

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

FLORIDA PRAMS

PHASE 3

YEARS 1996, 1997, 1998, 1999

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 → Go to Question 4
 Yes

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 been having side effects from the birth control I used
 I didn't want to use birth control
 I didn't think I was 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 Food Program).
- ___ Weeks or ___ Months
 I did not go for prenatal care
11. Did you get prenatal care as early in your pregnancy as you wanted?
- No
 Yes → Go to Question 13
 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.

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

If you did not go for prenatal care, go to Question 17 on Page 4.

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.**

Month of pregnancy	How many visits?
First month	_____
Second month	_____
Third month	_____
Fourth month	_____
Fifth month	_____
Sixth month	_____
Seventh month	_____
Eighth month	_____
Ninth month	_____

- 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.

- Hospital clinic
 - Health department clinic
 - Private doctor's office
 - Birthing center
 - Community health center
 - Other —> Please tell us:
-

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

- Medicaid
 - Personal income (cash, check, or credit card)
 - Health insurance
 - Medipass
 - Private HMO
 - 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.

	No	Yes
a. What you should eat during your pregnancy.....	N	Y
b. How smoking during pregnancy could affect your baby.....	N	Y
c. Breast-feeding your baby.....	N	Y
d. How drinking alcohol during pregnancy could affect your baby.....	N	Y
e. Using a seat belt during your pregnancy.....	N	Y
f. Birth control methods to use after your pregnancy.....	N	Y
g. The kinds of medicines that were safe to take during your pregnancy.....	N	Y
h. How using illegal drugs could affect your baby.....	N	Y
i. How your baby grows and develops during your pregnancy.....	N	Y
j. What to do if your labor starts early.....	N	Y
k. How to keep from getting HIV (the virus that causes AIDS).....	N	Y
l. Getting your blood tested for HIV (the virus that causes AIDS).....	N	Y
m. 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 don't smoke
 I don't know
25. a. 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 or more drinks a week
 I don't know
- b. 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

26. a. 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 or more drinks a week
 - I don't know
- b. 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 my 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.

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

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
 - Medipass
 - Private HMO
 - Other → Please tell us:
-

41. Is your baby alive now?

No → When did your baby die?

____/____/____
month day year

Yes → Is your baby living with you now?

- No
- Yes

If your baby is not alive or is not living with you now, go to Question 48 on Page 10.

42. For how many weeks did you breast-feed your new baby?

____ Weeks

- 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. How many weeks old was your baby the first time you fed him or her anything besides breast milk?

____ Weeks

Include formula, baby food, juice, cow's milk, or anything else.

- My baby was less than 1 week old
- 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

- 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.

- On his or her side
- On his or her back
- 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
- 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.

- Hospital clinic
 - Health department clinic
 - Private doctor's office
 - Community health center
 - Rural or migrant health clinic
 - 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.

	How many?
Babies, children, or teens aged 17 years or younger	_____
Adults aged 18 years 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 AFDC, welfare, public assistance, general assistance, food stamps, or SSI
- Unemployment benefits
- Child support or alimony
- Fees, rental income, commissions, interest, 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 55.

53. How satisfied were you with the prenatal care you got during your most recent pregnancy?
If you went to more than one place for prenatal care, answer for the place where you got most of your care.

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

54. When you went for prenatal care during your most recent pregnancy, did a health care worker ask you if you wanted to participate in Healthy Start?

- No
- Yes
- I don't know

55. At the place where your new baby was born, did a health care worker ask you if you wanted your baby to participate in Healthy Start?

- No
- Yes
- I don't know

56. What is the name of the medical-care plan that paid for the delivery of your new baby? **It may help to look at your medical-care card.**

- Name _____
- I did not have a medical-care plan to pay for the delivery
 - I don't know

57. At any time during your most recent pregnancy *or* delivery, did you have a blood test for HIV (the virus that causes AIDS)?
- No
 Yes
 I don't know

58. How old were you when you had your *first* baby? _____ Years old

The next questions are about ways of preventing pregnancy. In these questions, birth control means the pill, IUD, condoms, diaphragm, the shot, and other ways to keep from getting pregnant.

59. Are you or your husband or partner using any kind of birth control *now*?
- No —> Go to Question 61
 Yes

60. What kind of birth control are you or your husband or partner using now? Check all that apply and then go to Question 62.
- Tubes tied (sterilization)
 Vasectomy (sterilization)
 Pill
 IUD
 Condoms
 Foam, jelly, cream
 Norplant®
 Shots (Depo-Provera®)
 Withdrawal
 Other —> Please tell us:
-

61. What are your reasons for not using any birth control 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 birth control
 I don't think I can get pregnant
 I can't pay for birth control
 I am pregnant now
 It's against my religion
 Other —> Please tell us:
-

62. When your new baby was born, how old was your new baby's father? _____ Years old
- I don't know

If your baby is not alive or is not living with you now, go to Question 70 on Page 14.

63. Since your new baby was born, have you used WIC services for your new baby? No Yes

If your baby was not born in a hospital, go to Question 65.

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

	No	Yes
a. Hospital staff gave me information about breast-feeding	N	Y
b. My baby stayed in the same room with me at the hospital	N	Y
c. I breast-fed my baby at the hospital	N	Y
d. Hospital staff helped me learn how to breast-feed	N	Y
e. My baby was fed <i>only</i> breast milk at the hospital	N	Y
f. Hospital staff told me to breast-feed whenever my baby wanted	N	Y
g. The hospital gave me a gift pack with formula	N	Y
h. The hospital gave me a telephone number to call for help about breast-feeding	N	Y

65. Since your new baby's birth, has he or she had to go back and stay at least one night in the hospital for any kind of a problem? No Yes

66. Has your baby gone as many times as you wanted for routine well baby care? No Yes —> Go to Question 68

67. Did any of these things keep your baby from having routine well baby care? 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 doctor's 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:
-

68. Was there a time when your new baby needed to see a doctor, but you could not afford it? No
 Yes

69. Listed below are some things about safety. For each thing, circle Y (Yes) if it applies to you or N (No) if it does not apply to you.

	No	Yes
a. My infant was brought home from the hospital in an infant car seat	N	Y
b. My baby always rides in an infant car seat	N	Y
c. My home has a working smoke alarm	N	Y
d. There are loaded guns, rifles, or other firearms in my home	N	Y

70. Are you in school now? No
 Yes → Go to Question 72

71. Do you intend to go back to school in the next 6 months? No
 Yes

72. Does your husband or partner make it hard for you to leave the house by yourself or to see your friends? No
 Yes
 I don't have a husband or partner now

73. About what year was the place you live in built? 1955 or earlier
 1956–1978
 1979–present
 I don't know

74. What was your family's *monthly* income from all sources during the 12 months before your new baby was born? Under \$650
 \$651 to \$1,300
 \$1,301 to \$2,100
 \$2,101 to \$3,300
 \$3,301 to \$4,200
 \$4,201 or more
Include your income, your husband's or partner's income, and any other income you used. All information you give us will be kept private.

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.*