



PRAMS
Phase 4 Questionnaire
2003

First, we would like to ask a few questions about you and the time before you became pregnant with your new baby. Please check the box next to your answer.

1. **Just before you got pregnant, did you have health insurance?**
(Do not count Medicaid.)

- No
- Yes

2. **Just before you got pregnant, were you on Medicaid?**

- No
- Yes

3. **In the month before you got pregnant with your new baby, how many times a week did you take a multivitamin (a pill that contains many different vitamins and minerals)?**

- I didn't take a multivitamin at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

4. **What is your date of birth?**

_____ / _____ / _____
Month Day Year

5. **Just before you got pregnant, how much did you weigh?**

_____ OR _____
Pounds Kilos

6. **How tall are you without shoes?**

_____ and _____ OR _____
Feet Inches Centimeters

7. Before your new baby, did you ever have any other babies who were born alive?

- No _____ → Go to Question 10
- Yes

8. Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?

- No
- Yes

9. Was the baby just before your new one born *more* than 3 weeks before its due date?

- No
- Yes

10. Thinking back to *just before* you got pregnant, how did you feel about becoming pregnant?

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

11. When you got pregnant with your new baby, were you trying to become pregnant?

- No
- Yes _____ → Go to Question 14

12. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?

(Some things people do to keep from getting pregnant include not having sex at certain times [rhythm], and using birth control methods such as the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes _____ → Go to Question 14

13. What were your or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

- I didn't mind if I got pregnant
 - I thought I could not get pregnant at that time
 - I had side effects from the birth control method I was using
 - I had problems getting birth control when I needed it
 - I thought my husband or partner or I was sterile (could not get pregnant at all)
 - My husband or partner didn't want to use anything
 - Other _____ → Please tell us:
- Check all that apply
-

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 a calendar when you answer these questions.)

14. How many weeks or months pregnant were you when you were *sure* you were pregnant?

(For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)
Weeks OR Months

_____ Weeks **OR** _____ Months

- I don't remember

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

(Don't count a visit that was only for a pregnancy test or only for WIC [the Special Supplemental Nutrition Program for Women, Infants, and Children].)

_____ Weeks **OR** _____ Months

- I didn't go for prenatal care

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

- No
 - Yes _____ →
 - I didn't want prenatal care _____ →
- Go to
Question 18

17. Did any of these things keep you from getting prenatal care as early as you wanted?

Check all that apply

- I couldn't get an appointment earlier in my pregnancy
- I didn't have enough money or insurance to pay for my visits
- I didn't know that I was pregnant
- I had no way to get to the clinic or doctor's office
- The doctor or my health plan would not start care earlier
- I didn't have my Medicaid card
- I had no one to take care of my children
- I had too many other things going on
- Other _____ → Please tell us:

If you did not go for prenatal care, go to page 4, Question 22.

18. 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
- Primary care clinic or community health center
- Indian Health Service
- Other _____ → Please tell us:

19. How was your prenatal care paid for?

Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO
- Military coverage
- Indian Health Service
- Other _____ → Please tell us:

20. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below?

(Please count only discussions, not reading materials or videos.) For each item, circle **Y** (Yes) if someone talked with you about it or circle **N** (No) if no one talked with you about it.

	No	Yes
a. How smoking during pregnancy could affect your baby	N	Y
b. Breastfeeding your baby	N	Y
c. How drinking alcohol during pregnancy could affect your baby	N	Y
d. Using a seat belt during your pregnancy	N	Y
e. Birth control methods to use after your pregnancy	N	Y
f. Medicines that are safe to take during your pregnancy	N	Y
g. How using illegal drugs could affect your baby	N	Y
h. Doing tests to screen for birth defects or diseases that run in your family	N	Y
i. What to do if your labor starts early	N	Y
j. Getting your blood tested for HIV (the virus that causes AIDS)	N	Y
k. Physical abuse to women by their husbands or partners	N	Y

21. At any time during your prenatal care, did a doctor, nurse, or other health care worker talk with you about how much weight you should gain during your pregnancy?

- No
- Yes

The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.

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

- No
- Yes

23. Did you have any of these problems during your pregnancy

For each item, circle **Y** (Yes) if you had the problem or circle **N** (No) if you did not.

	No	Yes
a. Labor pains more than 3 weeks before your baby was due (preterm or early labor)	N	Y
b. High blood pressure (including preeclampsia or toxemia) or retained water (edema)	N	Y
c. Vaginal bleeding	N	Y
d. Problems with the placenta (such as abruptio placentae, placenta previa)	N	Y
e. Severe nausea, vomiting, or dehydration	N	Y
f. High blood sugar (diabetes)	N	Y
g. Kidney or bladder (urinary tract) infection	N	Y
h. Water broke more than 3 weeks before your baby was due (premature rupture of membranes, PROM)	N	Y
i. Cervix had to be sewn shut (incompetent cervix, cerclage)	N	Y
j. You were hurt in a car accident	N	Y

If you did not have any of these problems, go to Question 25.

24. Did you do any of the following things because of these problem(s)?

Check all that apply

- I went to the hospital or emergency room and stayed less than 1 day
- I went to the hospital and stayed 1 to 7 days
- I went to the hospital and stayed more than 7 days
- I stayed in bed at home more than 2 days because of my doctor's or nurse's advice

The next questions are about smoking cigarettes and drinking alcohol.

25. Have you smoked at least 100 cigarettes in the past 2 years? (A pack has 20 cigarettes.)

- No
- Yes

Go to Page 6, Question 29

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

_____ **OR** _____
Cigarettes Packs

- Less than 1 cigarette a day
- I didn't smoke
- I don't know

27. In the last 3 months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?

_____ **OR** _____
Cigarettes Packs

- Less than 1 cigarette a day
- I didn't smoke
- I don't know

28. How many cigarettes or packs of cigarettes do you smoke on an average day now?

_____ **OR** _____
Cigarettes Packs

- Less than 1 cigarette a day
- I don't smoke
- I don't know

29. 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
 Yes

Go to Question 32

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

- I didn't drink then
 Less than 1 drink a week
 1 to 3 drinks a week
 4 to 6 drinks a week
 7 to 13 drinks a week
 14 drinks or more a week
 I don't know

b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

_____ Times

- I didn't drink then
 I don't know

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

- I didn't drink then
 Less than 1 drink a week
 1 to 3 drinks a week
 4 to 6 drinks a week
 7 to 13 drinks a week
 14 drinks or more a week
 I don't know

b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

_____ Times

- I didn't drink then
 I don't know

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

32. This question is about things that may have happened during the 12 months before your new baby was born.

For each item, circle Y(Yes) if it happened to you or circle N(No) if it did not. (It may help to use the calendar.)

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

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

- No
 Yes

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

- No
 Yes

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

- No
- Yes

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

- No
- Yes

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

35. When was your baby due?

_____ _____ _____
Month Day Year

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

_____ _____ _____
Month Day Year

- I didn't have my baby in a hospital

37. When was your baby born?

_____ _____ _____
Month Day Year

38. When were you discharged from the hospital after your baby was born?
(It may help to use the calendar.)

_____ _____ _____
Month Day Year

- I didn't have my baby in a hospital

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

- No
- Yes
- I don't know

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

- Less than 24 hours (Less than 1 day)
- 24–48 hours (1–2 days)
- 3 days
- 4 days
- 5 days
- 6 days or more
- My baby was not born in a hospital
- My baby is still in the hospital

41. How was your delivery paid for?

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO
- Military coverage
- Indian Health Service
- Other _____ → Please tell us:

Check all that apply

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

42. What is today's date?

_____ _____ _____
Month Day Year

43. Is your baby alive now?

No
 Yes → Go to Question 45

44. When did your baby die?

_____ _____ _____
Month Day Year

Go to Page 10, Question 57

45. Is your baby living with you now?

No → Go to Page 10, Question 57
 Yes

46. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

No → Go to Question 50
 Yes

47. Are you still breastfeeding or feeding pumped milk to your new baby?

No
 Yes → Go to Question 49

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

_____ Weeks OR _____ Months

Less than 1 week

49. How old was your baby the first time you fed him or her anything besides breast milk?

(Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.)

_____ Weeks OR _____ Months

My baby was less than one week old
 I have not fed my baby anything besides breast milk

If your baby is still in the hospital, go to Page 10, Question 57.

50. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

Less than one hour a day
 My baby is never in the same room with someone who is smoking

51. How do you *most often* lay your baby down to sleep now?

On his or her side
 On his or her back
 On his or her stomach

Check one answer

52. Was your baby seen by a doctor, nurse, or other health care provider in the first week after he or she left the hospital?

No → Go to Question 54
 Yes

53. Was your new baby seen at home or at a health care facility?

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

54. Has your baby had a well-baby checkup?

- No → Go to Page 10, Question 57
- Yes

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

_____Times

56. Where do you usually take your baby for well-baby checkups?

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Primary care clinic or community health center
- Indian Health Service
- Other → Please tell us:

Check one answer

The next few questions are about the time after you gave birth to your new baby and things that may have happened after delivery.

57. 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 or their partner having a vasectomy, using birth control methods like the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, and not having sex at certain times [rhythm].)

- No
- Yes → Go to Question 59

58. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?

Check all that apply, then go to Question 60

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

59. What kind of birth control are you or your husband or partner using now to keep from getting pregnant?

- Tubes tied (sterilization)
- Vasectomy (sterilization)
- Pill
- Condoms
- Foam, jelly, cream
- Norplant®
- Shots (Depo-Provera®)
- Withdrawal
- Other _____ → Please tell us:

Check all that apply

The next questions are about your family and the place where you live.

60. Which rooms are in the house, apartment, or trailer where you live?

- Living room
- Separate dining room
- Kitchen
- Bathroom(s)
- Recreation room, den, or family room
- Finished basement
- Bedrooms _____ → How many? _____

Check all that apply

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

_____ Adults (people aged 18 years or older)
_____ Babies, children, or teenagers (people aged 17 years or younger)

62. What were the sources of your household's income during the past 12 months?

- Paycheck or money from a job
- Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, general assistance, food stamps, or Supplemental Security Income
- Unemployment benefits
- Child support or alimony
- Social security, workers' compensation, veteran benefits, or pensions
- Money from a business, fees, dividends, or rental income
- Money from family or friends
- Other _____ → Please tell us:

Check all that apply

On the last few pages, there are questions on a variety of topics. Your answers should be for your most recent birth and the pregnancy leading up to that birth.

If you did not go for prenatal care, go to Question 65.

63. At any time during your prenatal care, did you have your blood drawn to test for birth defects?

- No _____ →
- Yes _____ →
- I don't know _____ →

Go to Question 65

64. What were your reasons for not having your blood drawn?

- I was not told about it
- I did not understand the reason for the test
- I do not like having my blood drawn
- I heard the results are unreliable
- I did not want to know if my baby had birth defects
- If a birth defect were found, one of my options would have been to have an abortion
- The cost of the blood test was too high

Check all that apply

65. During your most recent pregnancy, did you have vaginal infections, for example: yeast, bacterial vaginosis, and/or sexually transmitted diseases [STDs]?

- No
- Yes

→ Go to Page 12, Question 67

66. Which vaginal infections did you have during your most recent pregnancy?

- Yeast
- Vaginosis
- Chlamydia
- Gonorrhea
- Other vaginal infections

Check all that apply

→ Please tell us

I don't know

67. Did you douche at anytime during your most recent pregnancy?

- No
- Yes

→ Go to Question 69

68. How often did you douche during your most recent pregnancy?

- Daily
- 4–6 times a week
- 2–3 times a week
- Once a week
- 2–3 times a month or less often

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

- No
- Yes

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

- No
- Yes

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

**Thanks for answering our questions!
Your answers will help us work to make Mississippi mothers and babies healthier.**