

Pregnancy Risk Assessment Monitoring System (PRAMS)

Phase 5 Standard Questions

NOTE: Skip A1–A2 if the mother was not trying to get pregnant.

A1. Did you receive treatment from a doctor, nurse, or other health care worker to help you get pregnant with your new baby? (This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.)

No = **Go to Question ##**

Yes

A2. Did you use any of the following treatments *during the month you got pregnant with your new baby*?
Check all that apply.

Fertility-enhancing drugs prescribed by a doctor (fertility drugs include Clomid[®], Serophene[®], Pergonal[®], or other drugs that stimulate ovulation)

Artificial insemination or intrauterine insemination (treatments in which sperm, but NOT eggs, were collected and medically placed into a woman's body)

Assisted reproductive technology (treatments in which BOTH a woman's eggs and a man's sperm were handled in the laboratory, such as in vitro fertilization [IVF], gamete intrafallopian transfer [GIFT], zygote intrafallopian transfer [ZIFT], intracytoplasmic sperm injection [ICSI], frozen embryo transfer, or donor embryo transfer)

Other medical treatment = Please tell us:

[BOX]

NOTE: Skip A3 if the mother was not trying to get pregnant.

A3. How many months had you been trying to get pregnant?

0 to 3 months

4 to 6 months

7 to 12 months

13 to 24 months

More than 24 months

**NOTE: Skip B1 if infant is not alive or not living with the mother.
Skip B1 if the mother ever breastfed.
AFTER B1, insert instruction box that says, "If you did not breastfeed your new baby, go to..."**

B1. What were your reasons for not breastfeeding your new baby? Check all that apply

My baby was sick and could not breastfeed

I was sick or on medicine

I had other children to take care of

I had too many household duties

I didn't like breastfeeding

I didn't want to be tied down

I was embarrassed to breastfeed

I went back to work or school

I wanted my body back to myself

Other ≡ Please tell us:

[BOX]

**NOTE: Skip B2 if infant is not alive or not living with the mother.
Skip B2 if the mother did not breastfeed or is still breastfeeding.**

B2. What were your reasons for stopping breastfeeding? Check all that apply

My baby had difficulty nursing

Breast milk alone did not satisfy my baby

I thought my baby was not gaining enough weight

My baby got sick and could not breastfeed

My nipples were sore, cracked, or bleeding

I thought I was not producing enough milk

I had too many other household duties

I felt it was the right time to stop breastfeeding

I got sick and could not breastfeed

I went back to work or school

I wanted or needed someone else to feed the baby

My baby was jaundiced (yellowing of the skin or whites of the eyes)

Other ≡ Please tell us:

[BOX]

**NOTE: Skip B3 if infant is not alive or not living with the mother.
Skip B3 if infant was not born in a hospital.**

B3. This question asks about things that may have happened at the hospital where your new baby was born. For each item, circle **Y** (Yes) if it happened or circle **N** (No) if it did not happen.

		No	Yes
a.	Hospital staff gave me information about breastfeeding	N	Y
b.	My baby stayed in the same room with me at the hospital.....	N	Y
c.	I breastfed my baby in the hospital.....	N	Y
d.	I breastfed my baby in the first hour after my baby was born	N	Y
e.	Hospital staff helped me learn how to breastfeed.....	N	Y
f.	My baby was fed only breast milk at the hospital	N	Y
g.	Hospital staff told me to breastfeed whenever my baby wanted	N	Y
h.	The hospital gave me a gift pack with formula	N	Y
i.	The hospital gave me a telephone number to call for help with breastfeeding.....	N	Y
j.	My baby used a pacifier in the hospital.....	N	Y

NOTE: Skip B4 if infant is not alive or not living with the mother.

B4. During your most recent pregnancy, what did you think about breastfeeding your new baby? Check one answer

- I knew I would breastfeed
- I thought I might breastfeed
- I knew I would **not** breastfeed
- I didn't know what to do about breastfeeding

NOTE: Skip B5–B6 if infant is not alive or not living with the mother.

B5. Did anyone suggest that you *not* breastfeed your new baby?

- No ≡ **Go to Question ##**
- Yes

B6. Who suggested that you *not* breastfeed your new baby? Check all that apply

- My husband or partner
 - My mother, father, or in-laws
 - Other family member or relative
 - My friends
 - My baby's doctor, nurse, or other health care worker
 - My doctor, nurse, or other health care worker
 - Other ≡ Please tell us:
- [BOX]**

NOTE: Skip B7 if mother was not on WIC during her pregnancy.

B7. When you went for WIC visits during your most recent pregnancy, did you receive information on breastfeeding?

No
Yes

NOTE: Skip C1–C3 if infant is not alive or not living with the mother.

C1. Are you currently in school or working outside the home?

No ≡ Go to Question ##
Yes

C2. Which one of the following people spends the most time taking care of your new baby when you go to work or school? Check one answer

My husband or partner
Baby's grandparent
Other close family member or relative
Friend or neighbor
Babysitter, nanny, or other child care provider
Staff at day care center
Other ≡ Please tell us:
[BOX]

C3. When you leave your new baby to go to work or school, how often do you feel that she or he is well cared for? Check one answer

Always
Often
Sometimes
Rarely
Never

NOTE: Skip D1–D2 if infant is not alive or not living with the mother.

D1. Is your new baby a boy or a girl?

Boy
Girl ≡ Go to Question ##

D2. Did you have your new baby boy circumcised?

No
Yes

**NOTE: Skip E1 if mother is not using birth control now.
BEFORE E1, insert instruction box that says, "If you are not doing anything to keep from getting pregnant *now*, go to...."**

E1. 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 closed (female sterilization)
Vasectomy (male sterilization)
Pill
Condoms
Shot once a month (Lunelle[®])
Shot once every 3 months (Depo-Provera[®])
Contraceptive patch (OrthoEvra[®])
Diaphragm, cervical cap, or sponge
Cervical ring (NuvaRing[®] or others)
IUD (including Mirena[®])
Rhythm method or natural family planning
Withdrawal (pulling out)
Not having sex (abstinence)
Other ≡ Please tell us:
[BOX]

E2. After your new baby was born, did a doctor, nurse, or other health care worker talk with you about using birth control?

No
Yes

**NOTE: Skip E3 if mother was not using birth control when she got pregnant.
BEFORE E3, insert instruction box that says, “If you were not doing anything to keep from getting pregnant, go to....”**

E3. When you got pregnant with your new baby, what were you or your husband or partner doing to keep from getting pregnant? Check all that apply

Tubes tied or closed (female sterilization)
 Vasectomy (male sterilization)
 Pill
 Condoms
 Shot once a month (Lunelle[®])
 Shot once every 3 months (Depo-Provera[®])
 Contraceptive patch (OrthoEvra[®])
 Diaphragm, cervical cap, or sponge
 Cervical ring (NuvaRing[®] or others)
 IUD (including Mirena[®])
 Rhythm method or natural family planning
 Withdrawal (pulling out)
 Not having sex (abstinence)
 Other = Please tell us:
[BOX]

E4. Before you got pregnant with your new baby, had you ever heard or read about emergency birth control (the “morning-after pill”)? This combination of pills is used to prevent pregnancy up to 3 days after unprotected sex.

No
 Yes

NOTE: Skip F1 if infant is not alive or not living with the mother.

F1. How often does your new baby sleep in the same bed with you or anyone else?

Always
 Often
 Sometimes
 Rarely
 Never

G1. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?

No
 Yes

NOTE: Skip G2 if mother has never heard or read about folic acid.

G2. Have you ever heard about folic acid from any of the following? Check all that apply

Magazine or newspaper article
Radio or television
Doctor, nurse, or other health care worker
Book
Family or friends
Other = Please tell us:
[BOX]

G3. Some health experts recommend taking folic acid for which one of the following reasons? Check one answer

To make strong bones
To prevent birth defects
To prevent high blood pressure
I don't know

G4. Which of the following things would cause *you* to take a multivitamin or a prenatal vitamin? Check all that apply

I didn't usually eat the right foods
It prevented heart disease
It was good for my general health
It would help me have a healthy baby someday
My family or friends said it was a good idea
My doctor or nurse said it was a good idea

G5. During the *last 3 months* of your most recent pregnancy, how many times a week did you take a multivitamin or a prenatal vitamin? These are pills that contain many different vitamins and minerals.

I did not take a multivitamin or a prenatal vitamin at all
1 to 3 times a week
4 to 6 times a week
Every day of the week

G6. During the *past month*, how many times a week did you take a multivitamin or a prenatal vitamin? These are pills that contain many different vitamins and minerals.

I did not take a multivitamin or a prenatal vitamin at all
1 to 3 times a week
4 to 6 times a week
Every day of the week

G7. During the last 3 months of your most recent pregnancy, about how many servings of fruits or vegetables did you have in a day? Check one answer

- Less than 1 serving per day
- 1 or 2 servings per day
- 3 or 4 servings per day
- 5 or more servings per day

NOTE: Skip H1–H2 if infant is not alive or not living with the mother.

H1. Do you have health insurance or Medicaid for your new baby?

- No ≡ **Go to Question ##**
- Yes

H2. What type of insurance is your new baby covered by? Check all that apply

- Medicaid (*state program name*)
 - Private insurance or HMO (including insurance from your work or your husband's work)
 - State-specific*
 - State-specific*
 - Other ≡ Please tell us:
- [BOX]**

NOTE: Skip H3–H4 if infant is not alive or not living with the mother.

H3. Is your new baby in the Child Health Insurance Program (CHIP)?

- No
- Yes ≡ **Go to Question ##**

H4. Why didn't you enroll your new baby in CHIP? Check all that apply

- I didn't know about the program
 - I already had insurance
 - I didn't think he or she was eligible
 - Other ≡ Please tell us:
- [BOX]**

**NOTE: Skip I2 if mom indicated in I6 that she had been tested before this pregnancy.
Skip I2–I3 if mom indicated in Core 20 that she was tested during pregnancy or delivery. Do NOT skip these if mom indicated in Core 20 that she “didn’t know” whether she was tested during pregnancy or delivery.**

I2. Had you been tested for HIV *before* this pregnancy?

No ≡ **Go to Question ##**

Yes

I don’t know ≡ **Go to Question ##**

I3. When were you tested *before* this pregnancy? Check one answer

Less than 6 months before you got pregnant

6 months to 1 year before you got pregnant

More than 1 year before you got pregnant

**NOTE: Skip I2 if mom indicated in I6 that she had been tested before this pregnancy.
Skip I4–I6 if mom indicated in Core 20 that she was tested during pregnancy or delivery. Do NOT skip these if mom indicated in Core 20 that she “didn’t know” whether she was tested during pregnancy or delivery.**

I4. Were you *offered* an HIV test during your most recent pregnancy or delivery?

No ≡ **Go to next section**

Yes

I5. Did you turn down the HIV test?

No ≡ **Go to next section**

Yes

I6. Why did you turn down the HIV test? Check all that apply

I did not think I was at risk for HIV

I did not want people to think I was at risk for HIV

I was afraid of getting the result

I was tested before this pregnancy, and did not think I needed to be tested again ≡ **Go to Question ##** (Skip I2 and answer I3)

Other ≡ Please tell us:

[BOX]

**NOTE: Skip I7 if mom indicated in Core 20 that she had not been tested during this pregnancy or delivery.
Skip I7 if mom indicated in Core 20 that she “didn’t know” whether she was tested during pregnancy or delivery.**

I7. When was your most recent HIV test? Check one answer

- During the first 3 months of pregnancy
- During the second 3 months of pregnancy
- During the last 3 months of pregnancy
- Unsure when, but during pregnancy and before delivery
- At labor and delivery
- After delivery but before hospital discharge

NOTE: Skip K1–K4 if mother has not had a previous infant born alive.

K1. Before you had your new baby, did you ever have a baby by cesarean delivery (when a doctor cuts through the mother’s belly to bring out the baby)?

- No ≡ Go to Question ##
- Yes

K2. How did you expect your *new* baby to be delivered, vaginally (naturally) or by cesarean delivery?

- Vaginally
- Cesarean delivery ≡ Go to Question ##

K3. How was your *new* baby delivered?

- Vaginally
- I went into labor but had to have a cesarean delivery
- I didn’t go into labor and had to have a cesarean delivery

NOTE: Skip K4 if mother did not have prenatal care.

K4. How did the doctor, nurse, or other health care worker who provided your prenatal care suggest you deliver your new baby? Check one answer

- He or she suggested I deliver my baby vaginally (naturally)
- He or she suggested I have a cesarean delivery
- He or she didn’t suggest how I deliver my baby

NOTE: Skip K5 if mother did not have her baby in a hospital.

K5. After you were *admitted* to the hospital to deliver your new baby, were you transferred to another hospital *before* your baby was born?

No
Yes

L1. Other than prenatal vitamins, did you take any over-the-counter or prescribed medicine during pregnancy, even for a short period of time?

No
Yes

L2. Have you ever had German measles (rubella) or been vaccinated for German measles?

No
Yes

L3. Have you ever had chickenpox (varicella) or been vaccinated for chickenpox?

No
Yes

L4. Have you ever taken medicine on a regular basis to control seizures or epilepsy?

No ≡ **Go to Question ##**
Yes

NOTE: Skip L5–L7 if mother has never taken medicine to control seizures or epilepsy.

L5. During your most recent pregnancy, did you take medicine on a regular basis to control seizures or epilepsy?

No ≡ **Go to Question ##**
Yes

L6. When did you start taking the medicine?

I started taking the medicine during my pregnancy
I started taking the medicine in the year before I got pregnant
I started taking the medicine more than a year before I got pregnant

NOTE: All moms that answer L5 should answer L7.

L7. How many seizures did you experience during your most recent pregnancy?

None

1

2

3 or more

L8. Since your new baby was born, have you had a postpartum checkup for yourself? (A postpartum checkup is the regular checkup a woman has after she gives birth.)

No \equiv **Go to Question ##**

Yes

L9. At that visit, did a doctor, nurse, or other health care worker discuss family planning or birth control with you?

No

Yes

L10. Would you say that, in general, your health is—

Excellent

Very good

Good

Fair

Poor

L11. During the 3 months before you got pregnant with your new baby, did you have any of the following health problems? For each one, circle **Y** (Yes) if you had the problem or circle **N** (No) if you did not.

	No	Yes
a. Asthma	N	Y
b. High blood pressure (hypertension)	N	Y
c. High blood sugar (diabetes)	N	Y
d. Anemia (poor blood, low iron)	N	Y
e. Heart problems	N	Y

L12. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker offer you a flu vaccination or tell you to get one?

No

Yes

L13. Did you get a flu vaccination during your most recent pregnancy?

No

Yes ≡ **Go to Question ##**

L14. What were your reasons for not getting a flu vaccination during your most recent pregnancy? For each item, circle **Y** (Yes) if it was a reason for you or circle **N** (No) if it was not a reason or did not apply to you.

	No	Yes
a. My doctor didn't mention anything about a flu vaccination during my pregnancy	N	Y
b. I was worried about side effects of the flu vaccination for me.....	N	Y
c. I was worried that the flu vaccination might harm my baby	N	Y
d. I wasn't pregnant during the flu season (November–February).....	N	Y
e. I was in my first trimester during the flu season (November–February).....	N	Y
f. I don't normally get a flu vaccination	N	Y
g. Other.....	N	Y

Please tell us:

[BOX]

L15. Have you ever had a flu vaccination when you were *not* pregnant?

No

Yes

NOTE: Skip L16 if mother has not had a postpartum checkup (L8).

L16. At that visit, did a doctor, nurse, or other health care worker advise you to take a multivitamin or a prenatal vitamin every day? These are pills that contain many different vitamins and minerals.

No

Yes

L17. Before you got pregnant with your new baby, did you talk with a doctor, nurse, or other health care worker to prepare for a healthy pregnancy and baby?

No

Yes

M1a. Since your new baby was born, how often have you felt down, depressed, or hopeless?

Always

Often

Sometimes

Rarely

Never

M1b. *Since your new baby was born, how often have you had little interest or little pleasure in doing things?*

Always
Often
Sometimes
Rarely
Never

M2. *At any time during your most recent pregnancy or after delivery, did a doctor, nurse, or other health care worker talk with you about “baby blues” or postpartum depression?*

No
Yes

M3. *At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker diagnose you with depression?*

No ≡ **Go to Question ##**
Yes

M4. *At any time during your most recent pregnancy, did you seek help for depression from a doctor, nurse, or other health care worker?*

No
Yes

M5. *Since your new baby was born, has a doctor, nurse, or other health care worker diagnosed you with depression?*

No ≡ **Go to Question ##**
Yes

M6. *Since your new baby was born, did you seek help for depression from a doctor, nurse, or other health care worker?*

No
Yes

M7. **How would you describe the time during your most recent pregnancy?** Check one answer

One of the happiest times of my life
A happy time with few problems
A moderately hard time
A very hard time
One of the worst times of my life

M8. At any time during your most recent pregnancy, did you take prescription medicine for your depression?

No
Yes

M9. At any time during your most recent pregnancy, did you get counseling for your depression?

No
Yes

M10. Since your new baby was born, have you taken prescription medicine for your depression?

No
Yes

M11. Since your new baby was born, have you gotten counseling for your depression?

No
Yes

N1. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker tell you to stay in bed for at least 1 week?

No ≡ **Go to Question ##**
Yes

N2. How many weeks or months pregnant were you when you were told to stay in bed?

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

N3. How often were you able to follow your provider's instruction to stay in bed?

Always ≡ **Go to Question ##**
Often ≡ **Go to Question ##**
Sometimes
Rarely
Never

N4. What types of support would have helped you to stay in bed for the recommended time? For each item, circle **Y** (Yes) if it was a reason for you or circle **N** (No) if it was not a reason or did not apply to you.

	No	Yes
a. Help with child care	N	Y
b. Help with housework	N	Y
c. Knowing I wouldn't lose my job.....	N	Y
d. Money to make up for not working.....	N	Y
e. Other.....	N	Y

Please tell us:
[BOX]

O1. Since your new baby was born, have you had any medical problem that caused you to go to the hospital and stay overnight?

No ≡ **Go to Question ##**
 Yes

O2. When was the *first* time you had to go into the hospital and stay overnight after you had your new baby?

[BOX] **[BOX]** **[BOX]**
 Month Day Year

O3. What kind of medical problem caused you to go into the hospital? Check all that apply

Vaginal bleeding
 Fever or infection
 Other ≡ Please tell us:
[BOX]

P1. When you got pregnant, did your new baby's father live with you?

No
 Yes

P2. When you got pregnant, what relationship did you have with your new baby's father? Check one answer

He was my husband (legally married)
 He was my partner (not legally married)
 He was my boyfriend
 He was a friend
 Other ≡ Please tell us:
[BOX]

P3. When you got pregnant, who lived in the same house with you? Check all that apply

My husband or partner

Children aged 5 years and under ≡ How many? [BOX]

Children aged 6 years and over ≡ How many? [BOX]

My mother

My father

My husband's or partner's parent(s)

Friend or roommate

Other family member or relative

Other ≡ Please tell us:

[BOX]

I lived alone

P4. Who lives in the same house with you now? Check all that apply

My husband or partner

Children aged 5 years and under ≡ How many? [BOX]

Children aged 6 years and over ≡ How many? [BOX]

My mother

My father

My husband's or partner's parent(s)

Friend or roommate

Other family member or relative

Other ≡ Please tell us:

[BOX]

I live alone

P5. Do you have a husband or partner who lives with you now?

No

Yes

P6. When you got pregnant, how old was your new baby's father?

[BOX] Years old

I don't know

P7. How old were you when you had your first menstrual period?

[BOX] Years old

P8. How old were you when you got pregnant with your first baby?

[BOX] Years old

P9 Do you have a telephone in your home that has been working (in service) for the past month?

No ≡ **Go to Question ##**
 Yes

P10. Is your telephone number listed in the most recent telephone book under your last name and current address?

Yes
 Telephone unlisted
 Telephone listed under another name or address

P11. Which rooms are in the house, apartment, or trailer where you live? Check all that apply

Living room
 Separate dining room
 Kitchen
 Bathroom(s)
 Recreation room, den, or family room
 Finished basement
 Bedrooms ≡ How many? **[BOX]**

P12. Counting yourself, how many people live in your house, apartment, or trailer?

[BOX] Adults (people aged 18 years or older)
[BOX] Babies, children, or teenagers (people aged 17 years or younger)

P13a. Which of the following utilities do you have in your house, apartment, or trailer? For each item, circle Y (Yes) if you have the utility or circle N (No) if you do not have the utility.

	No	Yes
a. Complete plumbing facilities (including hot and cold running water, a flush toilet, and a bathtub or shower)	N	Y
b. Electricity	N	Y
c. A telephone from which you can make and receive calls (including cell phones)	N	Y

If you don't have complete plumbing facilities in your home, go to Question ##.

P13b. Do you get the water you use in your house, apartment, or trailer from a city or county water supply or from a private well?

City or county water supply
 Private well

P14. During the 12 months before your new baby was born, did you ever eat less than you felt you should because there wasn't enough money to buy food?

No
Yes

P15. During the 12 months before your new baby was born, how often did you feel unsafe in the neighborhood where you lived?

Always
Often
Sometimes
Rarely ≡ **Go to Question ##**
Never ≡ **Go to Question ##**

P16. During the 12 months before your new baby was born, did you do any of the following things because you felt it was unsafe to leave or return to the neighborhood where you lived? For each item, circle Y (Yes) if you did it or circle N (No) if you did not.

	No	Yes
a. I missed doctor or other appointments	N	Y
b. I limited grocery or other shopping	N	Y
c. I stayed with other family members or friends	N	Y

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

Q1. Which of the following statements best describes you during the 3 months before you got pregnant?
Check one answer

I was trying to get pregnant
I wasn't trying to get pregnant or trying to keep from getting pregnant
I was trying to keep from getting pregnant but was not trying very hard
I was trying hard to keep from getting pregnant

Q2. Which of the following statements best describes your husband or partner during the 3 months before you got pregnant? Check one answer

He wanted me to get pregnant
He partly wanted me to get pregnant and partly wanted me not to get pregnant
He didn't care one way or the other whether I got pregnant
He didn't especially want me to get pregnant
He wanted very much for me not to get pregnant

Q3. Thinking back to *just before* you got pregnant with your *new* baby, how did your husband or partner feel about your becoming pregnant? Check one answer

- He wanted me to be pregnant sooner
- He wanted me to be pregnant later
- He wanted me to be pregnant then
- He didn't want me to be pregnant then or at any time in the future
- I don't know
- I didn't have a husband or partner

NOTE: Skip Q4 if mother wanted to be pregnant sooner, then, or not at any time in the future.

Q4. How much later did you want to become pregnant?

- Less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to less than 4 years
- 4 years or more

Q5. This question asks about feelings and concerns women sometimes have about becoming pregnant.
For each item, please circle **Y** (Yes) if it applied to you when you found out you were pregnant with your new baby or circle **N** (No) if it did not.

	No	Yes
a. I was worried that I didn't know enough about how to take care of a baby	N	Y
b. I thought a new baby would keep me from doing the things I was used to doing, like working, going to school, or going out.....	N	Y
c. I looked forward to teaching and caring for a new baby	N	Y
d. I looked forward to the new experiences that having a baby would bring	N	Y
e. I looked forward to telling my friends that I was pregnant	N	Y
f. I was worried that I did not have enough money to take care of a baby	N	Y
g. I did not look forward to telling my friends that I was pregnant	N	Y
h. I looked forward to buying things for a new baby.....	N	Y

**Q6. How did you feel when you found out you were pregnant with your new baby?
Were you—**

- Very unhappy to be pregnant
- Unhappy to be pregnant
- Not sure
- Happy to be pregnant
- Very happy to be pregnant

NOTE: Skip R1–R15 if mother had no prenatal care.

R1. We would like to know how you felt about the prenatal care you got during your most recent pregnancy. If you went to more than one place for prenatal care, answer for the place where you got *most* of your care. For each item, circle **Y** (Yes) if you were satisfied or circle **N** (No) if you were not satisfied.

Were you satisfied with—

		No	Yes
a.	The amount of time you had to wait after you arrived for your visits	N	Y
b.	The amount of time the doctor or nurse spent with you during your visits	N	Y
c.	The advice you got on how to take care of yourself.....	N	Y
d.	The understanding and respect that the staff showed toward you as a person.....	N	Y

R2. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about how much weight you should gain during your pregnancy?

No
Yes

R3. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask if you were smoking cigarettes?

No
Yes

R4. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask if you were drinking alcoholic beverages (beer, wine, wine cooler, or liquor)?

No
Yes

R5. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you—

		No	Yes
a.	How much alcohol you were drinking	N	Y
b.	If someone was hurting you emotionally or physically	N	Y
c.	If you were using illegal drugs (marijuana or hash, cocaine, crack, etc.).....	N	Y
d.	If you wanted to be tested for HIV (the virus that causes AIDS).....	N	Y
e.	If you planned to use birth control after your baby was born.....	N	Y

R6. Have you ever heard of the bacteria Group B Strep (Beta Strep) that mothers can pass to their newborns during birth?

No
Yes

R7. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about the bacteria Group B Strep (Beta Strep)?

No
Yes

R8. At any time during your most recent pregnancy, did you get tested for the bacteria Group B Strep (Beta Strep)?

No
Yes
I don't know

R9. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about getting your blood tested for the disease called toxoplasmosis?

No
Yes

R10. 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. Not touching your mouth or eyes while handling raw meat.....	N	Y
b. Cooking meat to "well done"	N	Y
c. Washing hands and utensils after handling raw meat.....	N	Y
d. Washing hands after contact with soil, sand, litter, or any other material that may be contaminated with cat feces	N	Y
e. Not feeding cats raw or undercooked meat	N	Y

R11. At any time during your most recent pregnancy, did you have a blood test for the disease called toxoplasmosis?

No
Yes
I don't know

R12. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about taking a multivitamin or a prenatal vitamin *during your pregnancy*? These are pills that contain many different vitamins and minerals.

No
Yes

R13. At any time during your most recent pregnancy, did your regular prenatal care provider ask you to see a *specialist doctor* for help with any health problem(s)?

No
Yes

R14. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about how eating fish containing high levels of mercury could affect your baby?

No
Yes

R15. Where did you go *most of the time* for your prenatal visits? Do not include visits for WIC. Check one answer

- Hospital clinic
- Health department clinic
- Private doctor’s office or HMO clinic
- State-specific*
- State-specific*
- Other = Please tell us:
- [BOX]**

NOTE: Skip S1 if infant is not alive or not living with the mother.

S1. Listed below are some statements about safety. For each one, circle **Y** (Yes) if it applies to you or circle **N** (No) if it does not.

		No	Yes
a.	My infant was brought home from the hospital in an infant car seat	N	Y
b.	My baby always or almost always rides in an infant car seat.....	N	Y
c.	My home has a working smoke alarm.....	N	Y
d.	There are loaded guns, rifles, or other firearms in my home	N	Y

S2. Did you worry that wearing your seat belt during pregnancy would hurt your new baby?

No
Yes

NOTE: Skip S3 if infant is not alive or not living with the mother.

S3. Listed below are some statements about infant car seats. For each one, circle **T** (True) if you agree with the statement or circle **F** (False) if you do not agree.

		True	False
a.	New babies should be in rear-facing car seats.....	T	F
b.	Car seats should not be placed in front of an air bag.....	T	F

S4. During the last 3 months of your most recent pregnancy, how often did you wear a seat belt when you drove or rode in a car?

Always
Often
Sometimes
Rarely
Never

S5. Since your new baby was born, how often do you wear a seat belt when you drive or ride in a car?

Always
Often
Sometimes
Rarely
Never

NOTE: Skip S6–S9 if infant is not alive or not living with the mother.

S6. When your new baby rides in a car, truck, or van, how often does he or she ride in an infant car seat?

Always
Often
Sometimes
Rarely
Never = Go to Question ##

S7. When your new baby rides in an infant car seat, is he or she usually in the front or back seat of the car, truck, or van?

Front seat
Back seat = Go to Question ## (Skip S9 and then answer S8)

S8. When your new baby rides in an infant car seat, is he or she usually facing forward or facing the rear of the car, truck, or van?

Facing forward
Facing the rear

S9. Does the car, truck, or van that your new baby usually rides in have an airbag on the passenger side?

No
Yes

NOTE: Skip S10–S12 if infant is not alive or not living with the mother.

S10. Do you have an infant car seat(s) for your new baby?

No ≡ **Go to Question ##**

Yes

S11. How did you get your new baby's infant car seat(s)? Check all that apply

I bought a car seat *new*

I received it new for this baby as a gift

I had one from another one of my babies

I bought a car seat *used*

I borrowed a car seat from a friend or family member

I borrowed or rented a car seat from a loaner program

The hospital where my new baby was born gave me a car seat

A community program gave me a car seat

Other ≡ Please tell us:

[BOX]

S12. How did you learn to install and use your infant car seat(s)? Check all that apply

I read the instructions

A friend or family member showed me

Someone from a loaner program showed me

A health or safety professional showed me

I figured it out myself

Some other way ≡ Please tell us:

[BOX]

NOTE: Skip S13 if infant is not alive or not living with the mother.

S13. Have you ever heard or read about what can happen if a baby is shaken?

No

Yes

NOTE: Skip T1–T3 if infant is not alive or not living with the mother.

T1. How many times has your new baby gone for care when he or she was sick?

[BOX] Times

None ≡ **Go to Question ##**

My baby has not been sick ≡ **Go to Question ##**

T2. Where have you taken your new baby when he or she was sick and needed care? Check all that apply

- Hospital clinic
- Health department clinic
- Hospital emergency room
- Private doctor's office
- State-specific*
- State-specific*
- Other = Please tell us:
- [BOX]**

T3. Has your new baby gone for care as many times as you wanted when he or she was sick?

- No
- Yes

NOTE: Skip T4–T5 if infant is not alive or not living with the mother.

T4. Was your new baby jaundiced (yellowing of the skin or whites of the eyes)?

- No = Go to Question ##
- Yes

T5. Was your new baby readmitted to the hospital because of jaundice?

- No
- Yes

U1. Does your husband or partner smoke inside your house?

- No
- Yes

U2. Not including yourself or your husband or partner, does anyone else smoke cigarettes inside your house?

- No
- Yes

V1. During your most recent pregnancy, did you get any of these services? For each one, circle Y (Yes) if you got the service or circle N (No) if you did not get it.

	No	Yes
a. Childbirth classes	N	Y
b. Parenting classes	N	Y
c. Classes on how to stop smoking.....	N	Y
d. Visits to your home by a nurse or other health care worker	N	Y
e. Food stamps	N	Y

f. TANF (welfare)..... N Y
V2. Since your new baby was born, have you used any of these services? For each one, circle **Y** (Yes) if you used the service or circle **N** (No) if you did not use it.

a. List of services..... **No** **Yes**
 N Y

NOTE: Skip V3 if infant is not alive or not living with the mother.

V3. Since your new baby was born, have you used WIC services for your new baby?

No
 Yes

V4. At any time during the last 2 years, have you or any member of your household considered seeking help from the government because your income was low?

No ≡ **Go to Question ##**
 Yes

V5. Did you or any member of your household apply for government payments such as welfare, TANF (Temporary Assistance for Needy Families), or other public assistance?

No
 Yes ≡ **Go to Question ##**

V6. Did any of these things keep you from applying for government help? Check all that apply

- I didn't think I could get help because my household made too much money
- I didn't know how to apply
- There was too much paperwork
- I didn't want to use up my benefits
- I didn't think I could get help because I am from another country
- Other ≡ Please tell us:

[BOX]

NOTE: Skip V7 if mother did not apply for government assistance.

V7. Did any of these happen to you when you applied for government assistance? Check all that apply

- I received assistance
- I was told I made too much money to get assistance
- I was told I shouldn't apply because I might need my benefits later
- I was told I couldn't get assistance because I am from another country

V8. Between the time you got pregnant and now, have you applied for TANF (Temporary Assistance for Needy Families or welfare)?

No ≡ **Go to Question ##**
 Yes

V9. Did you get TANF (welfare)?

No
 Yes ≡ **Go to Question ##**

V10. Why didn't you get TANF (welfare)? Check all that apply

- I was ineligible because of my income
- I had reached my time limit
- I had to fulfill work or other requirements
- I had to return on another day to apply
- I had previously lost TANF for another reason (administrative reasons, sanctions, etc.)
- I am not a U.S. citizen
- Other ≡ Please tell us:
[BOX]

V11. During your most recent pregnancy, did you feel you *needed* any of the following services? For each one, circle **Y** (Yes) if you felt you needed the service or **N** (No) if you did not feel you needed the service.

Did you need—

	No	Yes
a. Money to buy food, food stamps, or WIC vouchers.....	N	Y
b. Help with an alcohol or drug problem.....	N	Y
c. Help to reduce violence in your home.....	N	Y
d. Counseling information for family and personal problems.....	N	Y
e. Help to quit smoking	N	Y
f. Help with or information about breastfeeding.....	N	Y
g. Other.....	N	Y

Please tell us:
[BOX]

V12. During your most recent pregnancy, did you receive any of the following services? For each one, circle **Y** (Yes) if you received the service or **N** (No) if you did not receive the service.

Did you receive—

	No	Yes
a. Money to buy food, food stamps, or WIC vouchers.....	N	Y
b. Help with an alcohol or drug problem.....	N	Y
c. Help to reduce violence in your home.....	N	Y
d. Counseling information for family and personal problems.....	N	Y
e. Help to quit smoking.....	N	Y
f. Help with or information about breastfeeding.....	N	Y
g. Other.....	N	Y

Please tell us:

[BOX]

W1. During your most recent pregnancy, who would have helped you if a problem had come up? (For example, who would have helped you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks?) Check all that apply

My husband or partner

My mother, father, or in-laws

Other family member or relative

A friend

Someone else = Please tell us:

[BOX]

No one would have helped me

W2. During your most recent pregnancy, would you have had the kinds of help listed below if you needed them? For each one, circle **Y** (Yes) if you would have had it or circle **N** (No) if not.

	No	Yes
a. Someone to loan me \$50.....	N	Y
b. Someone to help me if I were sick and needed to be in bed.....	N	Y
c. Someone to take me to the clinic or doctor's office if I needed a ride.....	N	Y
d. Someone to talk with about my problems.....	N	Y

W3. Since you delivered your new baby, who would help you if a problem came up? (For example, who would help you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks?) Check all that apply

My husband or partner

My mother, father, or in-laws

Other family member or relative

A friend

Someone else = Please tell us:

[BOX]

No one would help me

NOTE: Skip W4 if infant is not alive or is not living with the mother.

W4. Since you delivered your new baby, would you have the kinds of help listed below if you needed them? For each one, circle **Y** (Yes) if you would have it or circle **N** (No) if not.

		No	Yes
a.	Someone to loan me \$50	N	Y
b.	Someone to help me if I were sick and needed to be in bed.....	N	Y
c.	Someone to talk with about my problems	N	Y
d.	Someone to take care of my baby.....	N	Y
e.	Someone to help me if I were tired and feeling frustrated with my new baby	N	Y

NOTE: Skip X1–X2 if infant is not alive or is not living with the mother.

X1. Has your new baby gone as many times as you wanted for a well-baby checkup?

No
 Yes = Go to Question ##

X2. Did any of these things keep your baby from having a well-baby checkup? Check all that apply

- I didn't have enough money or insurance to pay for it
 - I had no way to get my baby to the clinic or office
 - I didn't have anyone to take care of my other children
 - I couldn't get an appointment
 - My baby was too sick to go for routine care
 - Other = Please tell us:
- [BOX]**

NOTE: Skip X3 if infant is not alive or is not living with the mother.

X3. Did your new baby have any well-baby shots or vaccinations before he or she was 3 months old? Do not count shots or vaccinations given in the hospital right after birth.

No
 Yes
 My child has not had any well-baby shots, but he or she is not 3 months old yet

**NOTE: Skip X4 if infant is not alive or is not living with the mother.
Skip X4 if infant has not had a well-baby checkup.**

X4. When your new baby goes for well-baby checkups, who pays for those visits? Check all that apply

Medicaid

Personal income (cash, check, or credit card)

Health insurance or HMO (including insurance from your work or your husband's work)

State-specific

State-specific

Other = Please tell us:

[BOX]

NOTE: Skip X5 if infant is not alive or is not living with the mother.

X5. What do you think would be the best time to get information from your doctor or nurse about baby shots? Check one answer

During prenatal care visits

In the hospital or birthing center after my new baby's delivery

At my new baby's first visit to the doctor

**NOTE: Skip X6 if infant is not alive or is not living with the mother.
Skip X6 if infant did not have a medical visit during the first week after leaving the hospital.**

X6. Was your new baby seen at home or at a health care facility? Check all that apply

At home

At a doctor's office, clinic, or other health care facility

**NOTE: Skip X7–X8 if infant is not alive or is not living with the mother.
Skip X7–X8 if infant has not had a well-baby checkup.**

X7. How many times has your new baby been to a doctor or nurse for a well-baby checkup? (It may help to use the calendar.)

[BOX] Times

X8. Where do you usually take your new baby for well-baby checkups? Check one answer

- Hospital clinic
- Health department clinic
- Private doctor’s office or HMO clinic
- State-specific*
- State-specific*
- Other ≡ Please tell us:
- [BOX]

Y1. This question is about the care of your teeth during your most recent pregnancy. For each item, circle **Y** (Yes) if it is true or circle **N** (No) if it is not true.

- | | No | Yes |
|---|-----------|------------|
| a. I needed to see a dentist for a problem | N | Y |
| b. I went to a dentist or dental clinic | N | Y |
| c. A dental or other health care worker talked with me about how
to care for my teeth and gums | N | Y |

Y2. Have you ever had your teeth cleaned by a dentist or dental hygienist?

- No ≡ Go to Question ##
- Yes

Y3. When did you have your teeth cleaned by a dentist or dental hygienist? For each of the three time periods, circle **Y** (Yes) if you had your teeth cleaned then or circle **N** (No) if you did not have your teeth cleaned then.

- | | No | Yes |
|--|-----------|------------|
| a. Before my most recent pregnancy | N | Y |
| b. During my most recent pregnancy | N | Y |
| c. After my most recent pregnancy | N | Y |

Z1. This question is about things that may have happened during your most recent pregnancy. For each thing, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not.

During your most recent pregnancy—

- | | No | Yes |
|--|-----------|------------|
| a. Your husband or partner threatened you or made you feel unsafe in some way | N | Y |
| b. You were frightened for the safety of yourself or your family because of the
anger or threats of your husband or partner..... | N | Y |
| c. Your husband or partner tried to control your daily activities, for example,
controlling who you could talk to or where you could go | N | Y |
| d. Your husband or partner forced you to take part in any sexual activity when
you did not want to (including touch that made you uncomfortable)..... | N | Y |

Z2. This question is about things that may have happened since your most recent delivery. For each thing, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not.

Since your most recent delivery—

	No	Yes
a. Your ex-husband or ex-partner pushed, hit, slapped, kicked, choked, or physically hurt you in any other way	N	Y
b. Your husband or partner physically hurt you in any way	N	Y
c. Your husband or partner threatened you or made you feel unsafe in some way	N	Y
d. You were frightened for the safety of yourself or your family because of the anger or threats of your husband or partner.....	N	Y
e. Your husband or partner tried to control your daily activities, for example, controlling who you could talk to or where you could go	N	Y
f. Your husband or partner forced you to take part in any sexual activity when you did not want to (including touch that made you uncomfortable)	N	Y

Z3. During the 12 months before you got pregnant, did anyone else physically hurt you in any way?

No
Yes

Z4. During your most recent pregnancy, did anyone else physically hurt you in any way?

No
Yes

**NOTE: Skip AA1 if mother did not smoke during the 3 months before she got pregnant.
Skip AA1 if mother did not have any prenatal care.**

AA1. During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you to stop smoking?

No
Yes

I had quit smoking before my first prenatal care visit

NOTE: Skip AA2 if mother did not smoke during the 3 months before she got pregnant.

AA2. Listed below are some things about smoking. For each thing, circle **Y** (Yes) if it applied to you during your most recent pregnancy or circle **N** (No) if it did not.

During your most recent pregnancy, did you—

		No	Yes
a.	Set a specific date to stop smoking.....	N	Y
b.	Use a nicotine nasal spray or nicotine inhaler	N	Y
c.	Take a pill like Zyban [®] (also known as Wellbutrin [®] or Bupropion [®]) to help you quit	N	Y
d.	Use nicotine gum.....	N	Y
e.	Use a nicotine patch	N	Y
f.	Attend a class or program to stop smoking	N	Y
g.	Use booklets, videos, or other materials to help you quit.....	N	Y
h.	Go to counseling for help with quitting.....	N	Y
i.	Call a national or state quit line.....	N	Y

**NOTE: Skip AA3 if mother did not smoke during the 3 months before she got pregnant.
Skip AA3 if mother did not have any prenatal care.
Put both of the above instructions in one box on the survey.**

AA3. Listed below are some things about smoking that a doctor, nurse, or other health care worker might have done during any of your prenatal care visits. For each thing, circle **Y** (Yes) if it applied to you during any of your prenatal care visits or circle **N** (No) if it did not.

During any of your prenatal care visits, did a doctor, nurse, or other health care worker—

		No	Yes
a.	Spend time with you discussing how to quit smoking	N	Y
b.	Suggest that you set a specific date to stop smoking.....	N	Y
c.	Prescribe a nicotine nasal spray or nicotine inhaler.....	N	Y
d.	Prescribe a pill like Zyban [®] (also known as Wellbutrin [®] or Bupropion [®]) to help you quit.....	N	Y
e.	Recommend using nicotine gum	N	Y
f.	Recommend using a nicotine patch.....	N	Y
g.	Suggest you attend a class or program to stop smoking.....	N	Y
h.	Provide you with booklets, videos, or other materials to help you quit smoking on your own.....	N	Y
i.	Refer you to counseling for help with quitting.....	N	Y
j.	Ask if a family member or friend would support your decision to quit	N	Y
k.	Refer you to a national or state quit line.....	N	Y

AA4. During your most recent pregnancy, about how many hours a day, on average, were you in the same room with another person who was smoking?

[BOX] Hours

Less than 1 hour a day

I was never in the same room with someone who was smoking

AA5. Which of the following statements best describes the rules about smoking *inside* your home during your most recent pregnancy? Check one answer

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

NOTE: Skip AA6 if mother smoked during the last 3 months of pregnancy.

AA6. When did you quit smoking?

Before I found out I was pregnant
 When I found out I was pregnant
 Later in my pregnancy

AA7. 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

AA8. How many cigarette smokers, not including yourself, lived in your home during your most recent pregnancy?

[BOX] Number of smokers

AA9. How many cigarette smokers, not including yourself, live in your home *now*?

[BOX] Number of smokers

BB1. During the 12 months before your new baby was born, did you feel emotionally upset (for example angry, sad, or frustrated) as a result of how you were treated *based on your race*?

No
 Yes

CC1. During the 3 months before you got pregnant with your new baby, how often did you participate in any physical activities or exercise for 30 minutes or more? (For example, walking for exercise, swimming, cycling, dancing, or gardening.) Do not count exercise you may have done as part of your regular job.

Less than 1 day per week
 1 to 4 days per week
 5 or more days per week

NOTE: If state doesn't choose CC1 with CC2, the list of examples will need to be added for CC2.

CC2. During the last 3 months of your most recent pregnancy, how often did you participate in any physical activities or exercise for 30 minutes or more? Do not count exercise you may have done as part of your regular job.

Less than 1 day per week

1 to 4 days per week

5 or more days per week

I was told by a doctor, nurse, or other health care worker not to exercise

NOTE: Skip DD1–DD3 if mother was on Medicaid before she got pregnant.

DD1. Did you try to get Medicaid coverage during your most recent pregnancy?

No ≡ Go to Question ##

Yes

DD2. Did you have any problems getting Medicaid during your most recent pregnancy?

No

Yes

DD3. When did Medicaid coverage begin during your most recent pregnancy?

During the first 3 months of my pregnancy

During the second 3 months of my pregnancy

During the last 3 months of my pregnancy

I did not get Medicaid during my pregnancy

EE1. During your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had a urinary tract infection (UTI), a sexually transmitted disease (STD), or any vaginal infection, including bacterial vaginosis or Group B Strep (Beta Strep)?

No ≡ Go to Question ##

Yes

EE2. What disease or infection were you told you had? Check all that apply

Genital warts (HPV)
Herpes
Chlamydia
Gonorrhea
Pelvic inflammatory disease (PID)
Syphilis
Group B Strep (Beta Strep)
Bacterial vaginosis
Trichomoniasis (Trich)
Yeast infections
Urinary tract infection (UTI)
Other ≡ Please tell us:
[BOX]

FF1. During the 12 months before you got pregnant with your new baby, did you have a miscarriage, fetal death (baby died before being born), or stillbirth?

No ≡ **Go to Question ##**
Yes

If you had more than one miscarriage, fetal death, or stillbirth during the 12 months before you got pregnant with your new baby, please answer the next two questions for the most recent one.

FF2. How long did that pregnancy last?

Less than 20 weeks (less than 4 months)
20 to 28 weeks (4 to 6 months)
More than 28 weeks (more than 6 months)

FF3. How long ago did that pregnancy end?

Less than 6 months before getting pregnant with my new baby
6 to 12 months before getting pregnant with my new baby