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?
   - No
   - Yes
   - Go to Question 4

2. Did the baby just before your new one weigh 5 pounds, 8 ounces or less at birth?
   - No
   - Yes

3. Was the baby just before your new one born more than 3 weeks before its due date?
   - No
   - Yes

Next are some questions about the time just before and during your pregnancy with your new baby. It may help to look at the calendar when you answer these questions.

4. 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

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.
   - No
   - Yes

7. Just before you got pregnant, were you on Medicaid?
   - No
   - 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

9. Why were you or your husband or partner not using any birth control? Check all that apply.
   - I wanted to get pregnant
   - I didn’t think I could get pregnant
   - I had side effects from the birth control I used
   - I didn’t want to use birth control
   - I didn’t think you were going to have sex
   - My husband or partner didn’t want to use birth control
   - Other – Please tell us:
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
   o I did not go for prenatal care

11. Did you get prenatal care as early in your pregnancy as you wanted?
   o No
   o Yes -- Go to Question 13
   o I did not want prenatal care -- Go to Question 13

12. Did any of these things keep you from getting prenatal care as early as you wanted? Check all that apply.

   o I couldn’t get an appointment earlier in my pregnancy
   o I didn’t have enough money or insurance to pay for my visits
   o I didn’t know that I was pregnant
   o I had no way to get to the clinic or doctor’s office
   o I couldn’t find a doctor or a nurse who would take me as a patient
   o I had no one to take care of my children
   o I had too many other things going on
   o Other – Please tell us:

If you did not go for prenatal care, go to question 17.

13. During each month of your pregnancy, about how many visits for prenatal care did you have? If you don’t know exactly how many, please give us your best guess. Don’t count visits for WIC. It may help to use the calendar.

<table>
<thead>
<tr>
<th>Month of Pregnancy</th>
<th>How many visits?</th>
</tr>
</thead>
<tbody>
<tr>
<td>First month</td>
<td>_____</td>
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<tr>
<td>Second month</td>
<td>_____</td>
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<tr>
<td>Third month</td>
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<td>Fourth month</td>
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<td>Seventh month</td>
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<td>Eighth month</td>
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<tr>
<td>Ninth month</td>
<td>_____</td>
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</tbody>
</table>

   o I did not go for prenatal care – Go to question 17

14. Where did you go most of the time for your prenatal visits? Don’t include visits for WIC. Check one answer.

   o Hospital clinic
   o Health department clinic
   o Private doctor’s office
   o Community health clinic
   o Other – Please tell us:

15. How was your prenatal care paid for? Check all that apply.

   o Medicaid
   o Personal income (cash, check or credit card)
   o Health insurance
   o Indian Health Service (IHS)
   o Other – please tell us:
16. 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? For each thing, please circle Y (Yes) if someone talked with you about it or N (No) if no one talked with you about it.

- What you should eat during your pregnancy: N Y
- How smoking during pregnancy could affect your baby: N Y
- Breast-feeding 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
- The kinds of medicines that were safe to take during your pregnancy: N Y
- How using illegal drugs could affect your baby: N Y
- How your baby grows and develops during your pregnancy: N Y
- What to do if your labor starts early: N Y
- How to keep from getting HIV (the virus that causes AIDS): 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

17. During your pregnancy, were you on WIC?
- No
- Yes

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

_____ Pounds

- I don’t know

19. How tall are you without shoes?

_____ Feet _____ inches

20. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?

- No
- Yes

The next questions are about smoking cigarettes and drinking alcohol.

21. Have you smoked at least 100 cigarettes in your entire life?

- No---------->Go to Question 25
- Yes

22. 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
23. In the last 3 months of your pregnancy, 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

24. 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

25a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week? (A drink is: One glass of wine, One wine cooler, One can or bottle of beer, One shot of liquor, One mixed drink.)

- 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

25b. During the 3 months before you got pregnant, how many times did you drink 5 or more alcoholic drinks at one sitting?

_____ Times

- I didn’t drink then
- I don’t know

26a. 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

26b. During the last 3 months of your pregnancy, how many times did you drink 5 or more alcoholic drinks at one sitting?

_____ Times

- I didn’t drink then
- I don’t know
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. Not counting the time you went to the hospital to have your baby, how many other times during your pregnancy did you go into a hospital and stay at least one night?

- None---->Go to Question 30
- 1 time
- 2 times
- 3 times
- 4 times or more

28. What problems caused you to stay in the hospital? Check all of the problems that you had.

- Labor pains more than 3 weeks before your due date (Premature labor)
- High blood pressure (preeclampsia or toxemia)
- Vaginal bleeding or placenta problems
- Nausea, vomiting or dehydration
- Kidney or bladder infection
- High blood sugar (diabetes)
- Other – Please tell us:

29. How many months pregnant were you the first time you had to go into a hospital and stay at least one night?

____ Months

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

30. This question is about things that may have happened during the 12 months before you delivered your new baby. This includes the months before you got pregnant. For each thing, circle Y (Yes) if it happened to you or 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
- You got separated or divorced from your husband or partner
- You moved to a new address
- You were homeless
- Your husband or partner lost his job
- You lost your job even though you wanted to go on working
- You and your husband or partner argued more than usual
- Your husband or partner said he did not want you to be pregnant
- You had a lot of bills you couldn’t pay
- You were involved in a physical fight
- You or your husband or partner went to jail
- Someone very close to you had a bad problem with drinking or drugs
- Someone very close to you died

The next questions are about physical abuse. Physical abuse means pushing, hitting, slapping, kicking, or any other way of physically hurting someone.

31. During the 12 months before you got pregnant with your new baby, did any of these people physically abuse you? Check all that apply.

- My husband or partner
- A family or household member other than my husband or partner
- A friend
- Someone else – Please tell us:
- No one physically abused me during the 12 months before I got pregnant
32. During your most recent pregnancy, did any of these people physically abuse you? Check all that apply.
   - My husband or partner
   - 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 about the same 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 less often during my pregnancy
   - I was physically abused about the same during my pregnancy
   - No one physically abused me during the 12 months before I got pregnant

The next questions are about your labor and delivery.

34. When was your baby due?
   
   ____/____/____
   month    day    year

35. When was your baby born?
   
   ____/____/____
   month    day    year

36. When did you go into the hospital to have your baby?
   
   ____/____/____
   month    day    year
   - I did not have my baby in a hospital

37. 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

38. 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

39. When your baby was born, was he or she put in an intensive care unit?
   - No
   - Yes
   - I don’t know

40. How was your delivery paid for? Check all that apply
   - Medicaid
   - Personal income (cash, check or credit card)
   - Health insurance
   - Indian Health Service (IHS)
   - Other – Please tell us:
41. Is your baby alive now?
   o No--->
   When did your baby die?  ____ / ____ / ____  
   month  day  year  
   o Yes --->
   Is your baby living with you now?  
     o No  
     o Yes  

If your baby is not alive or is not living with you now, go to question 48.

42. For how many weeks did you breast-feed your new baby?
   ___ Weeks  
   o I didn’t breast-feed my baby --->
   Go to Question 44  
   o I breast-fed less than 1 week--->
   Go to Question 44  
   o I’m still breast-feeding  

43. How many weeks old was your baby the first time you fed him or her anything besides breast milk? Include formula, baby food, juice, cow’s milk or anything else. 
   ____ Weeks  
   o My baby was less than one week old  
   o I haven’t fed my baby anything besides breast milk  

44. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?  
   ____ Hours  
   o My baby is never in the same room with someone who is smoking.  

45. How do you put your new baby down to sleep most of the time? Check one answer.  
   o On his or her side  
   o On his or her back  
   o On his or her stomach  

46. How many times has your baby been to a doctor or nurse for routine well baby care? Don’t count the times you took your baby for care when he or she was sick. It may help to use the calendar.  
   ____ Times  
   o My baby hasn’t been for routine well baby care--->
   Go to Question 48  

47. When your baby goes for routine well baby care, where do you take him or her? Check all the places that you use.  
   o Hospital clinic  
   o Health department clinic  
   o Private doctor’s office  
   o Community health clinic  
   o Other – Please tell us:

The next questions are about your family and the place where you live.
48. Which rooms are in the house, apartment, or trailer where you live? **Check all that you have.**

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

49. How many people live in your house, apartment, or trailer. **Count yourself.**

- Babies, children, or teens aged 17 or younger _______
- Adults aged 18 or older ________

50. What were the sources of your family income during the past 12 months? **Check all that apply.**

- Money from a job or business
- Aid such as FEP (formerly AFDC), welfare, public assistance, general assistance, food stamps, or SSI
- Unemployment benefits
- Child support or alimony
- Fees, rental income, commissions, interest, or dividends
- Social security, workers’ compensation, veteran benefits, or pensions
- Other - Please tell us:

51. What is today’s date?

_____/_____/_____
month day year

52. What is your date of birth?

_____/_____/_____
month day year

**If you did not go for prenatal care, go to Question 54.**

53. At any time during your prenatal care, did a doctor, nurse, or other health care worker ask you or talk with you about any of the things listed below? **For each thing, circle Y (Yes) if someone talked with you about it or N (No) if no one talked with you about it.**

- Diseases or birth defects that could run in your family? N Y
- Doing tests to see if your baby had a birth defect or genetic disease? N Y
- How much weight you should gain during your pregnancy? N Y
- If you were smoking? N Y
- If you were drinking alcoholic beverages (beer, wine, wine cooler, or liquor)? N Y

54. 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 have helped me
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.

55. Are you or your husband or partner using any kind of birth control now?
   o No--------->Go to Question 57
   o Yes

56. What kind of birth control people are you or your husband or partner using now? Check all that apply and then go to Question 58.
   o Tubes tied (sterilization)
   o Vasectomy (sterilization).
   o Pill
   o Condoms
   o Foam, jelly, cream
   o Norplant®
   o Shots (Depo-Provera®)
   o Withdrawal
   o Abstinence
   o Other - Please tell us:

57. What are your reasons for not using any birth control? Check all that apply.
   o I am not having sex
   o I want to get pregnant
   o I don’t want to use birth control
   o My husband or partner doesn’t want to use birth control
   o I don’t think I can get pregnant
   o I can’t pay for birth control
   o I am pregnant now
   o Other – Please tell us:

If your baby is not alive or is not living with you now, go to question 60.

If you never breast-fed your new baby, go to question 60.

58. Do you breast-feed your new baby now?
   o No
   o Yes--------->Go to Question 60

59. What were your reasons for stopping breast-feeding? Check all that apply.
   o I didn’t want to keep breast-feeding
   o I had to go to work or school
   o I tried but your baby didn’t breast-feed very well
   o I didn’t have enough milk
   o I felt it was the right time to stop
   o My baby was not with me
   o I was taking medicine
   o Other – Please tell us:

60. In the months after your delivery, would you say that you were - Check the best answer.
   o Not depressed at all
   o A little depressed
   o Moderately depressed
   o Very depressed
   o Very depressed and had to get help
61. 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

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

___ People

If you were not physically abused by anyone during the 12 months before or during your most recent pregnancy, go to the end of the survey.

The next questions are about physically abuse. Physical abuse means pushing, hitting, slapping, kicking, or any other way of physically hurting someone.

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

<table>
<thead>
<tr>
<th>Family member</th>
<th>N</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friend</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>My doctor</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Emergency room or urgent care medical facility</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Other health care provider</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Counselor, therapist, or social worker</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Religious advisor</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Law enforcement</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Statewide Domestic Violence Information Line (1-800-897-LINK)</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Other – If yes, please tell us:</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>I didn’t get any help</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

If you did receive any help when you were physically abused by anyone during the 12 months before or during her most recent pregnancy, go to the end of the survey.

63. 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 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 use this space for any additional comments you would like to make about the health 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.