

Pregnancy Risk Assessment Monitoring System (PRAMS)

Phase 6 Core Questionnaire

1/28/09

First, we would like to ask a few questions about *you* and the time *before* you got pregnant with your new baby.

1. At any time during the 12 months before you got pregnant with your new baby, did you do any of the following things? For each item, circle **Y** (Yes) if you did it or **N** (No) if you did not.

	No	Yes
a. I was dieting (changing my eating habits) to lose weight	N	Y
b. I was exercising 3 or more days of the week.....	N	Y
c. I was regularly taking prescription medicines other than birth control.....	NY	
d. I visited a health care worker to be checked or treated for diabetes	N	Y
e. I visited a health care worker to be checked or treated for high blood pressure.....	N	Y
f. I visited a health care worker to be checked or treated for depression or anxiety.....	N	Y
g. I talked to a health care worker about my family medical history	N	Y
h. I had my teeth cleaned by a dentist or dental hygienist.....	N	Y

2. During the month before you got pregnant with your new baby, were you covered by any of these health insurance plans?
Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid (or *state Medicaid name*)
- TRICARE or other military health care
- State-specific option (IHS, etc.)*
- State-specific option (state name for indigent care)*
- State-specific option (SCHIP or CHIP program name)*
- Other source(s) => Please tell us

[BOX]

I did not have any health insurance before I got pregnant

3. During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

- I didn't take a multivitamins, prenatal vitamins, or folic acid vitamins at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

Insertion point for Standard question(s) G8

4. Just before you got pregnant with your new baby, how much did you weigh?

[BOX] Pounds **OR** **[BOX]** Kilos

5. How tall are you without shoes?

[BOX] Feet **[BOX]** Inches
OR **[BOX]** Meters

6. What is *your* date of birth?

[BOX] / [BOX] / [19__]
Month Day Year

Insertion point for Standard question(s) L10

Insertion point for Standard question(s) L17, L18

7. Before you got pregnant with your new baby, were you ever told by a doctor, nurse, or other health care worker that you had Type 1 or Type 2 diabetes? This is not the same as gestational diabetes or diabetes that starts during pregnancy.
No
Yes

Insertion point for Standard question(s) L11

8. Before you got pregnant with your new baby, did you ever have any other babies who were born alive?

No ≡ Go to Question 11
Yes

9. Did the baby born *just before* your new one weigh *more* than 5 pounds, 8 ounces (2.5 kilos) at birth?

No
Yes

10. Was the baby *just before* your new one born *more* than 3 weeks before his or her due date?

No
Yes

Insertion point for Standard question FF4

Insertion point for Standard question K1

The next questions are about the time when you got pregnant with your *new* baby.

11. Thinking back to *just before* you got pregnant with your *new* baby, how did you feel about becoming pregnant? Check one answer

I wanted to be pregnant sooner
I wanted to be pregnant later
I wanted to be pregnant then
I didn't want to be pregnant then or at any time in the future

Insertion point for Standard question(s) Q4

12. When you got pregnant with your new baby, were you trying to get pregnant?

No

Yes ≡ **Go to Question 15**

Insertion point for Standard question(s) Q7

13. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

No

Yes ≡ **Go to Question 15**

14. What were your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant? Check all that apply

I didn't mind if I got pregnant

I thought I could not get pregnant at that time

I had side effects from the birth control method I was using

I had problems getting birth control when I needed it

I thought my husband or partner or I was sterile (could not get pregnant at all)

My husband or partner didn't want to use anything

Other ≡ Please tell us:

[BOX]

Insertion point for Standard question(s) E3

Insertion point for Standard question(s) A1-A2, A4-A5

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

15. How many weeks or months pregnant were you when you were *sure* you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

[BOX] Weeks **OR** [BOX] Months

I don't remember

16. How many weeks or months pregnant were you when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

[BOX] Weeks OR [BOX] Months

I didn't go for prenatal care → Go to Question 18

17. Did you get prenatal care as early in your pregnancy as you wanted?

No

Yes → Go to Question 19

18. Did any of these things keep you from getting prenatal care at all or as early as you wanted? For each item, circle **T** (True) if it was a reason that you didn't get prenatal care when you wanted or circle **F** (False) if it was not a reason for you or if something does not apply to you

	True	False
a. I couldn't get an appointment when I wanted one	T	F
b. I didn't have enough money or insurance to pay for my visits	T	F
c. I had no transportation to get to the clinic or doctor's office	T	F
d. The doctor or my health plan would not start care as early as I wanted	T	F
e. I had too many other things going on	T	F
f. I couldn't take time off from work or school.....	T	F
g. I didn't have my Medicaid (or <i>state Medicaid name</i>) card	T	F
h. I had no one to take care of my children.....	T	F
i. I didn't know that I was pregnant.....	T	F
j. I didn't want anyone else to know I was pregnant.....	T	F
k. I didn't want prenatal care	T	F

If you did not go for prenatal care, go to Page #, Question 21.

Insertion point for Standard question(s) R15

19. Did any of these health insurance plans help you pay for your prenatal care? Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid (or *state Medicaid name*)
- TRICARE or other military health care
- State-specific option (IHS, or tribal/state name)*
- State-specific option (state name for indigent care)*
- State-specific option (CHIP or SCHIP program)*
- Other source(s) = Please tell us:

[BOX]

I did not have health insurance to help pay for my prenatal care

20. ***During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below?*** *Please count only discussions, not reading materials or videos.* For each item, circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.

	No	Yes
a. How smoking during pregnancy could affect my baby	N	Y
b. Breastfeeding my baby	N	Y
c. How drinking alcohol during pregnancy could affect my baby	N	Y
d. Using a seat belt during my pregnancy	N	Y
e. Medicines that are safe to take during my pregnancy	N	Y
f. How using illegal drugs could affect my baby	N	Y
g. Doing tests to screen for birth defects or diseases that run in my family	N	Y
h. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)	N	Y
i. What to do if my labor starts early	N	Y
j. Getting tested for HIV (the virus that causes AIDS)	N	Y
k. What to do if I feel depressed during my pregnancy or after my baby is born	N	Y
l. Physical abuse to women by their husbands or partners	N	Y

Insertion point for Standard question(s) R1

Insertion point for Standard question(s) R3, R4, R18, R5

Insertion point for Standard question(s) R12, R2, R17, R16

Insertion point for Standard question(s) K4, R13

Insertion point for Standard question(s) R14

Insertion point for Standard question(s) R9–R11

Insertion point for Standard question(s) R6–R8

21. **At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?**

- No
- Yes
- I don't know

Insertion point for Standard question(s) I7

Insertion point for Standard question(s) I4–I6

Insertion point for Standard question(s) I2–I3

Insertion point for Standard question(s) G5

Insertion point for Standard question(s) G1–G4

Insertion point for Standard question(s) L12–L15

22. During your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

No
Yes

Insertion point for Standard question(s) B7-B8

23. During your most recent pregnancy, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during this pregnancy)?

No
Yes

Insertion point for Standard question(s) N7, N6

24. Did you have any of the following problems during your most recent pregnancy? For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not.

	No	Yes
a. Vaginal bleeding.....	N	Y
b. Kidney or bladder (urinary tract) infection	N	Y
c. Severe nausea, vomiting, or dehydration	N	Y
d. Cervix had to be sewn shut (cerclage for incompetent cervix)	N	Y
e. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia.....	N	Y
f. Problems with the placenta (such as abruptio placentae or placenta previa)	N	Y
g. Labor pains more than 3 weeks before my baby was due (preterm or early labor)	N	Y
h. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM])	N	Y
i. I had to have a blood transfusion	N	Y
j. I was hurt in a car accident	N	Y

Insertion point for Standard Question(s) N8, N5

Insertion point for Standard question(s) N1-N4

Insertion point for Standard question(s) L4-L7

The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).

25. Have you smoked any cigarettes in the past 2 years?

No ≡ Go to Question 29
Yes

26. In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- I didn't smoke then

27. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- I didn't smoke then

Insertion point for Standard question AA6

Insertion point for Standard question AA1

28. How many cigarettes do you smoke on an average day *now*? (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- I don't smoke now

29. Which of the following statements best describes the rules about smoking *inside* your home *now*? Check one answer

- No one is allowed to smoke anywhere inside my home
- Smoking is allowed in some rooms or at some times
- Smoking is permitted anywhere inside my home

Insertion point for Standard question U1-U2

The next questions are about drinking alcohol around the time of pregnancy (before, during, and after).

30. Have you had any alcoholic drinks in the *past 2 years*? A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

No ≡ **Go to Question 33**

Yes

31a. During the *3 months before* you got pregnant, how many alcoholic drinks did you have in an average week?

14 drinks or more a week

7 to 13 drinks a week

4 to 6 drinks a week

1 to 3 drinks a week

Less than 1 drink a week

I didn't drink then => **Go to Question 32a**

31b. During the *3 months before* you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.

6 or more times

4 to 5 times

2 to 3 times

1 time

I didn't have 4 drinks or more in 1 sitting

32a. During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?

14 drinks or more a week

7 to 13 drinks a week

4 to 6 drinks a week

1 to 3 drinks a week

Less than 1 drink a week

I didn't drink then => **Go to Question 33**

32b. During the *last 3 months* of your pregnancy, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.

6 or more times

4 to 5 times

2 to 3 times

1 time

I didn't have 4 drinks or more in 1 sitting

Pregnancy can be a difficult time for some women. These next questions are about things that may have happened before and during your most recent pregnancy.

33. This question is about things that may have happened during the 12 months before your new baby was born. For each item, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not. (It may help to look at the calendar when you answer these questions.)

	No	Yes
a. A close family member was very sick and had to go into the hospital	N	Y
b. I got separated or divorced from my husband or partner	N	Y
c. I moved to a new address.....	N	Y
d. I was homeless	N	Y
e. My husband or partner lost his job	N	Y
f. I lost my job even though I wanted to go on working	N	Y
g. I argued with my husband or partner more than usual.....	N	Y
h. My husband or partner said he didn't want me to be pregnant	N	Y
i. I had a lot of bills I couldn't pay.....	N	Y
j. I was in a physical fight.....	N	Y
k. My husband or partner or I went to jail	N	Y
l. Someone very close to me had a problem with drinking or drugs.....	N	Y
m. Someone very close to me died	N	Y

Insertion point for Standard question(s) P14, P17, P15–P16

Insertion point for Standard question(s) BB1

34. During the 12 months before you got pregnant with your new baby, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

No
Yes

Insertion point for Standard question(s) Z5, Z3, Z7

35. During your most recent pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

No
Yes

Insertion point for Standard question(s) Z6, Z4

The next questions are about your labor and delivery. (It may help to look at the calendar when you answer these questions.)

36. When was your baby due?

[BOX] / [BOX] / 20__ [BOX]
Month Day Year

37. When did you go into the hospital to have your baby?

[BOX] / [BOX] / 20__ [BOX]
Month Day Year

I didn't have my baby in a hospital

Insertion point for Standard question(s) K5

38. When was your baby born?

[BOX] / [BOX] / 20__ [BOX]
Month Day Year

Insertion point for Standard question(s) K9-K10

Insertion point for Standard question(s) K8, K3, K7, K6

39. When were you discharged from the hospital after your baby was born?

[BOX] / [BOX] / 20__ [BOX]
Month Day Year

I didn't have my baby in a hospital

Insertion point for Standard question(s) III

40. Did any of these health insurance plans help you pay for the *delivery* of your new baby? Check all that apply

Health insurance from your job or the job of your husband, partner, or parents

Health insurance that you or someone else paid for (not from a job)

Medicaid (or *state Medicaid name*)

TRICARE or other military health care

State-specific option (IHS, or tribal/state name)

State-specific option (state name for indigent care)

State-specific option (SCHIP or CHIP program)

Other source(s) = Please tell us:

[BOX]

I did not have health insurance to help pay for my delivery

The next questions are about the time since your new baby was born.

41. After your baby was born, was he or she put in an intensive care unit?

No

Yes

I don't know

42. After your baby was born, how long did he or she stay in the hospital?

Less than 24 hours (less than 1 day)

24 to 48 hours (1 to 2 days)

3 to 5 days

6 to 14 days

More than 14 days

My baby was not born in a hospital

My baby is still in the hospital = **Go to Question 45**

Insertion point for Standard question(s) K11, K12

43. Is your baby alive now?

No = **Go to Question 51**

Yes

44. Is your baby living with you now?

No = **Go to Question 51**

Yes

Insertion point for Standard question(s) B4

45. Did you ever breastfeed or pump breast milk to feed your new baby after delivery, even for a short period of time?

No = **Go to Question 48b**

Yes

Insertion point for Standard question(s) B1

46. Are you currently breastfeeding or feeding pumped milk to your new baby?

No

Yes ≡ **Go to Question 48a**

47. How many weeks or months did you breastfeed or pump milk to feed your baby?

[BOX] Weeks OR [BOX] Months

Less than 1 week

Insertion point for Standard question(s) B2

Insertion point for Standard question(s) B3

48a. How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)?

[BOX] Weeks OR [BOX] Months

My baby was less than 1 week old

My baby has not had any liquids other than breast milk

48b. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

[BOX] Weeks OR [BOX] Months

My baby was less than 1 week old

My baby has not eaten any foods

Insertion point for Standard question(s) B5-B6

If your baby is still in the hospital, go to Page ##, Question 51.

49. In which *one* position do you *most often* lay your baby down to sleep now? Check one answer

On his or her side

On his or her back

On his or her stomach

Insertion point for Standard question(s) F1, F3

50. Was your new baby seen by a doctor, nurse, or other health care worker for a *one week check-up* after he or she was born?

No
Yes

Insertion point for Standard question(s) X6

Insertion point for Standard Question(s) X9

Insertion point for Standard question(s) X7

Insertion point for Standard question(s) X8

Insertion point for Standard question(s) X4

Insertion point for Standard question(s) X1–X2

Insertion point for Standard question(s) X3

Insertion point for Standard question(s) X5

Insertion point for Standard question(s) T4–T5

Insertion point for Standard question(s) T1, T3, T2

Insertion point for Standard question(s) H1–H4

51. Are you or your husband or partner doing anything *now* to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

No
Yes ≡ **Go to Question 53**

52. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*? Check all that apply

- I am not having sex
 - I want to get pregnant
 - I don't want to use birth control
 - My husband or partner doesn't want to use anything
 - I don't think I can get pregnant (sterile)
 - I can't pay for birth control
 - I am pregnant now
 - Other ≡ Please tell us:
- [BOX]**

Insertion point for Standard question(s) E1

Insertion point for Standard question(s) E2

Insertion point for Standard question(s) L8–L9

Insertion point for Standard question(s) L16

Insertion point for Standard question(s) O1–O3

53. Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes **how often** you have felt or experienced things this way *since your new baby was born*. Use the scale when answering:

1	2	3	4	5
Never	Rarely	Sometimes	Often	Always

a. I felt down, depressed, or sad [BOX]

b. I felt hopeless [BOX]

c. I felt slowed down [BOX]

Insertion point for Standard question(s) M12

The next questions are on a variety of topics.

[STATE-SPECIFIC SECTION (Standards without insertion points and state-developed questions)]

The last questions are about the time during the 12 months before your new baby was born.

Insertion point for Standard Question(s) P18

54. **During the 12 months before your new baby was born, what was your yearly total household income before taxes?** Include your income, your husband's or partner's income, and any other income you may have received. (All information will be kept private and will not affect any services you are now getting.)

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more

Note: States can add additional categories as long as the categories are collapsible back to the existing core categories (i.e. may add upper or lower ranges beyond what is provided or split out existing categories into sub-categories)

55. During the 12 months before your new baby was born, how many people, including yourself, depended on this income?

[BOX] People

56. What is today's date?

[BOX] / [BOX] / 20__ [BOX]
Month Day Year

Please use this space for any additional comments you would like to make about the health of mothers and babies in *State*.

Thanks for answering our questions!

Your answers will help us work to make State mothers and babies healthier.