

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

FLORIDA PRAMS

PHASE 5

YEARS 2004, 2005, 2006, 2007

First, we would like to ask a few questions about you and the time before you got 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. During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin? These are pills that contain many different vitamins and minerals.

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

4. What is your date of birth?

____ 19 ____
 Month Day Year

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. 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. High blood sugar (diabetes).....	N	Y
d. Anemia (poor blood, low iron).....	N	Y
e. Heart problems	N	Y

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

- No ≡ **Go to Question 11**
- Yes

9. Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?

- No
- Yes

10. Was the baby just before your new one born more than 3 weeks before its due date?

- No
- Yes

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

11. **Thinking back to *just before* you got pregnant with your *new* baby, 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 didn't want to be pregnant then or at any time in the future

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

No
 Yes = **Go to Question 15**

13. **When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?** (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

No
 Yes = **Go to Question 16**

14. **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 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, go to Question 17.
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15. **Did you receive treatment 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 17**
 Yes

16. **Did you use any of the following treatments *during the month you got pregnant with your new baby*?** Check all that apply

Fertility-enhancing drugs prescribed by a doctor (fertility drugs include Clomid[®], Serophene[®], Pergonal[®], or other drugs that stimulate ovulation)
 Artificial insemination or intrauterine insemination (treatments in which sperm, but NOT eggs, were collected and medically placed into a woman's body)
 Assisted reproductive technology (treatments in which BOTH a woman's eggs and a man's sperm were handled in the laboratory, such as in vitro fertilization [IVF], gamete intrafallopian transfer [GIFT], zygote intrafallopian transfer [ZIFT], intracytoplasmic sperm injection [ICSI], frozen embryo transfer, or donor embryo transfer)
 Other medical treatment = Please tell us: _____

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.)

17. 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

18. 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

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

No
Yes

I didn't want prenatal care ≡ **Go to Question 22**

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

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

Please tell us: _____

If you did not go for prenatal care, go to Question 23.

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

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

Medipass
Healthy Start

Other ≡ Please tell us: _____

- 22. 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.

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

- 23. 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

- 24. When was your most recent HIV test?** Check one answer

During the first 3 months of pregnancy
During the second 3 months of pregnancy
During the last 3 months of pregnancy
Unsure when, but during pregnancy and before delivery
At labor and delivery
After delivery but before hospital discharge

- 25. Were you offered an HIV test during your most recent pregnancy or delivery?**

No ≡ **Go to Question 28.**
Yes

- 26. Did you turn down the HIV test?**

No ≡ **Go to Question 28.**
Yes

- 27. Why did you turn down the HIV test?** Check all that apply

I did not think I was at risk for HIV
I did not want people to think I was at risk for HIV
I was afraid of getting the result
I was tested before this pregnancy, and did not think I needed to be tested again
Other ≡ Please tell us: _____

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

No ≡ **Go to Question 30.**
Yes

29. Have you ever heard about folic acid from any of the following? Check all that apply

Magazine or newspaper article

Radio or television

Doctor, nurse, or other health care worker

Book

Family or friends

Other ≡ Please tell us: _____

The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.**30. During your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?**

No

Yes

31. Did you have any of these problems during your most recent pregnancy? For each item, circle **Y** (Yes) if you had the problem or circle **N** (No) if you did not.

	No	Yes
a. High blood sugar (diabetes) that started <i>before</i> this pregnancy	N	Y
b. High blood sugar (diabetes) that started <i>during</i> this pregnancy.....	N	Y
c. Vaginal bleeding.....	N	Y
d. Kidney or bladder (urinary tract) infection.....	N	Y
e. Severe nausea, vomiting, or dehydration.....	N	Y
f. Cervix had to be sewn shut (incompetent cervix).....	N	Y
g. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH], preeclampsia, or toxemia).....	N	Y
h. Problems with the placenta (such as abruptio placentae or placenta previa)	N	Y
i. Labor pains more than 3 weeks before my baby was due (preterm or early labor)	N	Y
j. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM])	N	Y
k. I had to have a blood transfusion.....	N	Y
l. I was hurt in a car accident	N	Y

If you did not have any of these problems, go to Question 33.**32. Did you do any of the following things because of these problems?** For each item, circle **Y** (Yes) if you did that thing or circle **N** (No) if you did not.

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

The next questions are about smoking cigarettes and drinking alcohol.**33. Have you smoked at least 100 cigarettes in the past 2 years?** (A pack has 20 cigarettes.)No ≡ **Go to Question 35**

Yes

34. 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
- None (0 cigarettes)

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

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

36. How many cigarettes do you smoke on an average day now? (A pack has 20 cigarettes.)

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

37. 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 38**
- Yes

38a. 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

38b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

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

39a. 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

39b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

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

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

40. This question is about things that may have happened during the 12 months before your new baby was born. For each item, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not. (It may help to use the calendar.)

	No	Yes
a. A close family member was very sick and had to go into the hospital	N	Y
b. I got separated or divorced from my husband or partner	N	Y
c. I moved to a new address.....	N	Y
d. I was homeless.....	N	Y
e. My husband or partner lost his job	N	Y
f. I lost my job even though I wanted to go on working	N	Y
g. I argued with my husband or partner more than usual.....	N	Y
h. My husband or partner said he didn't want me to be pregnant	N	Y
i. I had a lot of bills I couldn't pay.....	N	Y
j. I was in a physical fight	N	Y
k. I or my husband or partner went to jail.....	N	Y
l. Someone very close to me had a bad problem with drinking or drugs	N	Y
m. Someone very close to me died	N	Y

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

41a. During the 12 months before you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

41b. During the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner?

- No
- Yes

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

42a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

No
Yes

420b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?

No
Yes

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

43. When was your baby due?

Month Day Year

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

Month Day Year

I didn't have my baby in a hospital

45. When was your baby born?

Month Day Year

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

Month Day Year

I didn't have my baby in a hospital

47. How was your delivery paid for? Check all that apply

Medicaid
Personal income (cash, check, or credit card)
Health insurance or HMO (including insurance from your work or your husband's work)
Medipass
Healthy Start
Other ≡ Please tell us: _____

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

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

No
Yes
I don't know

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

Less than 24 hours (less than 1 day)

24 to 48 hours (1 to 2 days)

3 days

4 days

5 days

6 days or more

My baby was not born in a hospital

My baby is still in the hospital = **Go to Question 52****50. Is your baby alive now?**No = **Go to Question 67**

Yes

51. Is your baby living with you now?No = **Go to Question 67**

Yes

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

No

Yes = **Go to Question 54****53. What were your reasons for not breastfeeding your new baby? Check all that apply**

My baby was sick and could not breastfeed

I was sick or on medicine

I had other children to take care of

I had too many household duties

I didn't like breastfeeding

I didn't want to be tied down

I was embarrassed to breastfeed

I went back to work or school

I wanted my body back to myself

Other = Please tell us: _____

If you did not breastfeed your new baby, go to Question 57.**54. Are you still breastfeeding or feeding pumped milk to your new baby?**

No

Yes = **Go to Question 56****55. How many weeks or months did you breastfeed or pump milk to feed your baby?**_____ Weeks **OR** _____ Months

Less than 1 week

56. 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 1 week old

I have not fed my baby anything besides breast milk

If your baby was not born in a hospital, go to Question 58.

57. This question asks about things that may have happened at the hospital where your new baby was born. For each item, circle **Y** (Yes) if it happened or circle **N** (No) if it did not happen.

		No	Yes
a.	Hospital staff gave me information about breastfeeding	N	Y
b.	My baby stayed in the same room with me at the hospital	N	Y
c.	I breastfed my baby in the hospital	N	Y
d.	I breastfed my baby in the first hour after my baby was born	N	Y
e.	Hospital staff helped me learn how to breastfeed	N	Y
f.	My baby was fed only breast milk at the hospital	N	Y
g.	Hospital staff told me to breastfeed whenever my baby wanted	N	Y
h.	The hospital gave me a gift pack with formula.....	N	Y
i.	The hospital gave me a telephone number to call for help with breastfeeding.....	N	Y
j.	My baby used a pacifier in the hospital	N	Y

58. Did anyone suggest that you *not* breastfeed your new baby?

No \equiv **Go to Question 60**

Yes

59. Who suggested that you *not* breastfeed your new baby? Check all that apply

My husband or partner

My mother, father, or in-laws

Other family member or relative

My friends

My baby's doctor, nurse, or other health care worker

My doctor, nurse, or other health care worker

Other \equiv Please tell us: _____

If your baby is still in the hospital, go to Page ##, Question 67.

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

_____ Hours

Less than 1 hour a day

My baby is never in the same room with someone who is smoking

61. 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

62. How often does your new baby sleep in the same bed with you or anyone else?

Always

Often

Sometimes

Rarely

Never

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

No
Yes

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

No
Yes

65. Has your new baby gone as many times as you wanted for a well-baby checkup?

No
Yes = **Go to Question 65**

66. 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 my 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: _____

The next few questions are about the time since your new baby was born and things that may have happened after delivery.

67. Are you or your husband or partner doing anything *now* to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

No
Yes = **Go to Question 69**

68. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?
Check all that apply

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 are not doing anything to keep from getting pregnant now, go to Question 70.

69. What kind of birth control are you or your husband or partner using *now* to keep from getting pregnant? Check all that apply

Tubes tied or closed (female sterilization)
 Vasectomy (male sterilization)
 Pill
 Condoms
 Shot once a month (Lunelle[®])
 Shot once every 3 months (Depo-Provera[®])
 Contraceptive patch (OrthoEvra[®])
 Diaphragm, cervical cap, or sponge
 Cervical ring (NuvaRing[®] or others)
 IUD (including Mirena[®])
 Rhythm method or natural family planning
 Withdrawal (pulling out)
 Not having sex (abstinence)
 Other ≡ Please tell us: _____

70. During the 12 months before your new baby was born, what were the sources of your household's income? Check all that apply

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

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

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

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

_____ People

The next few questions are on a variety of topics.

73. During your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had a urinary tract infection (UTI), a sexually transmitted disease (STD), or any vaginal infection, including bacterial vaginosis or Group B Strep (Beta Strep)?

No ≡ **Go to Question 75**
 Yes

74. What disease or infection were you told you had? Check all that apply

- Genital warts (HPV)
- Herpes
- Chlamydia
- Gonorrhea
- Pelvic inflammatory disease (PID)
- Syphilis
- Group B Strep (Beta Strep)
- Bacterial vaginosis
- Trichomoniasis (Trich)
- Yeast infections
- Urinary tract infection (UTI)
- Other ≡ Please tell us: _____

75. At any time during your most recent pregnancy or delivery did you have depression that lasted more than 2 weeks?

- No
- Yes

If you were on Medicaid before you got pregnant with your new baby, go to Question 78.

76. Did you try to get Medicaid coverage during your most recent pregnancy?

- No ≡ Go to Question 76
- Yes

77. Did you have any problems getting Medicaid during your most recent pregnancy?

- No
- Yes

If your baby is no longer alive or is not living with you, please go to Question 79.

78. Was there a time when your new baby needed to see a doctor but you could not afford it?

- No
- Yes

79. What is today's date?

_____/_____/_____
 Month Day Year

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

Thanks for answering our questions!

Your answers will help us work to make Florida mothers and babies healthier.