Pregnancy Risk Assessment Monitoring System (PRAMS)

Phase 9 Core Mail Questionnaire – English

Phase 9.2 revised as of February 2025

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*.

Core 1. What is *your* date of birth?

_____ / _____ / _____
Month Day Year

Core 2. Before you got pregnant, did you…?

For each one, check **No** or **Yes**.

		No	Yes
a.	Have serious difficulty hearing, or are you deaf?	☐	☐
b.	Have serious difficulty seeing, even when wearing glasses, or are you blind?	☐	☐
c.	Have serious difficulty walking or climbing stairs?	☐	☐
d.	Have serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition?	☐	☐
e.	Have difficulty with dressing or bathing yourself?	☐	☐
f.	Have difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition?	☐	☐

The next questions are about the time *before* you got pregnant.

Core 3. 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 (**not** gestational diabetes or diabetes that starts during pregnancy)	☐	☐
b.	High blood pressure or hypertension	☐	☐
c.	Depression	☐	☐
d.	Anxiety	☐	☐
e.	*Site-added options from Standard question L11*	☐	☐

Core 4. In the *12 months before* you got pregnant with your new baby, did you have any of the following healthcare visits?

For each one, check **No** or **Yes**.

		No	Yes
a.	Regular checkup with a family doctor	☐	☐
b.	Regular checkup with an OB/GYN	☐	☐
c.	Visit for an injury, illness, or chronic condition	☐	☐
d.	Visit to urgent care or the emergency room	☐	☐
e.	Visit for family planning or to get birth control	☐	☐
f.	Visit for depression or anxiety	☐	☐
g.	Visit to have my teeth cleaned	☐	☐
h.	Other	☐	☐
	Please tell us: _____	☐	☐

If you did <u>not</u> have any healthcare visits in the <u>12 months before</u> you got pregnant, go to Question Core 6.

Core 5. **During any of your healthcare visits in the *12 months before* you got pregnant, did a healthcare provider <u>do</u> any of the following things?**

For each one, check **No** or **Yes**.

		No	Yes
	Talk to me about…		
a.	My weight	☐	☐
b.	Regularly checking my blood pressure	☐	☐
c.	My desire to have or not have children	☐	☐
d.	Birth control methods	☐	☐
e.	How I could improve my health before a pregnancy	☐	☐
f.	Sexually transmitted infections such as chlamydia, gonorrhea, syphilis, or HIV	☐	☐
	Ask me…		
g.	If I smoked cigarettes or used e-cigarettes (“vapes”) or other smokeless tobacco	☐	☐
h.	If someone was hurting me emotionally or physically	☐	☐
i.	If I felt depressed or anxious	☐	☐

The next questions are about your *health insurance.*

Core 6. **During the ***<u>month before</u>*** you got pregnant with your new baby, what kind of health insurance did you have?**

Check ALL that apply

- ☐ Private health insurance (paid for by me, someone else, or through a job)
- ☐ Medicaid (*Site Medicaid name*)
- ☐ *Site-specific option (Other government plan or program such as SCHIP/CHIP)*
- ☐ *Site-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)*
- ☐ *Site-specific option (TRICARE or other military health care)*
- ☐ *Site-specific option (IHS or tribal)*
- ☐ Other health insurance
  Please tell us: _____
- ☐ I didn’t have any health insurance during the *month before* I got pregnant

Core 7. ***<u>During</u>* your most recent pregnancy, what kind of health insurance did you have?**

Check ALL that apply

- ☐ Private health insurance (paid for by me, someone else, or through a job)
- ☐ Medicaid (*Site Medicaid name*)
- ☐ *Site-specific option (Other government plan or program such as SCHIP/CHIP)*
- ☐ *Site-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)*
- ☐ *Site-specific option (TRICARE or other military healthcare)*
- ☐ *Site-specific option (Indian Health Services (IHS) or tribal)*
- ☐ Other health insurance
  Please tell us: _____
- ☐ I didn’t have any health insurance *during my pregnancy*

Core 8. **What kind of health insurance do you have ***<u>now</u>*****?**

Check ALL that apply

☐ Private health insurance (paid for by me, someone else, or through a job)
☐ Medicaid (*Site Medicaid name*)
☐ *Site-specific option (Other government plan or program such as SCHIP/CHIP)*
☐ *Site-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)*
☐ *Site-specific option (TRICARE or other military health care)*
☐ *Site-specific option (IHS or tribal)*
☐ Other health insurance
Please tell us: _____
☐ I don't have any health insurance *now*

Core 9. **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

DURING PREGNANCY

The next questions are about your prenatal care. This can include visits to a doctor, nurse, or other healthcare worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar to answer these questions.)

Core 10. **Did you get prenatal care during your *most recent* pregnancy?**

☐ No → **Go to Question Core12**
☐ Yes

Core 11. ***During any of your prenatal care visits*, did a healthcare provider <u>do</u> any of the following things?**

For each one, check **No** or **Yes**.

		No	Yes
	Talk to me about…		
a.	How much weight I should gain during pregnancy	☐	☐
b.	Doing tests to screen for birth defects or diseases that run in my family	☐	☐
c.	The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)	☐	☐
d.	What to do if I feel depressed or anxious during my pregnancy or after my baby is born	☐	☐
	Ask me…		
e.	If I planned to breastfeed my new baby	☐	☐
f.	If I planned to use birth control after my baby was born	☐	☐
g.	If I was taking any prescription medication	☐	☐
h.	If I smoked cigarettes or used e-cigarettes ("vapes") or other smokeless tobacco	☐	☐
i.	If I was drinking alcohol	☐	☐
j.	If someone was hurting me emotionally or physically	☐	☐
k.	If I was using illegal drugs	☐	☐
l.	If I was using marijuana	☐	☐
m.	If I wanted to be tested for HIV	☐	☐

Core 12. **During the *12 months before* your new baby was born, did a healthcare provider *offer* you the following shots or vaccinations?**

For each one, check **No** or **Yes**.

		No	Yes
a.	Flu shot	☐	☐
b.	Tdap shot (protects against tetanus, diphtheria, and pertussis [whooping cough])	☐	☐
c.	COVID-19 shot	☐	☐

Core 13. **Did you *get* the following shots or vaccinations *before* or *during* your pregnancy?**

For each shot, check ALL that apply:
B for **3 months before** pregnancy
D for **During** pregnancy
or check **N** if you **Did <u>not</u>** get the shot in the 3 months before or during pregnancy

		B	D	N
a.	Flu shot	☐	☐	☐
b.	Tdap shot	☐	☐	☐
c.	COVID-19 shot	☐	☐	☐

Core 14. ***During* your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?**

☐ No
☐ Yes

Core 15. ***During* your most recent pregnancy, did a healthcare provider tell you that you had any of the following health conditions?**

For each one, check **No** or **Yes**.

		No	Yes
a.	Gestational diabetes (diabetes that **<u>started</u>** during *this* pregnancy)	☐	☐
b.	High blood pressure (that **<u>started</u>** during *this* pregnancy), pre-eclampsia, or eclampsia	☐	☐
c.	Depression	☐	☐
d.	Anxiety	☐	☐

If you <u>had</u> high blood pressure <u>before</u> or <u>during</u> your pregnancy, go to Question Core 16. If you didn't, go to Question Core 17.

Core 16. ***During* your most recent pregnancy, did a healthcare provider do any of the following things to help you manage your high blood pressure?**

For each one, check **No** or **Yes**.

		No	Yes
a.	Refer me to a different healthcare provider	☐	☐
b.	Tell me to regularly check my blood pressure ***during*** pregnancy	☐	☐
c.	Talk to me about getting to a healthy weight ***after*** pregnancy	☐	☐
d.	Talk to me about regularly checking my blood pressure ***after*** pregnancy	☐	☐
e.	Talk to me about the risk for having high blood pressure (chronic hypertension) and heart disease ***after*** pregnancy	☐	☐

Core 17. ***During*** **your most recent pregnancy, did you get information about "warning signs" you should watch for during and after your pregnancy that require immediate medical attention?** Some of these "warning signs" include fever, frequent or severe headaches, dizziness, or severe stomach pain.

☐ No → **Go to Question Core19**
☐ Yes

Core 18. ***During*** **your most recent pregnancy, did you get information about warning signs from any of the following sources?**

For each one, check **No** or **Yes**.

		No	Yes
a.	A healthcare provider (such as a doctor, nurse, or midwife)	☐	☐
b.	Websites or social media (such as Facebook, Instagram, or Twitter)	☐	☐
c.	Any source of information that used the slogan **"Hear Her"** (such as websites, social media, or paper handouts)	☐	☐
d.	Family or friends	☐	☐

The next questions are about cigarettes, e-cigarettes, and other tobacco products.

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

☐ No → **Go to Question Core 23**
☐ Yes

Core 20. **In the *3 months before* you got pregnant, how many cigarettes did you smoke on an average day?**

☐ More than one pack (21 or more cigarettes)
☐ One-half to one pack (11 to 20 cigarettes)
☐ Less than half a pack (1 to 10 cigarettes)
☐ I didn't smoke then

Core 21. **In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day?**

☐ More than one pack (21 or more cigarettes)
☐ One-half to one pack (11 to 20 cigarettes)
☐ Less than half a pack (1 to 10 cigarettes)
☐ I didn't smoke then

Core 22. **How many cigarettes do you smoke on an average day *now*?**

☐ More than one pack (21 or more cigarettes)
☐ One-half to one pack (11 to 20 cigarettes)
☐ Less than half a pack (1 to 10 cigarettes)
☐ I don't smoke now

Core 23. **In the *past 2 years*, have you used e-cigarettes ("vapes") or other electronic nicotine products?**

☐ No → **Go to Question Core 27 (Instruction7)**
☐ Yes

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

☐ Every day
☐ Some days
☐ I didn't use e-cigarettes or other electronic nicotine products then

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

☐ Every day
☐ Some days
☐ I didn't use e-cigarettes or other electronic nicotine products then

Core 26. **In the *past 2 years*, did you ever use e-cigarettes ("vapes") or other electronic nicotine products as a way of cutting down or stopping cigarette smoking?**

☐ No
☐ Yes

The next questions are about drinking alcohol. A drink can be 1 glass of wine, can or bottle of beer or hard seltzer, shot of liquor, or mixed drink.

Core 27. ***During* your most recent pregnancy, did you have any alcoholic drinks during…?**

For each one, check **No** or **Yes**.

		No	**Yes**
a.	The first 3 months of pregnancy (1st trimester)? *This includes the time before knowing you were pregnant*	☐	☐
b.	The second 3 months of pregnancy (2nd trimester)?	☐	☐
c.	The last 3 months of pregnancy (3rd trimester)?	☐	☐

If you did not have any alcoholic drinks during your pregnancy, go to Question Core 29.

Core 28. ***During* your most recent pregnancy, did you have 4 or more alcoholic drinks in a 2-hour time span during…?**

For each one, check **No** or **Yes**.

		No	**Yes**
a.	The first 3 months of pregnancy (1st trimester)? *This includes the time before knowing you were pregnant*	☐	☐
b.	The second 3 months of pregnancy (2nd trimester)?	☐	☐
c.	The last 3 months of pregnancy (3rd trimester)?	☐	☐

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

Core 29. **Did any of the following things happen during the *12 months before* your new baby was born?**

For each one, check **No** or **Yes**.

		No	Yes
a.	I got separated or divorced	☐	☐
b.	I was evicted or forced to move	☐	☐
c.	I didn't have a regular place to sleep	☐	☐
d.	I was homeless or had to sleep outside, in a car, or in a shelter	☐	☐
e.	My spouse, partner, or I lost a job	☐	☐
f.	My spouse, partner, or I had a cut in work hours or pay	☐	☐
g.	I had problems paying the rent, mortgage, or other bills	☐	☐
h.	My spouse or partner went to jail/prison	☐	☐
i.	I went to jail/prison	☐	☐
j.	Someone close to me had a problem with drinking or drugs	☐	☐
k.	Someone close to me was very sick or died	☐	☐

Core 30. **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 one, check **No** or **Yes**.

		No	Yes
a.	My spouse or partner	☐	☐
b.	My ex-spouse or ex-partner	☐	☐
c.	*Site option (Another family member)*	☐	☐
d.	*Site option (Someone else)*	☐	☐

Core 31. ***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 one, check **No** or **Yes**.

		No	Yes
a.	My spouse or partner	☐	☐
b.	My ex-spouse or ex-partner	☐	☐
c.	*Site option (Another family member)*	☐	☐
d.	*Site option (Someone else)*	☐	☐

AFTER PREGNANCY

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

Core 32. ***After* the delivery, how long did your new baby stay in the hospital?**

- ☐ Less than 3 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 35**

Core 33. **Is your baby alive now?**

- ☐ No → **We are very sorry for your loss.**

Go to Question Core 41

☐ Yes

Core 34. **Is your baby living with you now?**

☐ No → **Go to Question Core 41**
☐ Yes

Core 35. **How many weeks or months did you breastfeed or feed pumped milk to your new baby?**

Check ONE answer

☐ I didn't breastfeed my baby
☐ I breastfed my baby for less than 1 week
☐ I breastfed my baby for:
_____week(s) **OR** _____month(s)
☐ I'm still breastfeeding or feeding pumped milk to my new baby

If your baby is still in the hospital, go to Question [Core 41].

Core 36. **In the *past 2 weeks*, how did you place your new baby to sleep at night and during naps?**

For each one, check **No** or **Yes**.

		No	**Yes**
a.	On their side	☐	☐
b.	On their back	☐	☐
c.	On their stomach	☐	☐

Core 37. **In the *past 2 weeks*, when you were sleeping, how often has your new baby slept alone in their own crib or bed?**

☐ Always
☐ Often
☐ Sometimes
☐ Rarely
☐ Never → **Go to Question Core 39**

Core 38. **In the *past 2 weeks*, was your baby's crib or bed in the same room where you or another adult slept?**

☐ No
☐ Yes

Core 39. **In the *past 2 weeks*, where have you placed your new baby to sleep at night or during naps?**

For each one, check **No** or **Yes**.

		No	**Yes**
a.	In a crib, portable crib, or bassinet	☐	☐
b.	On a twin or larger mattress or bed	☐	☐
c.	On a couch, sofa, or armchair	☐	☐
d.	In an infant car seat	☐	☐
e.	In a swing, rocker, or other inclined sleeper	☐	☐
f.	In an in-bed sleeper	☐	☐
g.	In a baby board or cradleboard	☐	☐

h.	Other Please tell us: _____	☐	☐

Core 40. **In the *past 2 weeks*, has your new baby been placed to sleep with the following?**

For each one, check **No** or **Yes**.

		No	Yes
a.	In a sleeping sack or wearable blanket	☐	☐
b.	In a swaddled blanket	☐	☐
c.	Comforters, quilts, blankets, or non-fitted sheets	☐	☐
d.	Soft toys, cushions, or pillows, including nursing pillows	☐	☐
e.	Crib bumper pads (mesh or non-mesh)	☐	☐
f.	Other Please tell us: _____	☐	☐

Core 41. **Are you or your spouse or partner doing anything *now* to keep from getting pregnant?** This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.

☐ No
☐ Yes → **Go to Question Core 43**
☐ I'm pregnant now → **Go to Question Core 44**

Core 42. **What are your reasons for not doing anything to keep from getting pregnant *now*?**

Check ALL that apply

☐ I want to get pregnant or don't mind if I do
☐ I had my tubes tied or blocked
☐ My spouse or partner had a vasectomy
☐ I don't want to use birth control
☐ I'm worried about side effects from birth control
☐ My spouse or partner doesn't want to use condoms
☐ My spouse or partner doesn't want me to use birth control
☐ We are same-sex spouses/partners
☐ I have problems getting birth control I want
☐ I don't think I can get pregnant because I'm breastfeeding
☐ I'm not having sex
☐ Other
Please tell us: _____

If you're <u>not doing</u> anything to keep from getting pregnant <u>now</u>, go to Question Core 44.

Core 43. **What kind of birth control are you or your spouse or partner using *now* to keep from getting pregnant?**

Check ALL that apply

☐ Tubes tied or blocked
☐ My spouse or partner had a vasectomy
☐ Birth control pills
☐ Condoms
☐ Shots or injections
☐ Contraceptive patch or vaginal ring
☐ IUD
☐ Contraceptive implant in the arm

☐ Withdrawal (pulling out)
☐ Natural family planning or fertility awareness methods (such as rhythm or calendar method or fertility apps)
☐ Breastfeeding for birth control (Lactational Amenorrhea Method or LAM)
☐ Other
Please tell us: _____

Core 44. ***Since your new baby was born,*** **have you had a postpartum checkup for yourself?** A postpartum checkup is a regular health checkup you have up to 12 weeks after giving birth.

☐ No → **Go to Question Core 46**
☐ Yes

Core 45. ***During your postpartum checkup,*** **did a healthcare provider <u>do</u> any of the following things?**

For each one, check **No** or **Yes**.

		No	Yes
	Talk to me about…		
a.	Healthy eating, exercise, and losing weight gained during pregnancy	☐	☐
b.	How long to wait before getting pregnant again	☐	☐
c.	Birth control methods	☐	☐
d.	Warning signs of medical problems I might be at risk for due to my pregnancy	☐	☐
e.	Regularly checking my blood pressure	☐	☐
f.	What to do if I feel depressed or anxious	☐	☐
	Ask me…		
g.	If I was smoking cigarettes or using e-cigarettes (“vapes”) or other smokeless tobacco	☐	☐
h.	If someone was hurting me emotionally or physically	☐	☐
	A healthcare provider…		
i.	Tested me for diabetes	☐	☐
j.	Prescribed me medication for depression or anxiety	☐	☐

Core 46. ***Since your new baby was born*****, how often have you felt down, depressed, or hopeless?**

☐ Always
☐ Often
☐ Sometimes
☐ Rarely
☐ Never

Core 47. ***Since your new baby was born*****, how often have you had little interest or little pleasure in doing things?**

☐ Always
☐ Often
☐ Sometimes
☐ Rarely
☐ Never

Core 48. ***Since your new baby was born*****, how often have you felt nervous, anxious, or on edge?**

☐ Always
☐ Often
☐ Sometimes

☐ Rarely
☐ Never

Core 49. ***Since your new baby was born*, how often have you <u>not</u> been able to stop or control worrying?**

☐ Always
☐ Often
☐ Sometimes
☐ Rarely
☐ Never

Core 50. **Has a healthcare provider asked you a series of questions, in person or on a form, to know if you were feeling down, depressed, anxious, or irritable during the following time periods?**

For each one, check **No** or **Yes**.

		No	Yes
a.	During my most recent pregnancy	☐	☐
b.	Since my new baby was born	☐	☐

OTHER EXPERIENCES

The next questions are on a variety of topics.

Core 51. **Please tell us how often each of the following happened during the *12 months before* your new baby was born.**

a. **I worried whether my food would run out before I got money to buy more.**
☐ Often
☐ Sometimes
☐ Never

b. **The food that I bought just didn't last, and I didn't have money to get more.**
☐ Often
☐ Sometimes
☐ Never

Core 52. **During the *12 months before* your new baby was born, did lack of transportation keep you from any of the following?**

For each one, check **No** or **Yes**.

		No	Yes
a.	Going to medical appointments	☐	☐
b.	Going to non-medical appointments, meetings, or work	☐	☐
c.	Doing errands	☐	☐

Core 53. ***While <u>getting</u> healthcare* during your pregnancy, at delivery, or at postpartum care, did you experience discrimination or were you prevented from doing something, hassled, or made to feel inferior?**

For each one, check **No** if you did not experience discrimination because of it or **Yes** if you did.

		No	Yes
a.	My race, ethnicity, or skin color	☐	☐
b.	My disability status	☐	☐

c.	My immigration status	☐	☐
d.	My age	☐	☐
e.	My weight	☐	☐
f.	My income	☐	☐
g.	My sex	☐	☐
h.	My sexual orientation	☐	☐
i.	My religion	☐	☐
j.	My language or accent	☐	☐
k.	My type or lack of health insurance	☐	☐
l.	My use of substances (alcohol, tobacco, or other drugs)	☐	☐
m.	My involvement with the justice system (jail or prison)	☐	☐
n.	Another reason Please tell us: _____	☐	☐

Core 54. ***During your life until now*, how often have you been discriminated against, prevented from doing something, hassled, or made to feel inferior because of your race, ethnicity, or skin color?**

- ☐ Very often
- ☐ Somewhat often
- ☐ Not very often
- ☐ Never

Core 55. **Have you *ever* been treated unfairly due to your race, ethnicity, or skin color in any of the following situations?**

For each one, check **No** or **Yes**.

		No	**Yes**
a.	Job (hiring, promotion, firing)	☐	☐
b.	Housing (renting, buying, mortgage)	☐	☐
c.	Police (stopped, searched, threatened)	☐	☐
d.	In the courts	☐	☐
e.	At school or my child's school	☐	☐
f.	Getting medical care	☐	☐

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

Core 56. **During the *12 months before* your new baby was born, what was your yearly total household income before taxes?** Include your income, your spouse 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 getting now.

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

- ☐ $0 to $18,000
- ☐ $18,001 to $23,000
- ☐ $23,001 to $27,000
- ☐ $27,001 to $32,000
- ☐ $32,001 to $37,000
- ☐ $37,001 to $42,000
- ☐ $42,001 to $48,000
- ☐ $48,001 to $60,000
- ☐ $60,001 to $85,000
- ☐ $85,001 or more

Core 57. **During the *12 months before* your new baby was born, how many people, *including yourself*, depended on this income?**

☐ Number of people _____

Core 58. **What is today's date?**

_____ / _____ / _____
Month Day Year