



## PRAMS

### Phase 5 Questionnaire 2004, 2005, 2006

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 or a prenatal vitamin?** These are pills that contains many different vitamins and minerals.

- I didn't 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

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

- No
- Yes

Go to Question 10

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

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

10. Thinking back to *just before* you got pregnant with your *new* baby, 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 get 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] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, 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**

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

\_\_\_\_\_ 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. Here is a list of problems some women can have getting prenatal care.** For each item, circle **Y** (Yes) if it was a problem for you during your most recent pregnancy or circle **N** (No) if it was not a problem or did not apply to you.

	<b>No</b>	<b>Yes</b>
a. I couldn't get an appointment earlier in my pregnancy	N	Y
b. I didn't have enough money or insurance to pay for my visits	N	Y
c. I had no way to get to the clinic or doctor's office	N	Y
d. I couldn't take time off from work	N	Y
e. The doctor or my health plan would not start care as early as I wanted	N	Y
f. I didn't have my Medicaid card	N	Y
g. I had no one to take care of my children	N	Y
h. I had too many other things going on	N	Y
i. I didn't want anyone to know I was pregnant	N	Y
j. Other	N	Y
Please tell us:		

If you did not go for prenatal care, go to page 4, Question 21.

**18. How was your prenatal care paid for?**

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)
- Military coverage
- Indian Health Service
- Other \_\_\_\_\_ ▶ Please tell us:

**19. 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.

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

**20. 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

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

- No
- Yes
- I don't know

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

**22. During your most recent 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 most recent pregnancy?**

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

	No	Yes
a. High blood sugar (diabetes) that started <i>before</i> this pregnancy	N	Y
b. High blood sugar (diabetes) that started <i>during</i> this pregnancy	N	Y
c. Vaginal bleeding	N	Y
d. Kidney or bladder (urinary tract) infection	N	Y
e. Severe nausea, vomiting, or dehydration	N	Y
f. Cervix had to be sewn shut (incompetent cervix)	N	Y
g. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia	N	Y
h. Problems with the placenta (such as abruption placenta, placenta previa)	N	Y
i. Labor pains more than 3 weeks before my baby was due (preterm or early labor)	N	Y
j. Water broke more than 3 weeks before my baby was due (premature rupture of membranes, [PROM])	N	Y
k. I had to have a blood transfusion	N	Y
l. I was 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 problems?** For each item, circle **Y** (Yes) if you did that thing or circle **N** (No) if you did not.

	No	Yes
a. I went to the hospital or emergency room and stayed less than 1 day	N	Y
b. I went to the hospital and stayed 1 to 7 days	N	Y
c. I went to the hospital and stayed more than 7 days	N	Y
d. I stayed in bed at home more than 2 days because of my doctor's or nurse's advice	N	Y

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.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

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

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

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

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

**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

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

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

**30b. During the *3 months before* you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?**

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

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

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

**31b. During the *last 3 months* of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?**

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

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. I got separated or divorced from my husband or partner	N	Y
c. I moved to a new address	N	Y
d. I was homeless	N	Y
e. My husband or partner lost his job	N	Y
f. I lost my job even though I wanted to go on working	N	Y
g. I argued with my husband or partner more than usual	N	Y
h. My husband or partner said he didn't want me to be pregnant	N	Y
i. I had a lot of bills I couldn't pay	N	Y
j. I was in a physical fight	N	Y
k. My husband or partner or I went to jail	N	Y
l. Someone very close to me had a bad problem with drinking or drugs	N	Y
m. Someone very close to me died	N	Y

The next questions are about the time during the 12 months before you got pregnant with your new baby.

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

- No  
 Yes

**33b. During the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner?**

- No  
 Yes

The next questions are about the time during your most recent pregnancy.

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

- No  
 Yes

**34b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?**

- 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. How was your delivery paid for?**

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- 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.

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

- No
- Yes
- I don't know

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

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

Go to Question 44

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

- No
- Yes \_\_\_\_\_ →

Go to Page 10, Question 52

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

- No \_\_\_\_\_ →
- Yes

Go to Page 10, Question 52

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

- No \_\_\_\_\_ →
- Yes

Go to Question 48

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

- No
- Yes \_\_\_\_\_ →

Go to Question 47

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

\_\_\_\_\_      OR      \_\_\_\_\_  
Weeks                  Months

Less than 1 week

**47. 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.)

\_\_\_\_\_      OR      \_\_\_\_\_  
Weeks                  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 52.

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

\_\_\_\_\_Hours

- Less than 1 hour a day
- My baby is never in the same room with someone who is smoking

**49. 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

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

- No
- Yes

**51. Has your baby had a well-baby checkup?** (A well-baby checkup is a regular health visit for your baby usually at 2, 4, or 6 months of age.)

- No
- Yes

**52. Are you or your husband or partner doing anything *now* to keep from getting pregnant?**

(Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods like the pill, condoms, cervical ring, IUD, having their tubes ties, or their partner having a vasectomy.)

- No
- Yes

Go to Question 54

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

- 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:

If you or your husband or partner is not doing anything to keep from getting pregnant now, go to Question 55.

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

- 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 (Ortho Evra®)
- 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:

Check all that apply



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

**55. During the 12 months before your new baby was born, what were the sources of your household's income?**

Check all that apply

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

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

Check one answer

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

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

\_\_\_\_\_ People

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 Page 12, Question 60.

**58. 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 Page 12,  
Question 60

**59. What were your reasons for not having your blood drawn?**

Check all that apply

- 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

**60. 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 Question 62

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

- Yeast
- Vaginosis
- Chlamydia
- Gonorrhoea
- Other vaginal infections → Please tell us

Check all that apply

I don't know

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

- No →
- Yes

Go to Question 64

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

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

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

- No
- Yes

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

- No
- Yes

**66. 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   |

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

- No →
- Yes

Go to Question 69

**68. 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 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   |

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

\_\_\_\_ Month      \_\_\_\_ Day      \_\_\_\_ Year

**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.*

March 1, 2004