

**PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)  
UTAH QUESTIONNAIRE  
Phase VI- 2009 - 2011**

First, we would like to ask a few questions about *you* and the time *before* you got pregnant with your new baby.

**1. At any time during the 12 months before you got pregnant with your new baby, did you do any of the following things?**

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

- |  | <b>No</b> | <b>Yes</b> |
|--|-----------|------------|
| a. I was dieting (changing my eating habits) to lose weight                          | No        | Yes        |
| b. I was exercising 3 or more days of the week                                       | No        | Yes        |
| c. I was regularly taking prescription medicines other than birth control            | No        | Yes        |
| d. I visited a health care worker to be checked or treated for diabetes.             | No        | Yes        |
| e. I visited a health care worker to be checked or treated for high blood pressure   | No        | Yes        |
| f. I visited a health care worker to be checked or treated for depression or anxiety | No        | Yes        |
| g. I talked to a health care worker about my family medical history                  | No        | Yes        |
| h. I had my teeth cleaned by a dentist or dental hygienist.                          | No        | Yes        |

**2. During the month before you got pregnant with your new baby, were you covered by any of these health insurance plans?**

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid
- TRICARE or other military health care
- CHIP
- Other source(s) Please tell us:
- I did not have any health insurance before I got pregnant

**3. During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?**

- I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin at all
- 1 to 3 times a week--
- 4 to 6 times a week--
- Every day of the week--

**Go to  
Question 5**

**4. What were your reasons for not taking multivitamins, prenatal vitamins, or folic acid vitamins during the month before you got pregnant with your new baby?**

- I wasn't planning to get pregnant
- I didn't think I needed to take vitamins
- The vitamins were too expensive
- The vitamins gave me side effects (such as constipation)
- Other → Please tell us:

**5. Just before you got pregnant with your new baby, how much did you weigh?**

\_\_\_\_ Pounds or \_\_\_\_ Kilos

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

\_\_\_\_ Feet \_\_\_\_ Inches

or \_\_\_\_ Centimeters

7. What is *your* date of birth?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
month    day    year

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

- No
- Yes

9. *Before you got pregnant with your new baby, were you ever told by a doctor, nurse, or other health care worker that you had Type 1 or Type 2 diabetes?* This is not the same as gestational diabetes or diabetes that starts during pregnancy.

- No
- Yes

10. *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. Anemia (poor blood, low iron) . . . . .	N	Y
d. Heart problems . . . . .	N	Y
e. Epilepsy (seizures) . . . . .	N	Y
f. Thyroid problems . . . . .	N	Y
g. Depression . . . . .	N	Y
h. Anxiety . . . . .	N	Y

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

- No—Go to Question 14
- Yes

12. *Did the baby born just before your new one weigh more than 5 pounds, 8 ounces (2.5 kilos) at birth?*

- No
- Yes

13. *Was the baby just before your new one born more than 3 weeks before his or her due date?*

- No
- Yes

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

14. *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

15. When you got pregnant with your new baby, were you trying to get pregnant?

- No
- Yes—Go to Question 18

16. 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 [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No—Go to Question 17
- Yes Go to Question 20

17. What were your reasons 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:

If you were not trying to get pregnant when you got pregnant with your new baby, to Question 20

18. Did you take any fertility drugs or receive any medical procedures 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 20
- Yes

19. How many cycles of fertility treatments (complete or incomplete) did you have before you got pregnant with your *new* baby?

- 1 cycle
- 2 to 3 cycles
- 4 to 6 cycles
- 7 or more cycles

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 the calendar when you answer these questions.)

20. 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  
 I don't remember

21. 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-- Go to Question 23

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

- No
- Yes—**Go to Question 24**

**23. Did any of these things keep you from getting prenatal care at all or as early as you wanted?** For each item, circle **T** (True) if it was a reason that you didn't get prenatal care when you wanted or circle **F** (False) if it was not a reason for you or if something does not apply to you.

	<b>True</b>	<b>False</b>
a. I couldn't get an appointment when I wanted one	T	F
b. I didn't have enough money or insurance to pay for my visits	T	F
c. I had no transportation to get to the clinic or doctor's office	T	F
d. The doctor or my health plan would not start care as early as I wanted	T	F
e. I had too many other things going on	T	F
f. I couldn't take time off from work or school	T	F
g. I didn't have my Medicaid card	T	F
h. I had no one to take care of my children	T	F
i. I didn't know that I was pregnant	T	F
j. I didn't want anyone else to know I was pregnant	T	F
k. I didn't want prenatal care	T	F

**24. Did any of these health insurance plans help you pay for your prenatal care?**

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid
- TRICARE or other military health care
- CHIP
- Other source(s) Please tell us:
- I did not have health insurance to help pay for my prenatal care

**25. 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. Medicines that are safe to take during my pregnancy	N	Y
f. How using illegal drugs could affect my baby	N	Y
g. Doing tests to screen for birth defects or diseases that run in my family	N	Y
h. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)	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. What to do if I feel depressed during my pregnancy or after my baby is born	N	Y
l. Physical abuse to women by their husbands or partners	N	Y

**26. 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--**Go to Question 28**
- Yes

**27. How much weight did your doctor, nurse, or other health care worker tell you to gain during your most recent pregnancy?**

Please check one answer and fill in the blank(s) next to the checked box.

- Between \_\_\_\_ Pounds and \_\_\_\_ Pounds
- Between \_\_\_\_ Kilos and \_\_\_\_ Kilos
- Exactly \_\_\_\_ Pounds **OR** \_\_\_\_ Kilos
- I don't remember

**28. During your most recent pregnancy, did a doctor, nurse, or other health worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each one, circle Y (Yes) if someone talked to you about it or circle N (No) if no one talked with you about it.**

- |  | No | Yes |
|--|----|-----|
| a. Foods that are good to eat during pregnancy                                       | N  | Y   |
| b. Exercise during pregnancy   | N  | Y   |
| c. Programs or resources to help me gain the right amount of weight during pregnancy | N  | Y   |
| d. Programs or resources to help me lose weight after pregnancy                      | N  | Y   |

**29. 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

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

- No
- Yes

**31. During your most recent pregnancy, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during this pregnancy)?**

- No
- Yes

**32. Did you have any of the following 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. Vaginal bleeding   | N  | Y   |
| b. Kidney or bladder (urinary tract) infection  | N  | Y   |
| c. <b>Severe</b> nausea, vomiting, or dehydration   | N  | Y   |
| d. Cervix had to be sewn shut (cerclage for incompetent cervix)   | N  | Y   |
| e. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia | N  | Y   |
| f. Problems with the placenta (such as abruptio placentae or placenta previa)                                   | N  | Y   |
| g. Labor pains more than 3 weeks before my baby was due (preterm or early labor)                                | N  | Y   |
| h. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM])                 | N  | Y   |
| i. I had to have a blood transfusion  | N  | Y   |
| j. I was hurt in a car accident   | N  | Y   |

**33. During your most recent pregnancy, did a doctor, nurse, or other health care worker try to keep your new baby from being born too early by giving you a series of weekly shots of a medicine called Progesterone®, Gestiva® or 17P (17 alpha-hydroxyprogesterone)?**

- No
- Yes
- I don't know

The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).

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

- No—Go to Question 38
- Yes

**35. In the 3 months before you got pregnant, 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
- I didn't smoke then

**36. 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
- I didn't smoke then

**37. How many 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
- I don't smoke now

**38. Which of the following statements best describes the rules about smoking inside your home now?**

- 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

The next questions are about drinking alcohol around the time of pregnancy (before, during, and after).

**39. 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 42
- Yes

**40a. 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—Go to Question 41a

**40b. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.**

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

**41a. 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—Go to Question 42

**41b. During the last 3 months of your pregnancy, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.**

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

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

**42. 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 look at the calendar when you answer these questions.)

	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 problem with drinking or drugs	N	Y
m. Someone very close to me died	N	Y

**43. During the 12 months before you got pregnant with your new baby, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?**

- No
- Yes

**44. 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

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

**45. When was your baby due?**

Month/ Day/ Year

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

Month/ Day/ Year

I didn't have my baby in a hospital

**47. When was your baby born?**

Month/ Day/ Year

**48. Did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?**

No-- **Go to Question 50**

Yes

I don't know-- **Go to Question 50**

**49. Why did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?**

- My water broke and there was a fear of infection
- I was past my due date
- My health care provider worried about the size of the baby
- My baby was not doing well and needed to be born
- I had a health problem and needed to deliver the baby
- I wanted to schedule my delivery
- I wanted to give birth with a specific health care provider
- Other Please tell us:

**50. How was your *new* baby delivered?**

Vaginally—**Go to Question 53**

Cesarean delivery (c-section)—**Go to Question 51**

**49. Why did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?**

- My water broke and there was a fear of infection
- I was past my due date
- My health care provider worried about the size of the baby
- My baby was not doing well and needed to be born
- I had a health problem and needed to deliver the baby
- I wanted to schedule my delivery
- I wanted to give birth with a specific health care provider
- Other Please tell us:

**50. How was your *new* baby delivered?**

Vaginally

Cesarean delivery (c-section)

**53. When were you discharged from the hospital after your baby was born?**

Month/ Day /Year

I didn't have my baby in a hospital

**54. Did any of these health insurance plans help you pay for the *delivery* of your new baby?**

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid
- TRICARE or other military health care
- CHIP
- Other source(s) Please tell us:
- I did not have health insurance to help pay for my delivery

**AFTER PREGNANCY**

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

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

- No
- Yes
- I don't know

**56. 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 to 5 days
- 6 to 14 days
- More than 14 days
- My baby was not born in a hospital
- My baby is still in the hospital—**Go to Question 59**

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

- No—**Go to Question 66**
- Yes

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

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

**59. Did you ever breastfeed or pump breast milk to feed your new baby after delivery, even for a short period of time?**

- No—**Go to Page 63b**
- Yes

**60. Are you currently breastfeeding or feeding pumped milk to your new baby?**

- No
- Yes—**Go to Question 63a**

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

\_\_\_\_\_Weeks **OR** \_\_\_\_\_Months

- Less than 1 week

**62. What were your reasons for stopping breastfeeding?**

- My baby had difficulty latching or nursing
- Breast milk alone did not satisfy my baby
- I thought my baby was not gaining enough weight
- My nipples were sore, cracked, or bleeding
- It was too hard, painful, or too time consuming
- 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 was not able to breastfeed
- I went back to work or school
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other Please tell us:

**63a. How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)?**

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

- My baby was less than 1 week old
- My baby has not had any liquids other than breast milk

**63b. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?**

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

- My baby was less than 1 week old
- My baby has not eaten any foods

If your baby is still in the hospital, go to Question 66.

**64. In which *one* position 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

**65. Was your new baby seen by a doctor, nurse, or other health care worker for a *one week check-up* after he or she was born?**

- No
- Yes

**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 not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

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

**67. What are your reasons 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 69

**68. 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
- Injection once every 3 months (Depo-Provera®)
- Contraceptive implant (Implanon®)
- Contraceptive patch (OrthoEvra®)
- Diaphragm, cervical cap, or sponge
- Vaginal ring (NuvaRing®)
- IUD (including Mirena®)
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Emergency contraception
- The “morning-after” pill
- Other Please tell us:

**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 about 6 weeks after she gives birth.)

- No
- Yes

**70. Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced things this way since your new baby was born. Use the scale when answering:**

**1**      **2**      **3**      **4**      **5**  
**Never**   **Rarely**   **Sometimes**   **Often**   **Always**

- a. I felt down, depressed, or sad. . . \_\_\_\_
- b. I felt hopeless . . . . . \_\_\_\_
- c. I felt slowed down . . . . . \_\_\_\_

**The next questions are on a variety of topics.**

**71. Which of the following statements best describes you during the 3 months before you got pregnant with your new baby?**

- I was trying to get pregnant
- I was trying to keep from getting pregnant but was not trying very hard
- I was trying hard to keep from getting pregnant

**72. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had depression?**

- No
- Yes

If your baby is not alive or is not living with you, go to Question 74.

**73. Since your new baby was born, did any 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.**

- |  |           |            |
|--|-----------|------------|
| a. Help with or information about breastfeeding.           | <b>No</b> | <b>Yes</b> |
| b. How long to wait before getting pregnant again.         | N         | Y          |
| c. Birth control methods that I can use after giving birth | N         | Y          |

- |  |   |   |
|--|---|---|
| d. Postpartum depression   | N | Y |
| e. Support groups for new parents  | N | Y |
| f. Resources in my community such as nurse home visitation programs,<br>telephone hotlines, counseling, etc. | N | Y |
| g. Getting to and staying at a healthy weight after delivery   | N | Y |

**74. Since your new baby was born, have you been tested for diabetes or high blood sugar?**

- No-- **Go to Question 76**  
 Yes

**75. Since your new baby was born, did a doctor, nurse, or other health care worker tell you that you had diabetes?**

- No  
 Yes

**76. Since your new baby was born, has a doctor, nurse, or other health care worker told you that you had depression?**

- No—go to **Question 79**  
 Yes

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

- No  
 Yes

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

- No  
 Yes

**79. Did your mother or any sister who is related to you by blood have any of the following problems during any pregnancy?**

For each item, please circle **Y** (Yes) if someone had the problem during pregnancy, circle **N** (No) if no one in your family had the problem during pregnancy, or circle **DK** (Don't Know) if you don't know.

- |  | <b>No</b> | <b>Yes</b> | <b>DK</b> |
|--|-----------|------------|-----------|
| a. A baby that was born more than 3 weeks before the due date    | N         | Y          | DK        |
| b. Gestational diabetes (diabetes that started during pregnancy) | N         | Y          | DK        |
| c. High blood pressure during pregnancy                          | N         | Y          | DK        |

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

- 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 to \$74,999  
 \$75,000 or more

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

**82. What is today's date?** \_\_\_/\_\_\_/\_\_\_ Month/ Day/ Year