the sequence of events. You do **not** need to complete it all at one time. If you are not comfortable answering any question, please skip ahead to the next question. If you don't know the answer to a question, you may select "I'm not sure".

If you have any questions or concerns, you may contact The Preeclampsia Registry Research Coordinator at (800) 665-9341 or by email at Registry@preeclampsia.org.

Thank you.

"Start Survey"

Form 2

We will be asking about your pregnancies that were complicated by preeclampsia. This includes postpartum preeclampsia that continued after pregnancy or new onset shortly after pregnancy.**

****Throughout this questionnaire, the term "preeclampsia" will be used as an overall description of all Hypertensive Disorders of Pregnancy, such as preeclampsia (sometimes referred to as toxemia or PIH), HELLP syndrome, gestational hypertension, preeclampsia superimposed on chronic hypertension. We are aware these are different complications of pregnancy.**

Information and Awareness

Had you heard of preeclampsia before your first diagnosis?
(check boxes single response)

- Yes
- No
- I'm not sure

If Yes, What did you know about preeclampsia before you were first diagnosed with the condition? (text box)

Have you ever done any research on preeclampsia on your own?
(check boxes single response)

- Yes (skip logic)
- No (skip logic)
- I'm not sure

(If No) Why? Check all that apply. (multiple response)

- No access to internet or library
- I was too scared to learn more
- I was content with what I knew
- Other (text box)
- I'm not sure

(If Yes) When did you do this research? Check all that apply. (multiple response)

- Before conception
- During pregnancy if checked (multiple response)
Check all that apply.
 - Before I was diagnosed
 - When I experienced symptoms
 - After I was diagnosed
- Immediately after delivery (within 48 hours or during hospitalization) if checked (multiple response)
Check all that apply.
 - Before I was diagnosed
 - When I experienced symptoms
 - After I was diagnosed
- Later after delivery (up to 6 weeks later) if checked (multiple response)
Check all that apply.
 - Before I was diagnosed
 - When I experienced symptoms
 - After I was diagnosed
- Much later after delivery (more than 6 weeks)
- Other (text box)
- I'm not sure

(If Yes) What sources of information did you use? Check all that apply.

(multiple response)

- Website
 - Which website? *(text field)*
- Mobile app
 - Which mobile app? *(text field)*
- Pregnancy Books
- Pamphlets/handouts from the hospital
- Family member/spouse/friend
- Social Media
- Chat rooms/Message boards
- Nurse or other hospital staff
- Additional medical opinions (i.e., “second opinions”)
- Other *(text box)*
- I’m not sure *(single response if selected)*

(If Yes) How satisfied were you with the information that you found? Select the one best choice.

(single response)

- Not satisfied
- A little satisfied
- Very satisfied
- Completely satisfied

(If Yes) How did the information make you feel? *(text box)*

(If Yes) What is your primary mode of electronic research? Select the one best choice. *(single response)*

- Mobile phone
- Tablet
- Laptop computer
- Desktop computer
- Other *(text box)*
- I’m not sure

Based on your experience, what information would be most useful to women with preeclampsia that was not available to you? *(text box)*

What word(s) would you use to describe the emotion(s) you felt *during* your first experience with preeclampsia? *(short text box & limit characters to 117)*

What word(s) would you use to describe the emotion(s) you felt *after* your first experience with preeclampsia? *(short text box & limit characters to 117)*

Did preeclampsia affect your relationship with your family or friends? *(single response)*

- Yes
- No
- I’m not sure

(If Yes) How were your relationships affected? (Check all that apply) (*multiple response*)

- Changed my relationship with my partner for the worse
- Changed my relationship with my partner for the better
- Distanced me from some or all family members
- Brought me closer to some or all family members
- Ended friendships
- Brought me closer to friends
- Other (please specify)

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Form 3

Long-term Health

What NEW lingering effects do you believe preeclampsia had on you? That is, issues you did not have (or were not diagnosed with) before pregnancy. Check all that apply (*multiple responses*)

- Fatigue, beyond “new mother” sleeplessness
- Pain
- Emotional/psychological (e.g. anxiety, depression, intense feeling of loss)
- Kidney disease
- Liver disease
- Multiple hospitalizations resulting from condition(s) associated with pregnancy
- Heart conditions or heart disease
- Stroke
- High blood pressure
- Clotting disorders
- Autoimmune disorders (e.g. lupus, arthritis, etc.)
- Thyroid problems
- Diabetes
- None
- Other (*text*)

(*Asked once if any of the above are checked except for “None”*) Did or do you receive medical care for this problem(s)? (*single response*)

- Yes
- No
- I’m not sure

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Form 4

This is the pregnancy history we have on file for you. You will be given the option to provide details about each of the pregnancies in which you experienced preeclampsia. If there are any mistakes in this information please contact registry@preeclampsia.org.

This will determine how many times this questionnaire can loop and for what pregnancies.

Preeclampsia experience						
Please select pregnancies where you experienced preeclampsia:						
Pregnancy number	How many babies were there in this pregnancy?	Date of birth or approximate date of pregnancy loss	How long did this pregnancy last?	Pregnancy outcome	Was this pregnancy complicated by hypertension including preeclampsia or gestational hypertension?	
1 st Pregnancy	1	03/24/1998	28-31 weeks	Stillbirth(s)	Yes	<input type="checkbox"/>
2 nd Pregnancy	1	08/10/1999	32-36 weeks	Live birth with living child/children	Yes	<input type="checkbox"/>
3 rd Pregnancy	1	01/16/2002	37-39 weeks	Live birth with living child/children	Yes	<input type="checkbox"/>

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Looping begins here:

Begin looping with oldest pregnancy checked

Form 5

Demographics

The following questions are about your pregnancy in *mm/yyyy*.

Because you are enrolled in The Preeclampsia Registry, we already have most of the basic information we need about you and your pregnancy(s).

- Where did you live during this pregnancy with preeclampsia?
 City: *(text)* Country: *(dropdown countries)* State/Province: *(Dropdown US States if USA selected as Country)*

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Form 6

Family History of Preeclampsia

The following questions are about your pregnancy in *mm/yyyy*.

During this pregnancy, did your healthcare provider ask you if you have a family history of preeclampsia? (single response)

- Yes
- No
- I'm not sure

During this pregnancy, if you have a family history of preeclampsia, did you let your healthcare provider know? (single response)

- Yes *(skip logic)*

- No
- Not Applicable, I do not have a family history of preeclampsia
- I'm not sure

(If Yes) During this pregnancy, were you already aware that your chances of developing preeclampsia were higher, given your family history? (single response)

- Yes
- No
- I'm not sure

(If Yes) During this pregnancy, did your healthcare provider share that your chances of developing preeclampsia were higher, given your family history? (single response)

- Yes
- No
- I'm not sure

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Form 7

The following questions are about your pregnancy in mm/yyyy.

Symptoms

Here is a list of commonly reported symptoms of preeclampsia.

- Headache
- Visual Disturbances
- Swelling
- Abdominal (stomach area) pain
- Indigestion/heartburn
- Chest pain
- Back pain
- Nausea and/or vomiting
- Palpitations
- Vertigo/Dizziness
- Shortness of breath
- Sudden weight gain (*info button*: more than 5 lbs or 2.25kgs in a week)
- Fatigue/tiredness
- Trouble thinking clearly/altered consciousness
- Sleep difficulties
- "Just not feeling right"

Were you aware of the symptoms associated with preeclampsia *before* you were diagnosed with preeclampsia in this pregnancy? *(single response)*

- Yes
- No
- I'm not sure

Did you experience any of these symptoms *before* you were diagnosed with preeclampsia? *(single response)*

- Yes (*skip logic*)

- No
- I'm not sure

(If Yes) What did you do when you experienced any of these symptoms? Check all that apply. *(multiple response)*

- Tried to resolve them on my own (e.g., took pain reliever, laid down, took hot shower)
- Researched on the internet or in books if these symptoms were concerning
- Talked to spouse or partner
- Talked to other family members or friends about my symptoms
- Contacted my healthcare provider
- Went to the hospital, clinic, or doctor's office
- Nothing *(if selected, no other options available)*
- Other *(text box)*
- I'm not sure *(if chosen, no other options available)*

(If Yes) How long did you experience any of these symptoms before reaching out to a healthcare provider? (Select the one best choice) *(single response)*

- I contacted my healthcare provider immediately
- Less than a day
- A day
- A few days (2-5 days)
- A week
- More than a week
- Not Applicable
- Other *(text box)*
- I'm not sure

(If Yes) How long did you experience any of these symptoms before actually speaking with a healthcare provider? (Select the one best choice) *(single response)*

- I spoke with my healthcare provider immediately
- A few hours
- Less than a day
- A day
- A few days (2-5 days)
- A week
- More than a week
- Not Applicable
- Other *(text box)*
- I'm not sure

(If Yes) How long did it take for you to see your healthcare provider in person? Select the one best choice.

(single response)

- My healthcare provider sent me straight to the hospital
- My healthcare provider saw me immediately at his/her office
- My healthcare provider saw me that day
- My healthcare provider saw me a few days after I reached out

- I waited until my next prenatal visit to see my healthcare provider
- My healthcare provider did not see me
- Not Applicable
- Other (*text*)

(If Yes) If you had known more about the symptoms of preeclampsia in advance of your diagnosis, would you have done anything differently? (*single response*)

- Yes (*Skip Logic*)
- No
- Not Applicable
- I'm not sure

(If Yes) Which of the following apply? Check all that apply. (*multiple response*)

- I would have recognized my symptoms sooner.
- I would have sought care sooner.
- I would have insisted my symptoms be taken seriously.
- Other (*text*)

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Form 8

The following questions are about your pregnancy in *mm/yyyy*.

Diagnosis

Do you believe you received a timely diagnosis? Select the one best choice. (*single response*)

- Yes
- No, It was missed but eventually diagnosed
- No, It was missed
- I don't know, it was never discussed with me
- Other (*with text box*)

Who first told you that you had preeclampsia? Select the one best choice. (*single response allowed*)

- OB/GYN physician
- High-risk OB physician (Maternal-Fetal Medicine specialist or Perinatologist)
- Nurse in Clinic or Outpatient
- Nurse in Hospital
- Emergency Room Provider
- Primary Care Provider
- Midwife
- Doula
- Nobody, I found out on my own
- Other (*text box*)
- I'm not sure

Where were you first diagnosed? Select the one best choice. (*single response*)

- At my healthcare provider's office
- At a hospital

- At home
- Other (*text box*)
- I'm not sure

When did a healthcare provider first share information with you about preeclampsia? Select the one best choice. (*single response*)

- During or after a previous pregnancy
- During a prenatal visit for this pregnancy
- After I was diagnosed with preeclampsia in this pregnancy
- After delivery in this pregnancy
- At discharge from the hospital
- During a postpartum check-up after this pregnancy
- Sometime later
- Never (*skip logic*)
- Other (*text*)
- I'm not sure

(*"Never" skips this question*) What type of information were you given when you were diagnosed? Check all that apply. (*multiple response*)

- Shared information verbally
- Brochure or pamphlet
- Referred to a website
 - Which website? (*text box*)
- Other (*text box*)
- I'm not sure

(*"Never" skips this question*) Did you feel satisfied with the information that you were given at that time? (*single response*)

(*check boxes single response allowed*)

- Yes
- No (*skip logic*)
- I'm not sure

(*If No*) Please specify why you did not feel satisfied with the information you were given at that time. (*text box*)

(*"Never" skips this question*) Did you feel that your healthcare provider conveyed the seriousness of the condition? (*single response*)

- Yes
- No, even though it was serious
- No, it was not serious
- I'm not sure

Did you feel a premonition, apprehension or anxiety prior to your diagnosis?

- Yes
- No
- I'm not sure

(*If Yes*) In what way(s)? Check all that apply. (*multiple response*)

- “I just knew something wasn’t right”
- “I had a very strong sense of foreboding in the days before my diagnosis”
- “I had a dream or vision before my diagnosis”
- “I felt anxious and unsettled in the days before my diagnosis”
- Other (*text box*)
- None of the above (*if selected, do not allow for other responses*)
- I’m not sure (*if selected, do not allow for other responses*)

What degree of mental or emotional impact did **learning of your diagnosis** of preeclampsia have on you? Select the one best choice. (*single response*)

- No Impact
- Minimal Impact
- Some Impact
- Serious Impact

Is there anything else **about your diagnosis** that these questions have not covered that you believe is important or that you would like us to know?

[*Open text field*]

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Form 9

The following questions are about your pregnancy in *mm/yyyy*.

Hospital Care

Did you receive care in more than one hospital or birthing facility, besides where you received prenatal care? (*single response*)

- Yes (*skip logic*)
- No

(*If Yes*) How many hospitals or facilities did you go to? (*required response*)
Dropdown of numbers (1-9). This will determine how many times the hospital care questions should loop.

Hospital looping begins

Please answer the following questions for the <first> hospital or facility you went to. You will have an opportunity to answer questions about the other hospitals, if applicable.

Did you go to this facility before or after diagnosis? (*single response*)

- Before
- After (*skip logic*)
- I’m not sure

(*If After*) How long did it take to be seen at this hospital after your diagnosis? Select the one best choice.

(*single response*)

- 0 – 12 hours
- 12 – 24 hours
- 1 – 2 days
- More than 2 days
- I'm not sure
- Other (*text box*)

How many weeks and days pregnant were you when you were when you were seen at this hospital?

Dropdown from 45 to 20 weeks, Before 20 weeks, & I Don't Know, Dropdown from 0-6 Days & I Don't Know (copy this option from question N3 in general questionnaire)

Had postpartum preeclampsia (*check box outside dropdowns*)

What happened at this facility? Check all that apply. (*multiple response*)

- I was diagnosed at this hospital
- Regular observations and monitoring of me (e.g. blood pressure, urine evaluation, blood tests, etc.) and/or of my baby (e.g. heart rate monitoring or ultrasound)
- Kept in the hospital for a while, but eventually transferred to another hospital
- Immediately transferred to another hospital
- Given blood pressure medication to lower my blood pressure
 - (*if selected*) Did you experience any side effects?
 - Yes
 - No
 (*If Yes*) What type of side effects? (*multiple response*)
 - Light headed or dizzy
 - Heart racing
 - Nausea/vomiting
 - Fatigue/sleepiness
 - Other (*text*)
- Given Magnesium Sulfate
 - (*if selected*) Did you experience any side effects?
 - Yes
 - No
 (*if Yes*) What type of side effects? Check all that apply. (*multiple response*)
 - Feeling hot/flushed
 - Cold/clammy
 - Vision changes
 - Nausea/vomiting
 - Fuzzy thinking
 - Other (*text*)
- Given steroids – for baby's lungs
 - (*if selected*) Did you experience any side effects?
 - Yes
 - No
 (*if Yes*) What type of side effects? Check all that apply. (*multiple response*)
 - Anxiety
 - Difficulty sleeping

- Change in mood
 - Other (*text*)
- Sent home. Check all that apply.
(*If selected, multiple response*)
 - With information of symptoms to look out for
 - On bed rest
 - On reduced activity
 - To monitor my own blood pressure
 - Later readmitted to hospital because of preeclampsia.
- Delivered (*single response*)
 - Delivered within 12 hours
 - Delivered between 13 and 48 hours
 - Delivered after 48 hours
- Diagnosed after delivery
- Other (*text box*)
- I'm not sure

Were you given information about what was being done for you? (*single response*)

- Yes (*skip logic*)
- No
- I'm not sure

(*If Yes*) Was the information adequate? (*single response*)

- Yes (*skip logic*)
- No
- I'm not sure

(*If Yes*) Why do you feel this information was adequate? Check all that apply.
(*multiple response*)

- I was told why something was being done
- I understood what was being communicated
- I was told about the benefits, alternatives, and risks to me
- I was told about the benefits, alternatives, and risks to my baby

(*If Yes*) Who provided you with information about what was being done for you? Check all that apply. (*multiple responses*)

- OB/GYN physician
- High-risk OB physician (Maternal Fetal Medicine specialist or Perinatologist)
- Nurse in Clinic or Outpatient
- Nurse in Hospital
- Emergency Room Provider
- Primary Care Provider
- Midwife
- Doula
- Other (*text box*)
- I'm not sure

How did you get to the hospital? Select the one best choice. (*single response*)

- My spouse/friend/family member drove me
- I drove myself
- I took an ambulance
- I took public transportation (bus, subway, taxi)
- I walked
- Other (*text box*)
- I'm not sure

Where were you sent when you arrived at the hospital? (*single response*)

- Emergency Room
- Labor & Delivery/Maternity
- Other (*text box*)
- I'm not sure

Did your healthcare provider call ahead to the hospital? (*single response*)

- Yes
- No
- I'm not sure

Did your healthcare provider tell you what you could expect when you arrived at the hospital? (*single response*)

- Yes
- No
- Not Applicable
- I'm not sure

Were you seen by a specialist at the hospital? (*single response*)

- Yes (*skip logic*)
- No
- I'm not sure

(*If Yes*) What type of specialist? Check all that apply. (*multiple response*)

- High-risk OB physician (Maternal Fetal Medicine specialist or Perinatologist)
- Cardiologist (Heart)
- Pulmonologist (Lung)
- Nephrologist (Kidney)
- Hematologist (Blood)
- Neurologist (Brain)
- Other (*text box*)
- I'm not sure

Who greeted you at the hospital when you arrived? Select the one best choice. (*single response*)

- OB/GYN physician
- High-risk OB physician (Maternal Fetal Medicine specialist or Perinatologist)
- Nurse in Hospital
- Emergency Room Provider
- Primary Care Provider

- Midwife
- Doula
- Administrative staff
- Other (*text box*)
- I'm not sure

When you arrived at the hospital, did hospital staff give you information about your diagnosis and what to expect? (*single response*)

- Yes (*skip logic*)
- No
- Not applicable, I did not have a diagnosis yet
- I'm not sure

(*If Yes*) What type of information were you given? Check all that apply. (*multiple response*)

- Shared information verbally
- Brochure or pamphlet
- Referred to a website
 - (*if selected*) Which website? (*text field*)
- Other (*text box*)
- I'm not sure

(*If Yes*) Did you feel satisfied with the information that you were given at that time? (*single response*)

- Yes
- No (*skip logic*)
- I'm not sure

(*If No*) Please specify why. (*text box*)

Insert looping back for another hospital/transfer here

What were some steps taken to address your mental/emotional well-being **during your hospitalization**? Check all that apply OR Not Applicable. (*multiple responses*)

- Took anti-depressant or anti-anxiety medication
- Spent time with a counselor/therapist/social worker/chaplain
- Sought support from a faith-based community
- Got support via an online community
- Participated in a support group
- Sought support from friends and family
- Got support or information from my healthcare provider
- Nothing, experienced it privately (*If selected, should not be able to select any other options*)
- Other (please specify) *text box*
- Not applicable – I did not have any mental/emotional needs (*If selected, should not be able to select any other options*)

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Form 10

The following questions are about your pregnancy in *mm/yyyy*.

Delivery & Decision-Making

Please answer the following questions for the hospital where you delivered.

How soon after you were admitted did you deliver? Select the one best choice. (*single response*)

- Delivered within 12 hours
- Delivered between 13 and 48 hours
- Delivered after 48 hours
- Other (*text box*)
- I'm not sure

Did your healthcare provider indicate why delivery was necessary? (*single responses*)

- Yes (*skip logic*)
- No
- I'm not sure

(*If Yes*) Please specify why delivery was necessary. Check all that apply. (*multiple response*)

- I was in labor
- My baby was in distress or danger
- My baby had died
- I was in immediate danger
- Other (*text*)
- I'm not sure

Did you feel that you were adequately involved in making decisions about your care? (*single response*)

- Yes
- No (*skip logic*)
- I'm Not Sure

(*If No*) Please share why. Check all that apply. (*multiple response*)

- I was unconscious or in a coma
- I was "out of it"; or in and out of consciousness
- I did not understand what was happening
- There was no time before delivery
- I did not want to be involved
- My family was involved instead of me
- Inadequate communications from healthcare provider(s)
- Other (please specify) (*text box*)

Which healthcare providers were involved in your healthcare decisions? Check all that apply. (*multiple response*)

- OB/GYN physician
- High-risk OB physician (Maternal Fetal Medicine specialist or Perinatologist)
- Nurse in Clinic or Outpatient

- Nurse in Hospital
- Emergency Room Provider
- Primary Care Provider
- Midwife
- Doula
- Other (*text box*)
- I'm not sure

Were others (such as family or friends) involved in your healthcare decisions? (*single response*)

- Yes (*skip logic*)
- No
- I'm not sure

(*If Yes*) Please specify who else was involved. (*multiple responses*)

- Spouse/Partner
- Family
- Friends
- Legal representative
- Other (*text box*)

Were you aware of the Preeclampsia Foundation during **this** preeclampsia experience, and the educational resources it provides? (*single responses*)

- Yes (*skip logic*)
- No, I don't think it existed at the time
- No, but I found it later
- No
- I'm not sure

(*If Yes or "No, but later"*) How did you become aware of it? Select the one best choice. (*single response*)

- From an online search engine (e.g. Google)
- On a pregnancy website or mobile app
- Through a friend or family member
- In a magazine or print newspaper
- On TV
- On another type of website
- From a brochure or pamphlet
- From my healthcare provider
- Other (*text box*)
- I'm not sure

Did you have postpartum preeclampsia?

- Yes, my preeclampsia continued after delivery
- Yes, I had new onset preeclampsia after delivery
- No
- I don't know

Is there anything else about your treatment or delivery that these questions have not covered that you believe is important or you would like us to know? (*open text*)

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Form 11

Skip this form if Yes, new onset of preeclampsia after delivery

The following questions are about your pregnancy in mm/yyyy.

Health Updates After Delivery

The following questions address the communications you had with your healthcare providers, not your perceptions about the quality of care they delivered.

Did you receive updates about how you and/or your baby were doing after delivery? (*single response*)

- Yes (*skip logic*)
- No
- Not applicable
- I'm not sure

(*If Yes*) How frequently did you receive updates about how you and/or your baby were doing? Select the one best choice.

(*single responses*)

- Once a day
- A few times a day
- Hourly
- Other (*text box*)
- I'm not sure

(*If Yes*) Who provided you with these updates? Check all that apply. (*multiple responses*)

- OB/GYN physician
- High-risk OB physician (Maternal Fetal Medicine specialist or Perinatologist)
- Neonatologist
- OB Nurse
- NICU Nurse
- Emergency Room Provider
- Primary Care Provider
- Midwife
- Doula
- Other (*text box*)
- I'm not sure (*Only single response if this is selected*)

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Form 12

The following questions are about your pregnancy in mm/yyyy.

Going Home

The following questions should be answered based on leaving from your final hospital.

When it was time to go home, who spoke to you about your discharge from the hospital? Check all that apply. (*multiple response*)

- OB/GYN physician
- High-risk OB physician (Maternal Fetal Medicine specialist or Perinatologist)
- Nurse in Hospital
- Primary Care Provider
- Midwife
- Doula
- Administrative Staff
- Other (*text box*)
- I'm not sure (*Only single response if this is selected*)

Were you provided with any information about preeclampsia before being sent home? (*single response*)

- Yes
- No
- I'm not sure

If Yes, Please explain: text box

Were you instructed to follow up with your healthcare provider regarding your diagnosis of preeclampsia? (*single response*)

- Yes
- No
- I'm not sure
- Not Applicable

Did anyone speak to you about the potential long-term health consequences as a result of preeclampsia? (*single response*)

- Yes, at discharge (*skip logic*)
- Yes, but at a later appointment (*skip logic*)
- No
- I'm not sure

(If Yes) Who spoke with you about the potential long-term health consequences? Check all that apply. (multiple response)

- OB/GYN physician
- High-risk OB physician (Maternal Fetal Medicine specialist or Perinatologist)
- Nurse in Clinic or Outpatient
- Nurse in Hospital
- Emergency Room Provider
- Primary Care Provider
- Midwife
- Doula
- I'm not sure (*only single response if selected*)
- Other (*text box*)

(If Yes) What information was relayed to you about the potential long-term health consequences? Text box

What degree of mental or emotional impact did this experience have on you? Select the one best choice. (*single response*)

- No Impact
- Minimal Impact
- Some Impact
- Serious Impact

What were some steps taken to address your mental/emotional well-being **after you went home**? Check all that apply OR Not Applicable. (*multiple responses*)

- Took anti-depressant or anti-anxiety medication
- Spent time with a counselor/therapist/social worker/chaplain
- Sought support from a faith-based community
- Got support via an online community
- Participated in a support group
- Sought support from friends and family
- Spent time with a healthcare provider learning about preeclampsia
- Nothing, experienced it privately (*single response if selected*)
- Not applicable – I did not have any mental/emotional needs (*single response if selected*)
- Other (please specify) *text box*

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Form 13

Planning for Future Pregnancies

The following questions are about your pregnancy in *mm/yyyy*.

Did your experience with this pregnancy influence your decision to become pregnant again? (*single response*)

- Yes (*skip logic*)
- No
- I'm not sure

(*If Yes*) Please specify how. Check all that apply. (*multiple response*)

- I wanted more children but decided not to have another pregnancy
- I am considering (or already pursued) adoption
- I am considering (or already pursued) surrogacy
- I will seek (or already sought) preconception counseling by a high risk pregnancy specialist
- If I get pregnant I will be seen by a specialist at that point
- With time my perspective on this question has changed
- Other (*text*)

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Form 14

Would you like to complete this questionnaire for another pregnancy in which you experienced preeclampsia or other hypertensive disorder of pregnancy (for example preeclampsia, HELLP, eclampsia)? You would **not** need to complete it all at one time.

- Yes (*If yes, go to subsequent pregnancy form*)
- No, I do not have any other affected pregnancies, or I wish to stop. (*If no, go to Form 15*)

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Looping Ends

Form 15

In addition to what you've shared so far, is there anything you would like to add about your experiences with preeclampsia? (*text*) (*include a view of general TPR question field question S1*)

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Conclusion

Thank you for contributing valuable and important information to The Preeclampsia Registry.