

Pregnancy Risk Assessment Monitoring System (PRAMS)

Phase 4 Florida Mail Questionnaire

Years 2000, 2001, 2002, 2003

First, we would like to ask a few questions about you and the time before you became pregnant with your new baby. Please check the box next to your answer.

1. Just before you got pregnant, did you have health insurance?

Don't count Medicaid

- No
 Yes

2. Just before you got pregnant, were you on Medicaid?

- No
 Yes

3. In the month before you got pregnant with your new baby, how many times a week did you take a multivitamin (a pill that contains many different vitamins and minerals)?

- I did not take a multivitamin 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?

____ Month ____ Day ____ Year

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

_____ Pounds **OR** _____ Kilos

6. How tall are you without shoes?

Feet _____ Inches **OR** _____ Centimeters

7. Before your new baby, did you ever have any other babies who were born alive?

- No → **Go to Question 10**
 Yes

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

- No
 Yes

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

- No
 Yes

10. Thinking back to *just before* you got pregnant, 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

11. When you got pregnant with your new baby were you trying to become pregnant?

- No
 Yes → **Go to Question 14**

12. 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), and using birth control methods such as the pill, Norplant, shots (Depo-Provera), condoms, diaphragm, foam, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
 Yes → **Go to Question 14**

13. What were you or your husband 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 partner or I was sterile (could not get pregnant at all)
 My husband or partner did not want to use anything
 Other → 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 check-ups and advice about pregnancy. It may help to look at a calendar when you answer these questions.

14. 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.)

_____ Months **OR** _____ Weeks

I don't remember

15. 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 (Women, Infants, and Children's Nutrition Program).

_____ Months **OR** _____ Weeks

I did not go for prenatal care

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

- No
 Yes →Go to Question 18
 I did not want prenatal care →Go to Question 18

17. 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
 The doctor or my health plan would not start care earlier
 I did not have my Medicaid card
 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 Page 4, Question 21.

18. 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/HMO clinic
 Birthing center
 Community health center
 Other→Please tell us:

19. How was your prenatal care paid for?

Check all that apply

- Medicaid
 Personal income (cash, check, or credit card)
 Health insurance/HMO
 Medipass
 Other →Please tell us:

20. 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 literature 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 your baby	N	Y
b. Breastfeeding your baby	N	Y
c. How drinking alcohol during pregnancy could affect your baby.....	N	Y
d. Using a seat belt during your pregnancy	N	Y
e. Birth control methods to use after your pregnancy	N	Y
f. Medicines that are safe to take during your pregnancy	N	Y
g. How using illegal drugs could affect your baby	N	Y
h. Doing tests to screen for birth defects or diseases that run in your family	N	Y
i. What to do if your labor starts early	N	Y
j. Getting your blood tested for HIV(the virus that causes AIDS)	N	Y
k. Physical abuse to women by their husbands or partners.....	N	Y

21. 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

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

- No →Go to question 24
- Yes

23. 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 provider
- Book
- Friend or family
- Other, please tell us: _____

The next questions are about your pregnancy and things that might have happened during your pregnancy.

24. During your pregnancy, were you on WIC (Women, Infant's and Childrens Nutrition Program)?

- No
- Yes

25 Did you have any of these problems during your pregnancy? For each item, circle **Y** (yes) if you had the problem and **N** (No) if you did not.

	No	Yes
a. Labor pains more than 3 weeks before your baby was due (preterm or early labor)	N	Y
b. High blood pressure (including pre-eclampsia or toxemia) or retained water (edema)	N	Y
c. Vaginal bleeding	N	Y
d. Problems with the placenta (such as abruptio placental, placenta previa)	N	Y
e. Severe nausea, vomiting or dehydration	N	Y
f. High blood sugar (diabetes).....	N	Y
g. Kidney or bladder (urinary tract) infection	N	Y
h. Water broke more than 3 weeks before your baby was due (premature rupture of membranes, PROM).....	N	Y
i. Cervix had to be sewn shut (incompetent cervix, cerclage).....	N	Y
j. You were injured in a car accident	N	Y

If you did not have any of these problems go to Question 27

26. Did you do any of the following things because of these problem(s) ?

- I went to the hospital or emergency room and stayed less than 1 day
- I went to the hospital and stayed 1-7 days
- I went to the hospital and stayed more than 7 days
- I stayed in bed at home more than 2 days because of my doctor or nurse's advice

The next questions are about smoking cigarettes and drinking alcohol

27. Have you smoked at least 100 cigarettes in the past 2 years? (A pack has 20 cigarettes)

- No → **Go to Question 31**
- Yes

28. 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

29. In the last 3 months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?

_____ Cigarettes **OR** _____ Packs

- Less than 1 cigarette a day
- I didn't smoke
- I don't know

30 How many cigarettes or packs of cigarettes do you smoke on an average day *now*?

_____ Cigarettes **OR** _____ Packs

- θ Less than 1 cigarette a day
- θ I don't smoke
- θ I don't know

31. 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.)

- θ No → **Go to Question 34**
- θ Yes

32 a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?

Check all that apply

- 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

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

_____ Times

- I didn't drink then.
- I don't know

33 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 drinks or more 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 in one sitting?

_____ Times

- I didn't drink then
- I don't know

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

34. 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 **N** (No) if it didn't. 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 argued with your husband or partner 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 could not pay	N	Y
j. You were 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

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

No

Yes

b. During the 12 months before you got pregnant, did anyone else physically hurt you in any other way?

No

Yes

36 a. During your most recent pregnancy, did your husband or partner physically hurt you in any other way?

No

Yes

b. During your most recent pregnancy, did anyone else 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.

37. When was your baby due?

_____ Month _____ Day _____ Year

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

_____ Month _____ Day _____ Year

I did not have my baby in a hospital

39. When was your baby born?

_____ Month _____ Day _____ Year

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

_____ Month _____ Day _____ Year

I did not have my baby in a hospital

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

No

Yes

I don't know

42. After 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

My baby is still in the hospital

43. How was your delivery paid for?

Check all that apply

Medicaid

Personal income (cash, check or credit card)

Health insurance/HMO

MEDIPASS

Other → Please tell us:

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

44. What is today's date?

_____ Month _____ Day _____ Year

45. Is your baby alive now?

No

Yes → **Go to Question 47**

46. When did your baby die?

____ Month ____ Day ____ Year

Go to Page 11, Question 63

47. Is your baby living with you now?

No →

Go to Page 11, Question 63

Yes

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

No →

Go to Question 52

Yes

49. Are you still breastfeeding or feeding pumped milk to your new baby?

No

Yes →

Go to Question 51

50. How many weeks did you breast feed or pump milk to feed your new baby?

____ Weeks **OR** ____ Months

Less than 1 week

51. How old was your baby the first time you fed him or her anything besides breastmilk? 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 one week old

I have not fed my baby anything besides breast milk

If your baby was not born in the hospital, go to Page 10, Question 53

52. 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

If your baby is still in the hospital, go to Page 11, Question 60

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

_____ Hours

- ⊖ Less than one hour a day
- ⊖ My baby is never in the same room with someone who is smoking.



54. 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

55. Was your baby seen by a doctor, nurse or other health care provider in the first week after he or she left the hospital?

- No → **Go to Question 56**
- Yes

56. Was your baby seen at home or at a health care facility?

- At home
- At a doctor's office, clinic or other health care facility

57. Has your baby had a well baby check-up?

- No → **Go to Question 59**
- Yes

58. How many times has your baby been to a doctor or nurse for a routine well baby check-up? It may help to use the calendar.

_____ Times

59. Where do you usually take your baby for routine well baby check-ups?

- Hospital clinic
- Health department clinic
- Private doctor's office
- Community Health Center
- Rural or migrant health clinic
- Other → Please tell us :

**Check one answer
then go to
Question 60****60. 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 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: _____

61. Is your new baby in KidCare (the Child Health Insurance Program) ?

- No
- Yes → **Go to Question 62**

62. Why didn't you enroll your new baby in KidCare? Check all that apply.

- I already had insurance
- I didn't think he/she was eligible
- I didn't know about the program
- Other, please tell us: _____

63. 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 having their tubes tied or their partner having a vasectomy, using birth control methods like the pill, Norplant, shots (Depo-Provera) condoms, diaphragm, foam, IUD, and not having sex at certain time (rhythm).

- No
- Yes →

Go to Question 64**64. What are you or your husband or partner's reasons for not doing anything to keep from getting pregnant *now*?****Check all that apply and then go to Question 65.**

- 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:

65. 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 (sterilization)
- Vasectomy (sterilization)
- Pill
- Condoms
- Foam, jelly, cream
- Norplant
- Shots (Depo-Provera)
- Withdrawal
- Other, please tell us: _____

The next questions are about your family and the place where you live.**66. Which rooms are in the house,****apartment, or trailer where you live?****Check all that apply**

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

67. Counting yourself, how many people live in your house, apartment, or trailer?

___ Adults (People 18 or older)

___ Babies, children, or teens (People age 17 or younger)

68. What were the sources of your household's income during the past 12 months?

Check all that apply

- Paycheck or money from a job
- Aid such as Temporary Assistance for Needy Families, welfare, public assistance, general assistance, Food Stamps or Supplemental Security Income
- Unemployment benefits
- Child support or alimony
- Social Security, Worker's Compensation, veterans benefits, or pensions
- Money from a business, fees, dividends or rental income
- Money from family or friends
- Other →Please tell us:

69. How old were you when your *first* baby was born?

_____ years old

If you were on Medicaid before you got pregnant, please go to Question 71.

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

- No →Go to Question 71
- Yes

71. Did you have any trouble getting Medicaid during your pregnancy?

- No
- Yes

IF YOUR BABY IS NOT ALIVE OR NOT LIVING WITH YOU, GO TO QUESTION 75

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

- No
- Yes

73. Do you go to work or school outside the home?

- No →Go to Question 75
- Yes

74. Who usually takes care of your new baby when you go to work or school? Check one answer.

- My husband
- My partner
- Relative or friend (13 years or older)
- Relative or friend (12 years or younger)
- Babysitter, nanny, or other child care provider
- Staff at a day care center
- I take my baby with me to work or school
- Other, please tell us: _____

75. When you got pregnant, how old was your new baby's father?

_____ years old

- I don't know

76. What is your total monthly household income before taxes?

Include any income or money you could use. (For example, your income from a job, your husband's or partner's income, child support, unemployment, monthly support from friends or relatives, etc.) All information you give us will be kept private.

- 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

Thanks for answering our questions!

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