

**PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)
UTAH QUESTIONNAIRE**

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?

____ Pounds or ____ Kilos

6. How tall are you without shoes?

____ Feet ____ Inches

or ____ 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?
(Check one answer)

- I wanted to be pregnant sooner
 I wanted to be pregnant later
 I wanted to be pregnant then
 I did not want to be pregnant then or at any time in the future

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 15**
13. What were your or your husband's or partner's reasons for not doing anything to keep from getting pregnant? (Check all that apply)
- 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 did not want to use anything
 - Other – please tell us:
14. Did you take any fertility drugs to help you get pregnant with your new baby? (Fertility drugs include Clomid®, Serophene®, Pergonal®, or any other drugs that you may have taken to help you get pregnant.)
- No
 - Yes

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.)

15. How many weeks or months pregnant were you when you were *sure* you were pregnant? (For example, when you had a pregnancy test or a doctor or nurse said that you were pregnant.)
- _____ Weeks or _____ Months
- I don't remember
16. 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
17. Did you get prenatal care as early in your pregnancy as you wanted?
- No
 - Yes -----> **Go to Question 19**
 - I didn't want prenatal care --> **Go to Question 19**

18. 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 did not 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 Question 23.

19. Where did you go *most of the time* for your prenatal care visits? (Do not include visits for WIC.)

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Community health clinic
- Other – please tell us:

20. How was your prenatal care paid for? (Check all that apply)

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO
- Indian Health Service (IHS)
- Other – please tell us:

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

How smoking during pregnancy could affect your baby	N	Y
Breastfeeding your baby	N	Y
How drinking alcohol during pregnancy could affect your baby	N	Y
Using a seat belt during your pregnancy	N	Y
Birth control methods to use after your pregnancy	N	Y
Medicines that are safe to take during your pregnancy	N	Y
How using illegal drugs could affect your baby	N	Y
Doing tests to screen for birth defects or diseases that run in your family	N	Y
What to do if your labor starts early	N	Y
Getting your blood tested for HIV (the virus that causes AIDS)	N	Y
Physical abuse to women by their husbands or partners	N	Y

22. 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)	N	Y
Ask if someone was hurting you emotionally or physically	N	Y
Ask if you were using illegal drugs (marijuana or hash, cocaine, crack, etc.)	N	Y
Ask if you were smoking cigarettes	N	Y
Ask if you wanted to be tested for HIV (the virus that causes AIDS)	N	Y
Ask if you planned to use birth control after your baby was born	N	Y
Talk with you about how much weight you should gain during your pregnancy	N	Y

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

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

- No
- Yes

24. Did you have any of these problems during your pregnancy? For each item, circle Y (Yes) if you had the problem or N (No) if you did not.
- | | | |
|---|---|---|
| Labor pains more than 3 weeks before your baby was due (preterm or early labor) | N | Y |
| High blood pressure (including preeclampsia or toxemia) or retained water (edema) | N | Y |
| Vaginal bleeding | N | Y |
| Problems with the placenta (such as abruptio placentae or placenta previa) | N | Y |
| Severe nausea, vomiting, or dehydration | N | Y |
| High blood sugar (diabetes) | N | Y |
| A kidney or bladder infection (urinary tract infection) | N | Y |
| Water that broke more than 3 weeks before your baby was due
(premature rupture of membranes, PROM) | N | Y |
| Cervix had to be sewn shut (incompetent cervix, cerclage) | N | Y |
| You were hurt in a car accident | N | Y |

If you did not have any of these problems, go to Question 26.

25. 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.

26. Have you smoked at least 100 cigarettes in the past two years? (A pack has 20 cigarettes.)
- No-----> **Go to Question 30**
 - Yes
27. 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.)
- _____ Cigarettes or _____ Packs
- Less than 1 cigarette a day
 - I didn't smoke
 - I don't know
28. In the *last 3 months* of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?
- _____ Cigarettes or _____ Packs
- Less than 1 cigarette a day
 - I didn't smoke
 - I don't know
29. How many cigarettes or packs of cigarettes do you smoke on an average day *now*?
- _____ Cigarettes or _____ Packs
- Less than 1 cigarette a day
 - I didn't smoke
 - I don't know
30. Have you had any alcoholic drinks in the past 2 years? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)
- No -----> **Go to Question 33**
 - Yes

31a. 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

31b. 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

32a. 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

32b. 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.

33. 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.)

- | | | |
|---|---|---|
| A close family member was very sick and had to go into the hospital | N | Y |
| You get separated or divorced from your husband or partner | N | Y |
| You moved to a new address | N | Y |
| You were homeless | N | Y |
| Your husband or partner lost his job | N | Y |
| You lost your job even though you wanted to go on working | N | Y |
| You argued with your husband or partner more than usual | N | Y |
| Your husband or partner said he did not want you to be pregnant | N | Y |
| You had a lot of bills you couldn't pay | N | Y |
| You in a physical fight | N | Y |
| You or your husband or partner went to jail | N | Y |
| Someone very close to you had a bad problem with drinking or drugs | N | Y |
| Someone very close to you died | N | Y |

34a. *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

34b. *During the 12 months before you got pregnant, did anyone else physically hurt you in any way?*

- No
- Yes

35a. *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

35b. *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.)

36. When was your baby due?

_____/_____/_____
month day year

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

_____/_____/_____
month day year

I didn't have my baby in a hospital

38. When was your baby born?

_____/_____/_____
month day year

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

_____/_____/_____
month day year

I didn't have my baby in a hospital

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 or more days
- My baby was not born in a hospital
- My baby is still in the hospital

42. How was your delivery paid for?

- Medicaid
- Personal income (cash, check or credit card)
- Health insurance or HMO
- Indian Health Service (IHS)
- Other – please tell us:

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

43. What is today's date?

_____/_____/_____
month day year

44. Is your baby alive now?

- No
- Yes-----> **Go to Question 46**

45. When did your baby die?

_____/_____/_____-> **Go to Question 66**
month day year

46. Is your baby living with you now?

- No -----> **Go to Question 66**
- Yes

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

- No
- Yes -----> **Go to Question 49**

48. What were your reasons for not breastfeeding your new baby? (**Check all that apply then go to question 53**).

- I had other children to take care of
- I had too many household duties
- I did not like breastfeeding
- I did not want to be tied down
- I was embarrassed to breastfeed
- I went back to work or school
- My husband or partner did not want me to breastfeed
- I wanted my body back to myself
- Other – please tell us:

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

- No
- Yes -----> **Go to Question 52**

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

_____ Weeks or _____ Months

- Less than 1 week

51. 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 became 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 became sick and could not breastfeed
- I went back to work or school
- My husband or partner wanted me to stop breastfeeding
- I wanted or needed someone else to feed the baby
- Other – Please tell us:

52. 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 Question 63.

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

_____ Hours

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

54. How do you *most often* lay your baby down to sleep *now*? (Check one answer)

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

55. 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 57**
 - Yes
56. 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
57. Has your baby had a well-baby checkup?
- No -----> **Go to Question 60**
 - Yes
58. 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
59. Where do you usually take your baby for well-baby checkups? (Check one answer)
- Hospital clinic
 - Health department clinic
 - Private doctor's office or HMO clinic
 - Community health clinic
 - Other – Please tell us:
60. Has your baby gone as many times as you wanted for a well-baby checkup?
- No
 - Yes-----> **Go to Question 62**
61. 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 your 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:
62. Did your baby have any well-baby shots or vaccinations before he or she was 3 months old? (Don't count shots or vaccinations given in the hospital right after birth.) (Check one answer)
- No
 - Yes
 - My child has not had any well-baby shots but he or she is not 3 months old yet
63. Do you have health insurance or Medicaid for your new baby?
- No-----> **Go to Question 65**
 - Yes
64. What type of insurance is your new baby covered by? (Check all that apply)
- Medicaid
 - Private insurance or HMO
 - Child Health Insurance Program (CHIP)
 - Other – Please tell us:

If your new baby is covered by CHIP insurance, go to Question 66.

65. Why didn't you enroll your new baby in the Child Health Insurance Program (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:

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

66. 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, diaphragms, foam, IUD, and not having sex at certain times [rhythm]).

- No
- Yes -----> **Go to Question 68**

67. 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:

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

- No
- Yes

69. 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
- Yes

70. In the months after your delivery, would you say that you were – (check one answer)

- Not depressed at all
- A little depressed
- Moderately depressed
- Very depressed
- Very depressed and had to get help

71. At any time during your pregnancy or after delivery, did a doctor, nurse, or other health care worker talk with you about "baby blues" (postpartum depression)?

- No
- Yes

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

72. 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? _____

73. 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)

74. 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? _____
- Children aged 6 years and over – How many? _____
- My mother
- My father
- My husband's or partner's parent(s)
- Friend or roommate
- Other relative
- I live alone
- Other – Please tell us:

75. What were the sources of your household's income during the past 12 months? (Check all that apply)

- 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:

76. What was your total household income during the 12 months before you delivered your most recent baby?

- Less than \$10,000
- \$10,000 to less than \$15,000
- \$15,000 to less than \$20,000
- \$20,000 to less than \$25,000
- \$25,000 to less than \$35,000
- \$35,000 to less than \$50,000
- \$50,000 to less than \$75,000
- \$75,000 or more

77. How many people, including yourself, depended on this income?

_____ People

78. 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:
 - No one would help me

If you did not go for prenatal care during your most recent pregnancy, go to question 81

79. Did you have as many visits for prenatal care as you wanted?

- No
- Yes -----> **Go to Question 81**

80. Did any of these things keep you from having as many prenatal care visits as you wanted? (Check all that apply)

- I had no one to take care of my children
- I had no way to get to the clinic or office
- I didn't have enough money to pay for my visits
- I didn't know where to go
- I had too many other things going on
- I couldn't get appointments
- Other - please tell us:

If no one pushed, hit, slapped, kicked, choked, or physically hurt you in any other way during the 12 months before or during your most recent pregnancy, go to end of survey.

81. When you were physically hurt by anyone during the 12 months before or during your most recent pregnancy, whom did you receive help from? For each one circle Y (Yes) if it applies to you or circle N (No) if it does not.

Family member	N	Y
Friend	N	Y
My doctor	N	Y
Emergency room or urgent care medical facility	N	Y
Other health care provider	N	Y
Counselor, therapist, or social worker	N	Y
Religious advisor	N	Y
Law enforcement	N	Y
Statewide Domestic Violence Information Line (1-800-897-LINK)	N	Y
Other – Please tell us:	N	Y
I didn't get any help	N	Y

If you did receive any help when you were pushed, hit, slapped, kicked, choked, or physically hurt you in any other way during the 12 months before or during your most recent pregnancy, go to end of survey.

82. If you did not receive help, please tell us what kept you from receiving help. For each thing circle Y (Yes) if it applies to you or circle N (No) if it does not.

I did not know where to get help	N	Y
I did not have the money to pay for services	N	Y
I was afraid the person who physically hurt me would find out	N	Y
It was my fault that I was physically hurt	N	Y
I thought the abuse would stop	N	Y
I did not have someone to tend your children	N	Y
I was afraid someone would take your children away from me	N	Y
I did not have a way to get there	N	Y
I did not want any help	N	Y
Other – Please tell us:	N	Y

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