PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS) UTAH QUESTIONNAIRE

First, we would like to ask you a few questions about the time before your new baby was born. Please check the box next to the best answer.

1.	Before your new baby, did you ever have any other babies who were born alive? O No
2.	Did the baby just before your new one weigh 5 pounds, 8 ounces <i>or less</i> at birth? o No o Yes
3.	Was the baby just before your new one born <i>more</i> than 3 weeks before its due date? O No O Yes
	kt are some questions about the time just before and during your pregnancy with your new baby. It may help to look at the endar when you answer these questions.
4.	How many weeks or months pregnant were you when you were <i>sure</i> you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)
	Weeks or Months
	o I don't remember
5.	Thinking back to just before you got pregnant, how did you feel about becoming pregnant? Check the best answer.
	 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 I don't know
6.	Just before you got pregnant, did you have health insurance? Don't count Medicaid . o No o Yes
7.	Just before you got pregnant, were you on Medicaid?
, .	o No o Yes
8.	When you got pregnant with your new baby, were you or your husband or partner using any kind of birth control? Birth control means the pill, condoms, diaphragm, foam, rhythm, Norplant®, shots (Depo-Provera®) or ANY other way to keep from getting pregnant.
	 No Yes>Go to Question 10
Wh	y were you or your husband or partner not using any birth control? Check all that apply.
	O I wanted to get pregnant O I didn't think I could get pregnant
	 I didn't think I could get pregnant I had side effects from the birth control I used
	o I had side effects from the birth control I used o I didn't want to use birth control
	o I didn't think you were going to have sex
	o My husband or partner didn't want to use birth control
	O Other – Please tell us:

9.

The next questions are about the prenatal care you got 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 check-ups and advice about pregnancy. It may help to look at a calendar when you answer these questions.

10.	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 (Women, Infants, and Children's Nutrition Program).				
	-		Weeks or Months		
		0	I did not go for prenatal ca	are	
11.	Did you get	prenat	al care as early in your preg	nancy as you wanted?	
		0	No	_	
		0	Yes> Go to Question 13 I did not want prenatal can		
12.	Did any o	of these	e things keep you from getting	ng prenatal care as early as you wanted? Check all that apply.	
		0		nent earlier in my pregnancy	
		0		ey or insurance to pay for my visits	
		0	I didn't know that I was p		
		0	I had no way to get to the		
		0		a nurse who would take me as a patient	
		0	I had no one to take care of		
		0	I had too many other thing Other – Please tell us:	gs going on	
If yo	u did not go	for pr	enatal care, go to question	17.	
13.				how many visits for prenatal care did you have? If you don't know exactly Don't count visits for WIC. It may help to use the calendar.	
			of Pregnancy	How many visits?	
		First m			
			l month		
		Third r	month		
		Fifth m			
		Sixth n			
			h month		
			month		
		Ninth 1			
	0	I did no	ot go for prenatal care – Go	to question 17	
14.	Where di	d you į	go most of the time for your	prenatal visits? Don't include visits for WIC. Check one answer.	
			al clinic		
			department clinic		
			doctor's office		
			unity health clinic		
	0	Other -	- Please tell us:		
15.	How was ye	our pre	enatal care paid for? Check a	all that apply.	
		Medica			
			al income (cash, check or cr	redit card)	
			insurance		
			Health Service (IHS)		
	0	Other -	- please tell us:		

		your prenatal care visits, did a doctor, nurse, or other health care wor For each thing, please circle Y (Yes) if someone talked with you a			
	How s Breast	you should eat during your pregnancy moking during pregnancy could affect your baby -feeding your baby	N N N	Y Y Y	
	Using	lrinking alcohol during pregnancy could affect your baby a seat belt during your pregnancy control methods to use after your pregnancy	N N N	Y Y Y	
	The ki How u	nds of medicines that were safe to take during your pregnancy using illegal drugs could affect your baby	N N	Y Y	
		your baby grows and develops during your pregnancy to do if your labor starts early	N N	Y Y	
	How t Gettin	o keep from getting HIV (the virus that causes AIDS) g your blood tested for HIV (the virus that causes AIDS) cal abuse to women by their husbands or partners	N N N	Y Y Y	
17.	·	nancy, were you on WIC?	IN	1	
17.	o During your prog	No			
	0	Yes			
18.	<i>Just before</i> you	got pregnant, how much did you weigh?			
		Pounds			
	0	I don't know			
19.	How tall are yo	u without shoes?			
	1	Feet inches			
20.	Have you ever he	ard or read that taking the vitamin folic acid can help prevent some b	oirth defects	?	
	0	No Yes			
The	next questions are	about smoking cigarettes and drinking alcohol.			
21.	Have you smok	ted at least 100 cigarettes in your entire life?			
	0	No> Go to Question 25 Yes			
22.	In the <i>3 months b</i> pack has 20 cigar	refore you got pregnant, how many cigarettes or packs of cigarettes of ettes.)	lid you smol	xe on an average day?	(A
		Cigarettes or Packs			
	0	Less than 1 cigarette a day I didn't smoke			
	0	I don't know			

23.	In the <i>last 3 month</i> has 20 cigarettes.)	s of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack
		Cigarettes or Packs
	0	Less than 1 cigarette a day
	0	I didn't smoke
	0	I don't know
24.	How many cigaret	tes or packs of cigarettes do you smoke on an average day <i>now</i> ?
		Cigarettes or Packs
	0	Less than 1 cigarette a day
	0	I didn't smoke
	0	I don't know
25a.		hs before you got pregnant, how many alcoholic drinks did you have in an average week? (A drink is: One wine cooler, One can or bottle of beer, One shot of liquor, One mixed drink.)
	0	I didn't drink then
	0	Less than 1 drink a week
	0	1 to 3 drinks a week
	0	4 to 6 drinks a week
	0	7 to 13 drinks a week
	0	14 drinks or more a week I don't know
25b.	During the 3 mo	nths before you got pregnant, how many times did you drink 5 or more alcoholic drinks at one sitting?
		Times
	0	I didn't drink then
	0	I don't know
26a.	During the last 3 m	nonths of your pregnancy, how many alcoholic drinks did you have in an average week?
	0	I didn't drink then
	0	Less than 1 drink a week
	0	1 to 3 drinks a week
	0	4 to 6 drinks a week
	0	7 to 13 drinks a week
	0	14 drinks or more a week
	0	I don't know
26b.	During the <i>last</i> 3	<i>months</i> of your pregnancy, how many times did you drink 5 or more alcoholic drinks at one sitting?
		Times
	0	I didn't drink then
	0	I don't know
	O	

The next questions are about times you may have had to stay in the hospital while you were pregnant. Please DO NOT COUNT the time you went to the hospital to have your baby.

27.	_		time you went to the hospital to have your baby, how man stay at least one night?	y <i>other</i> times	s during yo	ur pregnancy did you go
		0	None>Go to Question 30			
		0	1 time			
		0	2 times			
		0	3 times			
		0	4 times or more			
28.	What problems	s ca	used you to stay in the hospital? Check all of the problem	s that you ha	ıd.	
	0		Labor pains more than 3 weeks before your due date (Pr	remature lab	or)	
	0		High blood pressure (preeclampsia or toxemia)			
	0		Vaginal bleeding or placenta problems			
	0		Nausea, vomiting or dehydration			
	0		Kidney or bladder infection			
	0		High blood sugar (diabetes)			
	0		Other – Please tell us:			
29.	How many mo	nth	s pregnant were you the first time you had to go into a hos	pital and sta	y at least or	ne night?
		M	onths			
			icult time for some women. The next questions are abomost recent pregnancy.	out some thi	ings that m	nay have happened to you
		efo	about things that may have happened during the 12 months re you got pregnant. For each thing, circle Y (Yes) if it is			
	A close fami	ilv r	nember was very sick and had to go into the hospital	N	Y	
			ed or divorced from your husband or partner	N	Y	
			new address	N	Y	
	You were ho			N	Y	
			r partner lost his job	N	Y	
			b even though you wanted to go on working	N	Y	
			usband or partner argued more than usual	N	Y	
			r partner said he did not want you to be pregnant	N	Y	
			bills you couldn't pay	N	Y	
			ved in a physical fight	N	Y	
			band or partner went to jail	N	Y	
	•		lose to you had a bad problem with drinking or drugs	N	Y	
			lose to you died	N	Y	
	ext questions a		about physical abuse. Physical abuse means pushing, bone.	nitting, slap	oing, kickii	ng, or any other way of
31. that a	-	2 m	nonths before you got pregnant with your new baby, did a	ny of these p	people phys	sically abuse you? Check all
			sband or partner			
			ly or household member <i>other than</i> my husband or partne	er		
	o Af					
			ne else – Please tell us:			
	o No	one	physically abused me during the 12 months before I got p	oregnant		

34. When was your baby due? month day year year month day year when did you go into the hospital to have your baby? month day year o I did not have my baby in a hospital When you had your baby, how many nights did you stay in the hospital? Nights I did not stay overnight in the hospital o I did not have my baby in a hospital when your baby was born, how many nights did he or she stay in the hospital? Nights Nights o My baby did not stay overnight in the hospital o My baby was not born in a hospital when your baby was born, was he or she put in an intensive care unit? o No			
A family or household member other than my husband or partner A friend Someone else — Please tell us: No one physically abused me during my pregnancy — Go to question 34 33. During your most recent pregnancy, would you say that you were physically abused more often, less often, or compared with the 12 months before you got pregnant? Check only one. I was physically abused more often during my pregnancy I was physically abused duest less often during my pregnancy I was physically abused abused these often during my pregnancy I was physically abused abused these often during my pregnancy No one physically abused abused these often during my pregnancy No one physically abused abused these often during my pregnancy No one physically abused abused these often during my pregnancy No one physically abused duest the same during my pregnancy No one physically abused abused members abused the same during my pregnancy No one physically abused abused members abused the same during my pregnancy I was physically abused abused the same during my pregnancy No one physically abused abused the same during my pregnancy I was physically abused abused the same during my pregnancy I was physically abused abused the same during my pregnancy I was physically abused abused the same during my pregnancy I was physically abused abused the same during my pregnancy I was physically abused abused the same during my pregnancy I was physically abused abused the same during my pregnancy I was physically abused abused the same during my pregnancy I was physically abused abused the same during my pregnancy I was physically abused abused the soften during my pregnancy I was physically abused abused the soften during my pregnancy I was physically abused abused the soften during my pregnancy I was physically abused abused the same during my pregnancy I was physically abused abused the same during my pregnancy I was physically abused abused the same during my pregnancy I was physically abused abused the same during my p		o My hus	band or partner
Someone else — Please tell us: No one physically abused me during my pregnancy — Go to question 34 33. During your most recent pregnancy, would you say that you were physically abused more often, less often, or compared with the 12 months before you got pregnant? Check only one. 1 was physically abused more often during my pregnancy 1 was physically abused less often during my pregnancy 1 was physically abused about the same during my pregnancy No one physically abused about the same during my pregnancy No one physically abused about the same during my pregnancy Men was your baby due? month day year When was your baby born? When was your baby born? Tidd not have my baby in a hospital When you had your baby, how many nights did you stay in the hospital? Nights I did not stay overnight in the hospital I did not have my baby in a hospital When your baby was born, how many nights did he or she stay in the hospital? Nights My baby did not stay overnight in the hospital My baby was not born in a hospital When your baby was born, was he or she put in an intensive care unit? No Yes I don't know Medicaid Personal income (cush, check or credit card) Health insurance Indian Health Service (IHS)		o A famil	ly or household member other than my husband or partner
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 Personal income (cash, check or credit card) Health insurance Indian Health Service (IHS) 		-	
Health insuranceIndian Health Service (IHS)			
 Indian Health Service (IHS) 			

During your most recent pregnancy, did any of these people physically abuse you? Check all that apply.

32.

	0	No> When did your baby die?/ /
	0	Yes> Is your baby living with you now? No Yes
If you	r baby is not alive o	or is not living with you now, go to question 48.
42.	For how many wee	eks did you breast-feed your new baby?
		Weeks
	0 0	I didn't breast-feed my baby>Go to Question 44 I breast-fed less than 1 week>Go to Question 44 I'm still breast-feeding
43.		old was your baby the first time you fed him or her anything besides breast milk? Include formula, bab ; milk or anything else.
		Weeks
	0	My baby was less than one week old I haven't fed my baby anything besides breast milk
44.	About how many h	nours a day, on average, is your new baby in the same room with someone who is smoking?
		Hours
	0	My baby is never in the same room with someone who is smoking.
45.	How do you put yo	our new baby down to sleep <i>most</i> of the time? Check one answer.
	0 0	On his or her side On his or her back On his or her stomach
46.		has your baby been to a doctor or nurse for <i>routine</i> well baby care? Don't count the times you took you en he or she was sick. It may help to use the calendar.
		Times
	0	My baby hasn't been for routine well baby care>Go to Question 48
47.	When your baby g	oes for routine well baby care, where do you take him or her? Check all the places that you use.
	0 0 0	Hospital clinic Health department clinic Private doctor's office Community health clinic Other – Please tell us:

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

Is your baby alive now?

41.

48.	Which rooms are	in the house, apartment, or trailer w	here you live? Check all the	nat you l	have.	
	0	Bedrooms how many?				
	0	Living room				
	0	Separate dining room				
	0	Kitchen				
	0	Bathroom(s)				
	0	Recreation room, den or family r	oom			
	0	Finished basement				
49.	How many people	e live in your house, apartment, or to	railer. Count yourself.			
			How many?			
	Babies, childi	ren, or teens aged 17 or younger				
	Adults aged 1	8 or older				
50.	What were the sou	arces of your family income during	the past 12 months? Check	all that	apply.	
	0	Money from a job or business				
	0	Aid such as FEP (formerly AFD)	C), welfare, public assistance	ce, gener	al assistance, f	food stamps, or SSI
	0	Unemployment benefits				
	0	Child support or alimony				
	0	Fees, rental income, commission				
	0	Social security, workers' comper	sation, veteran benefits, or	pensions	S	
	0	Other - Please tell us:				
51.	What is today's date?					
	/	day year				
	month	day year				
52.	What is <i>your</i> date	of birth?				
	/					
	month	day year				
If you	u <i>did not</i> go for pre	enatal care, go to Question 54.				
53.	,	g your prenatal care, did a doctor, n v? For each thing, circle Y (Yes) i	*		•	
	Diseases or hirth	defects that could run in your family	. _. ,9	N	Y	
		if your baby had a birth defect or g		N	Y	
		t you should gain during your pregr		N	Y	
	If you were smoki		iancy:	N	Y	
		ng alcoholic beverages (beer, wine,	, wine cooler, or liquor)?	N	Y	
54.		ost recent pregnancy, who would ha ou needed to borrow \$50 or if you g				
	o My hu	sband or partner				
		other, father, or in-laws				
		family member or relative				
	o A frien					
		one else Please tell us:				
		e would have helped me				
	1,0 511					

The following questions are about birth control and family planning. Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant®, shots (Depo-Provera®), or ANY other way to keep from getting pregnant.

pregn	ant.	
55.	Are vou or vour	husband or partner using any kind of birth control <i>now</i> ?
	, ,	No
	0	Yes
		ontrol people are you or your husband or partner using now? Check all that apply and then go to
Q	uestion 58.	
	0	Tubes tied (sterilization)
	0	Vasectomy (sterilization).
	0	Pill
	0	Condoms
	0	Foam, jelly, cream
	0	Norplant®
	0	Shots (Depo-Provera®)
	0	Withdrawal
	0	Abstinence
	0	Other - Please tell us:
57.	What are your re	easons for not using any birth control? Check all that apply.
	0	I am not having sex
	0	I want to get pregnant
	0	I don't want to use birth control
	0	My husband or partner doesn't want to use birth control
	0	I don't think I can get pregnant
	0	I can't pay for birth control
	0	I am pregnant now
	0	Other – Please tell us:
If vou	ır baby is not alive	or is not living with you now, go to question 60.
,	,	3
If you	never breast-fed	your new baby, go to question 60.
58.	Do you breast fo	eed your new baby <i>now</i> ?
36.	O you bleast-it	No
	0	Yes>Go to Question 60
59.	What were your	reasons for stopping breast-feeding? Check all that apply.
		I didn't want to keep breast-feeding
	0	I had to go to work or school
	0	I tried but your baby didn't breast-feed very well
	0	I didn't have enough milk
	0	I felt it was the right time to stop
	0	My baby was not with me
	0	I was taking medicine
	0	Other – Please tell us:
	_	
60.	In the months af	ter your delivery, would you say that you were - Check the best answer.

Not depressed at allA little depressedModerately depressedVery depressed

O Very depressed and had to get help

01.	what was your total household income during the 12 months before y	ou denvered you	ir most recent	baby?
	o Less than \$10,000			
	o \$10,000 to less than \$15,000			
	o \$15,000 to less than \$20,000			
	o \$20,000 to less than \$25,000			
	o \$25,000 to less than \$35,000			
	 \$35,000 to less than \$50,000 			
	 \$50,000 to less than \$75,000 			
	o \$75,000 or more			
62.	How many people, including yourself, depended on this income?			
	People			
	were not physically abused by anyone during the 12 months before a survey.	or during your	most recent j	pregnancy, go to the end
The n	ext questions are about physically abuse. Physical abuse means push	ning, hitting, sla	pping, kickii	ng, or any other way of
physic	cally hurting someone.			
63.	When you were physically abused during the 12 months before or dur help from? For each one, circle Y (Yes) if it applies to you or circle	N (No) if it doe	es not.	cy, who did you receive
	Family member	N	Y	
	Friend	N	Y	
	My doctor	N	Y	
	Emergency room or urgent care medical facility	N N	Y Y	
	Other health care provider		Y Y	
	Counselor, therapist, or social worker Religious advisor	N N	Y	
	Law enforcement	N	Y	
	Statewide Domestic Violence Information Line (1-800-897-LINK)	N	Y	
	Other – If yes, please tell us:	N	Y	
	I didn't get any help	N	Y	
	did receive any help when you were physically abused by anyone dutancy, go to the end of the survey.	aring the 12 mor	nths before o	r during her most recent
	,			
63.	If you did not receive help, please tell us what kept you from receiving you or circle N (No) if it does not.	g help. For eacl	h thing, circle	e Y (Yes) if it applies to
	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 my children	N	Y	
	I was afraid someone would take my 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 - If yes, please tell us:	N	Y	
Please	e use this space for any additional comments you would like to make	about the healt	h of mothers	and babies in Utah.

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