

# Pregnancy Risk Assessment Monitoring System (PRAMS)

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*Phase 8 Core Questionnaire*

*06/03/16*

Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

**BEFORE PREGNANCY**

The first questions are about *you*.

1. How tall are *you* without shoes?

[BOX] Feet [BOX] Inches  
OR [BOX] Centimeters

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

[BOX] Pounds OR [BOX] Kilos

3. What is *your* date of birth?

[BOX]            / [BOX]            / [BOX]  
Month            Day            Year

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

Insertion point for Previous Pregnancy Outcomes Series: FF5-FF7 [former Core 4-6], FF4, K1

Insertion point for Standard question L26 [former Core 7]

Insertion point for Standard question L10

4. During the *3 months before* you got pregnant with your *new* baby, did you have any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. Type 1 or Type 2 diabetes ( <b>not</b> gestational diabetes or diabetes that starts during pregnancy) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. High blood pressure or hypertension   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Depression  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. <i>State-added options from Standard question L11</i>   | <input type="checkbox"/> | <input type="checkbox"/> |

Insertion point for Standard question L11 (add as options to Core 4)

5. 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 multivitamin, prenatal vitamin, or folic acid vitamin in the *month before* I got pregnant  
1 to 3 times a week  
4 to 6 times a week  
Every day of the week

**Insertion point for Standard question G8**

**6. In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?**

No → Go to Question **[Core 9]**  
Yes

**Insertion point for Standard question J5**

**7. What type of health care visit did you have in the 12 months before you got pregnant with your new baby? Check ALL that apply**

Regular checkup at my family doctor's office  
Regular checkup at my OB/GYN's office  
Visit for an illness or chronic condition  
Visit for an injury  
Visit for family planning or birth control  
Visit for depression or anxiety  
Visit to have my teeth cleaned by a dentist or dental hygienist  
Other → Please tell us: \_\_\_\_\_

**8. During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker do any of the following things? For each item, check **No** if they did not or **Yes** if they did.**

	<b>No</b>	<b>Yes</b>
a. Tell me to take a vitamin with folic acid	<input type="checkbox"/>	<input type="checkbox"/>
b. Talk to me about maintaining a healthy weight	<input type="checkbox"/>	<input type="checkbox"/>
c. Talk to me about controlling any medical conditions such as diabetes or high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
d. Talk to me about my desire to have or not have children	<input type="checkbox"/>	<input type="checkbox"/>
e. Talk to me about using birth control to prevent pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
f. Talk to me about how I could improve my health before a pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
g. Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis	<input type="checkbox"/>	<input type="checkbox"/>
h. Ask me if I was smoking cigarettes	<input type="checkbox"/>	<input type="checkbox"/>
i. Ask me if someone was hurting me emotionally or physically	<input type="checkbox"/>	<input type="checkbox"/>
j. Ask me if I was feeling down or depressed	<input type="checkbox"/>	<input type="checkbox"/>
k. Ask me about the kind of work I do	<input type="checkbox"/>	<input type="checkbox"/>

I. Test me for HIV (the virus that causes AIDS)

**Insertion point for Standard questions L27, L18**

The next questions are about your *health insurance coverage* before, during, and after your pregnancy with your *new baby*.

**9. During the *month before* you got pregnant with your new baby, what kind of health insurance did you have? Check ALL that apply**

Private health insurance from my job or the job of my husband or partner

Private health insurance from my parents

Private health insurance from the <State> Health Insurance Marketplace or <state website> or HealthCare.gov

Medicaid (required: *state Medicaid name*)

*State-specific option (Other government plan or program such as SCHIP/CHIP)*

*State-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)*

*State-specific option (TRICARE or other military health care)*

*State-specific option (IHS or tribal)*

Other health insurance → Please tell us: \_\_\_\_\_

I did not have any health insurance during the *month before* I got pregnant

**Insertion point for Standard questions DD4, DD5, DD6, DD7**

**10. During your *most recent pregnancy*, what kind of health insurance did you have for your *prenatal care*? Check ALL that apply**

I did not go for prenatal care → **Go to Question [Core 11]**

Private health insurance from my job or the job of my husband or partner

Private health insurance from my parents

Private health insurance from the <State> Health Insurance Marketplace or <state website> or HealthCare.gov

Medicaid (required: *state Medicaid name*)

*State-specific option (Other government plan or program such as SCHIP/CHIP)*

*State-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)*

*State-specific option (TRICARE or other military health care)*

*State-specific option (IHS or tribal)*

Other health insurance → Please tell us: \_\_\_\_\_

I did not have any health insurance for my *prenatal care*

**Insertion point for Standard questions DD8, DD9, DD10, DD11**

**Insertion point for Standard questions DD12, DD13, DD14, DD15, DD16**

**11. What kind of health insurance do you have *now*? Check ALL that apply**

Private health insurance from my job or the job of my husband or partner  
Private health insurance from my parents  
Private health insurance from the <State> Health Insurance Marketplace or <state website> or  
HealthCare.gov  
Medicaid (required: *state Medicaid name*)  
*State-specific option (Other government plan or program such as SCHIP/CHIP)*  
*State-specific option (Other government plan or program not listed above such as MCH program, indigent  
program or family planning program)*  
*State-specific option (TRICARE or other military health care)*  
*State-specific option (IHS or tribal)*  
Other health insurance → Please tell us: \_\_\_\_\_  
I do not have health insurance *now*

**Insertion point for Standard questions DD17, DD18, DD19, DD20, DD21**

**12. 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 later  
I wanted to be pregnant sooner  
I wanted to be pregnant then  
I didn't want to be pregnant then or at any time in the future  
I wasn't sure what I wanted

**Insertion point for Standard question Q4 [former Core 13]**

**Insertion point for Preconception Contraception Series E5, E6, E7 [former Core 14-16] & E3**

**Insertion point for Fertility & Fertility Treatment Series E5, Q7, A1–A2, A4, A5**

**DURING PREGNANCY**

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.)

**Insertion point for Standard question R19**

**13. How many weeks *or* months pregnant were you when you had your first visit for prenatal care?**

[BOX] Weeks OR [BOX] Months

I didn't go for prenatal care → Go to Question [Core 15]

**Insertion point for Standard questions R20, R21**

**Insertion point for Standard question R15**

**Insertion point for Standard questions R22 [former Core 19], R6, R7, R8, R9, R10, R11, R12, R14, R16**

**14. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the things listed below?** For each item, check **No** if they did not ask you about it or **Yes** if they did.

		<b>No</b>	<b>Yes</b>
a. If I knew how much weight I should gain during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	
b. If I was taking any prescription medication	<input type="checkbox"/>	<input type="checkbox"/>	
c. If I was smoking cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	
d. If I was drinking alcohol	<input type="checkbox"/>	<input type="checkbox"/>	
e. If someone was hurting me emotionally or physically		<input type="checkbox"/>	<input type="checkbox"/>
f. If I was feeling down or depressed	<input type="checkbox"/>	<input type="checkbox"/>	
g. If I was using drugs such as marijuana, cocaine, crack, or meth	<input type="checkbox"/>	<input type="checkbox"/>	
h. If I wanted to be tested for HIV (the virus that causes AIDS)	<input type="checkbox"/>	<input type="checkbox"/>	
i. If I planned to breastfeed my new baby	<input type="checkbox"/>	<input type="checkbox"/>	
j. If I planned to use birth control after my baby was born	<input type="checkbox"/>	<input type="checkbox"/>	

**Insertion point for Standard questions R17, R18, R13, K4**

**Insertion point for Standard question R1**

**Insertion point for HIV Testing Series: I8 [former Core 20], I9, I3**

**Insertion point for Standard questions G5, G1-G4**

**15. During the 12 months *before the delivery* of your new baby, did a doctor, nurse, or other health care worker offer you a flu shot or tell you to get one?**

- No
- Yes

**16. During the 12 months *before the delivery* of your new baby, did you get a flu shot? Check ONE answer**

- No
- Yes, before my pregnancy
- Yes, during my pregnancy

**Insertion point for Standard questions L19, L14, L15, L24**

**17. During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?**

- No
- Yes

**Insertion point for Oral Health Series: , Y7 [former Core 24], Y5, Y8, Y6**

**Insertion point for Childbirth Class & Home Visitation Series: R23 [former Core 25], V21 [former Core 26], V13, V14, V15, V20**

**Insertion point for Standard questions B12 [former Core 27], B8, B7, B4**

**18. During your most recent pregnancy, did you have any of the following health conditions?** For each one, check **No** if you did not have the condition or **Yes** if you did.

**No Yes**

- a. Gestational diabetes (diabetes that **started** during *this* pregnancy)

- b. High blood pressure (that **started** during *this* pregnancy), pre-eclampsia or eclampsia
- c. Depression
- d. *State added options*

**Insertion point for Standard questions N6, N7, M4, M9, M8**

**Insertion point for Standard questions N9, N8b, N8c, N1-N4**

**Insertion point for Standard questions N5, EE3**

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

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

No → Go to Question **[Core 23]**

Yes

**20. 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

**21. 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 questions AA1, AA3**

**Insertion point for Standard questions AA2, AA12, AA6, AA10**

**22. 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

**Insertion point for Standard questions AA8, AA5**

**Insertion point for Standard questions AA9, AA7, U1, U2**

The next questions are about using other tobacco products around the time of pregnancy.

**E-cigarettes (electronic cigarettes) and other electronic nicotine products** (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.

A **hookah** is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

**23. Have you used any of the following products in the *past 2 years*?** For each item, check **No** if you did not use it or **Yes** if you did.

- |  |                          |                          | <b>No</b>                | <b>Yes</b>               |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. E-cigarettes or other electronic nicotine products                        | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| b. Hookah  |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |
| c. <i>State added option (Chewing tobacco, snuff, snus, or dip)</i>          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |
| d. <i>State added option (Cigars, cigarillos, or little filtered cigars)</i> |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |

**If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question [Core 24]. Otherwise, go to Question [Core 26].**

**24. During the *3 months before* you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?**

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- I did not use e-cigarettes or other electronic nicotine products then

**25. During the *last 3 months* of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?**

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- I did not use e-cigarettes or other electronic nicotine products then

**Insertion point for Standard questions AA13, AA14**

The next questions are about drinking alcohol around the time of pregnancy.

26. 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 [Core 28]

Yes

27. 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

8 to 13 drinks a week

4 to 7 drinks a week

1 to 3 drinks a week

Less than 1 drink a week

I didn't drink then

Insertion point for Standard questions JJ1, JJ3 [former Core 35], JJ2

Pregnancy can be a difficult time.. The next questions are about things that may have happened *before* and *during* your most recent pregnancy.

Insertion point for Standard questions P19 [former Core 36], P14, P17, P15, P16

Insertion point for Standard questions BB1, Z7

28. In the *12 months before* you got pregnant with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check **No** if they did not hurt you during this time or **Yes** if they did.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. My husband or partner                | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My ex-husband or ex-partner          | <input type="checkbox"/> | <input type="checkbox"/> |
| c. State option (Another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| d. State option (Someone else)          | <input type="checkbox"/> | <input type="checkbox"/> |

Insertion point for Standard question Z14

29. During your most *recent pregnancy*, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check **No** if they did not hurt you during this time or **Yes** if they did.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. My husband or partner                | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My ex-husband or ex-partner          | <input type="checkbox"/> | <input type="checkbox"/> |
| c. State option (Another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| d. State option (Someone else)          | <input type="checkbox"/> | <input type="checkbox"/> |

Insertion point for Standard question Z1

**AFTER PREGNANCY**

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

Insertion point for Standard questions K13, K14, K5

**30. When was your new baby born?**

[BOX]      / [BOX]      / 20\_\_ [BOX]  
Month      Day      Year

Insertion point for Labor Interventions Series: K9, K10, K8, K3, K7, K6

Insertion point for Standard questions K15, II1 [former Core 40]

Insertion point for Standard question K16 [former Core 41]

**31. After your baby was delivered, 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 [Core 34]

Insertion point for Standard questions K11, K12

**32. Is your baby alive now?**

- No → We are very sorry for your loss. Go to Question [Core 43]
- Yes

**33. Is your baby living with you now?**

- No → Go to Question [Core 43]
- Yes

Insertion point for Standard question B9

**34. Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources?** For each one, check **No** if you did not receive information from this source or **Yes** if you did.

**No      Yes**

- a. My doctor
- b. A nurse, midwife, or doula
- c. A breastfeeding or lactation specialist

- d. My baby's doctor or health care provider
- e. A breastfeeding support group
- f. A breastfeeding hotline or toll-free number
- g. Family or friends
- h. Other → Please tell us: \_\_\_\_\_

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

- No → Go to Question **[Core 38]**  
Yes

Insertion point for Standard question B1  
Insertion point for Standard question B13

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

- No  
Yes → Go to Question **[Core 38]**

**37. How many weeks or months did you breastfeed or feed pumped milk to your baby?**

Less than 1 week

[BOX] Weeks OR [BOX] Months

Insertion point for Standard questions B2, B14-B16  
Insertion point for Standard questions B3, B10, B11, B5, B6  
Insertion point for Standard questions H2, H6, H7, H5, H1, H3, H4  
Insertion point for Standard question S13

**If your baby is still in the hospital, go to Question **[Core 43]**.**

**38. 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

**39. In the *past 2 weeks*, how often has your new baby slept alone in his or her own crib or bed?**

- Always
- Often
- Sometimes
- Rarely
- Never → Go to Question **[Core 41]**

**Insertion point for Standard question F4**

**40. When your new baby sleeps alone, is his or her crib or bed in the same room where you sleep?**

- No
- Yes

**41.**

**Listed below are some more things about how babies sleep. How did your new baby *usually* sleep in the past 2 weeks? For each item, check **No** if your baby did not *usually* sleep like this or **Yes** if he or she did.**

- |   | <b>No</b>                | <b>Yes</b>               |
|---|--------------------------|--------------------------|
| a. In a crib, bassinet, or pack and play                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. On a twin or larger mattress or bed                        | <input type="checkbox"/> | <input type="checkbox"/> |
| c. On a couch, sofa, or armchair                              | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In an infant car seat or swing                             | <input type="checkbox"/> | <input type="checkbox"/> |
| e. In a sleeping sack or wearable blanket                     | <input type="checkbox"/> | <input type="checkbox"/> |
| f. With a blanket   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. With toys, cushions, or pillows, including nursing pillows | <input type="checkbox"/> | <input type="checkbox"/> |
| h. With crib bumper pads (mesh or non-mesh)                   | <input type="checkbox"/> | <input type="checkbox"/> |

**42. Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check **No** if they did not tell you or **Yes** if they did.**

- |   | <b>No</b>                | <b>Yes</b>               |
|---|--------------------------|--------------------------|
| a. Place my baby on his or her back to sleep                    | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Place my baby to sleep in a crib, bassinet, or pack and play | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Place my baby's crib or bed in my room                       | <input type="checkbox"/> | <input type="checkbox"/> |
| d. What things should and should not go in bed with my baby     | <input type="checkbox"/> | <input type="checkbox"/> |

**Insertion point for Infant Well Care Visit Series: X10, X6, X9, X7, X8, X1, X4, X2, X3, X5, X11, X12**

**Insertion point for Infant Sick Care Series: T4, T5, T1, T2, T3, T8, T6, T7**

**Insertion point for Postpartum Home Visitation Series: V22 [former Core 49], V16, V17, V18, V19**

**43. 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 having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.**

- No
- Yes → **Go to Question [Core 45]**

**44. 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 want to get pregnant
- I am pregnant now

I had my tubes tied or blocked  
I don't want to use birth control  
I am worried about side effects from birth control  
I am not having sex  
My husband or partner doesn't want to use anything  
I have problems paying for birth control  
Other → Please tell us: \_\_\_\_\_

**If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Question [Core 46].**

**45. What kind of birth control are you or your husband or partner using *now* to keep from getting pregnant? Check ALL that apply**

Tubes tied or blocked (female sterilization or Essure®)  
Vasectomy (male sterilization)  
Birth control pills  
Condoms  
Shots or injections (Depo-Provera®)  
Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)  
IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)  
Contraceptive implant in the arm (Nexplanon® or Implanon®)  
Natural family planning (including rhythm method)  
Withdrawal (pulling out)  
Not having sex (abstinence)  
Other → Please tell us: \_\_\_\_\_

**46. *Since your new baby was born, have you had a postpartum checkup for yourself?*** A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.

No → Go to Question [Core 48]  
Yes

**Insertion point for Standard questions J3, J2**

**47. *During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things?*** For each item, check **No** if they did not do it or **Yes** if they did.

	No	Yes
a. Tell me to take a vitamin with folic acid	<input type="checkbox"/>	<input type="checkbox"/>
b. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
c. Talk to me about how long to wait before getting pregnant again	<input type="checkbox"/>	<input type="checkbox"/>
d. Talk to me about birth control methods I can use after giving birth	<input type="checkbox"/>	<input type="checkbox"/>
e. Give or prescribe me a contraceptive method such as the pill, patch,		

- |  |                          |                          |
|--|--------------------------|--------------------------|
| shot (Depo-Provera <sup>®</sup> ), NuvaRing <sup>®</sup> , or condoms  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Insert an IUD (Mirena <sup>®</sup> , ParaGard <sup>®</sup> , Liletta <sup>®</sup> , or Skyla <sup>®</sup> ) or a contraceptive implant (Nexplanon <sup>®</sup> or Implanon <sup>®</sup> ) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Ask me if I was smoking cigarettes  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Ask me if someone was hurting me emotionally or physically  | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Ask me if I was feeling down or depressed   | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Test me for diabetes  | <input type="checkbox"/> | <input type="checkbox"/> |

**Insertion point for Standard question J4**

**Insertion point for Standard questions O4-O6, O1-O3, L28, L29**

**48. Since your new baby was born, how often have you felt down, depressed, or hopeless?**

- Always
- Often
- Sometimes
- Rarely
- Never

**49. Since your new baby was born, how often have you had little interest or little pleasure in doing things you usually enjoyed?**

- Always
- Often
- Sometimes
- Rarely
- Never

**Insertion point for Standard questions M6, M5, M11, M10**

**Insertion point for Standard questions M12, M21, M15, M16, M20, M19**

**Insertion point for Standard questions Z13, Z2**

**OTHER EXPERIENCES**

The next questions are on a variety of topics.

**[STATE-SPECIFIC SECTION]**

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

**Insertion point for Standard Question: P18**

**50. 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.

\$0 to \$16,000  
\$16,001 to \$20,000  
\$20,001 to \$24,000  
\$24,001 to \$28,000  
\$28,001 to \$32,000  
\$32,001 to \$40,000  
\$40,001 to \$48,000  
\$48,001 to \$57,000  
\$57,001 to \$60,000  
\$60,001 to \$73,000  
\$73,001 to \$85,000  
\$85,001 or more

(Note: States can add additional categories as long as the categories are collapsible back to the existing core categories.)

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

[BOX] People

**52. What is today's date?**

[BOX]      / [BOX]      / 20\_\_ [BOX]  
Month      Day      Year