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# Pregnancy Risk Assessment Monitoring System (PRAMS)

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## Phase 9 Core Phone Questionnaire – English

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**BEFORE PREGNANCY**

**The first questions are about you.**

**Core 1. What is your date of birth?**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Month Day Year

**(Don't Read)**

Refused

Don't Know / Don't Remember

**Core 2. For the next questions, please answer **Yes** or **No**. Before you got pregnant...**

		<b>(Don't read)</b>			
		<b>No (1)</b>	<b>Yes (2)</b>	<b>Refused (8)</b>	<b>Don't know (9)</b>
a.	Did you have serious difficulty hearing, or are you deaf?				
b.	Did you have serious difficulty seeing, even when wearing glasses, or are you blind?				
c.	Did you have serious difficulty walking or climbing stairs?				
d.	Did you have serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition?				
e.	Did you have difficulty with dressing or bathing yourself?				
f.	Did you have difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition?				

**The next questions are about the time before you got pregnant.**

**Core 3. During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions?**

For each one, answer **Yes** or **No**.

		<b>(Don't read)</b>			
		<b>No (1)</b>	<b>Yes (2)</b>	<b>Refused (8)</b>	<b>Don't know (9)</b>
a.	Type 1 or Type 2 diabetes. This is not the same as gestational diabetes or diabetes that starts during pregnancy.				
b.	High blood pressure or hypertension				

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c.	Depression				
d.	Anxiety				
e.	<i>Site-added options from Standard question L11</i>				

**Core 4.** **In the 12 months before you got pregnant with your new baby, did you have any of the following healthcare visits?**  
 For each one, answer **Yes** or **No**. (**PROBE:** Did you have a \_\_\_\_\_ in the 12 months before you got pregnant?)

		<b>(Don't read)</b>			
		<b>No (1)</b>	<b>Yes (2)</b>	<b>Refused (8)</b>	<b>Don't know (9)</b>
a.	Regular checkup with a family doctor				
b.	Regular checkup with an OB/GYN				
c.	Visit for an injury, illness, or chronic condition				
d.	Visit to urgent care or the emergency room				
e.	Visit for family planning or to get birth control				
f.	Visit for depression or anxiety				
g.	Visit to have my teeth cleaned				
	Did you have any other healthcare visits?				
	<b>IF YES, ASK:</b> What was that?				

**SKIP: If the mom answered “no” to all responses in Question Core 4, go to Question Core 6.**

**Core 5.** **During any of your healthcare visits in the 12 months before you got pregnant, did a healthcare provider do any of the following things?**  
 For each one, answer **Yes** or **No**.

		<b>(Don't read)</b>			
		<b>No (1)</b>	<b>Yes (2)</b>	<b>Refused (8)</b>	<b>Don't know (9)</b>
	<b>Did a healthcare provider talk to you about...</b>				
a.	Your weight				
b.	Regularly checking your blood pressure				
c.	Your desire to have or not have children				
d.	Birth control				
e.	How you could improve your health before a pregnancy				
f.	Sexually transmitted infections such as chlamydia, gonorrhea, syphilis, or HIV				
	<b>Did a healthcare provider ask you...</b>				
g.	If you smoked cigarettes or used e-cigarettes like “vapes”, or other smokeless tobacco				
h.	If someone was hurting you emotionally or physically				
i.	If you felt depressed or anxious				

**The next questions are about your *health insurance*.**

**Core 6. During the *month before* you got pregnant with your new baby, what kind of health insurance did you have?**

For each one, answer **Yes** or **No**.

(**PROBE:** Did you have \_\_\_\_\_ during the *month before* you got pregnant?)

- (1) Private health insurance paid for by you, someone else, or through a job
- (2) Medicaid or *Site Medicaid name*
- (3) *Site-specific (Other government plan such as SCHIP/CHIP)*
- (4) *Site-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)*
- (5) *Site-specific (TRICARE or other military health care)*
- (6) *Site-specific (IHS or tribal)*
- (7) Did you have some other health insurance during the *month before* you got pregnant?

	<p><b>IF YES, ASK:</b> What ? _____</p> <p><b>INTERVIEWER:</b> Go to Question [Core 7] if the mother answered YES to any of the insurance options listed above.</p>
	<p>Would you say that you didn't have any health insurance during the <i>month before</i> you got pregnant?</p>
	<p><b>INTERVIEWER:</b> If the mother answered that she did not have any health insurance, check YES.</p>

**Core 7. *During your most recent pregnancy*, what kind of health insurance did you have?**

For each one, answer **Yes** or **No**.

- (1) Private health insurance paid for by you, someone else, or through a job
- (2) Medicaid or *Site Medicaid name*
- (3) *Site-specific (Other government plan such as SCHIP/CHIP)*
- (4) *Site-specific (Other government plan not listed such as MCH)*
- (5) *Site-specific (TRICARE or other military health care)*
- (6) *Site-specific (IHS or tribal)*
- (7) Did you have some other type of health insurance during your pregnancy?
- (8) **IF YES, ASK:** What was that?

**INTERVIEWER:** Go to Question [Core 8] if the mother answered YES to any of the insurance options listed above.

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Would you say that you did not have health insurance during your pregnancy?

**INTERVIEWER:** If the mother answered that she didn't have any health insurance, check YES.

**Core 8. What kind of health insurance do you have *now*?**

For each one, answer **Yes** or **No**.

- (1) Private health insurance paid for by you, someone else, or through a job
- (2) Medicaid or *Site Medicaid name*
- (3) *Site-specific (Other government plan such as SCHIP/CHIP)*
- (4) *Site-specific (Other government plan not listed such as MCH)*
- (5) *Site-specific (TRICARE or other military health care)*
- (6) *Site-specific (IHS or tribal)*
- (7) Do you have some other health insurance?
- (8) **IF YES, ASK:** What do you have?

**INTERVIEWER:** Go to Question [Core 9] if the mother answered YES to any of the insurance options listed above.

Would you say that you do not have any health insurance *now*?

**(INTERVIEWER:** If the mother answered that she doesn't have any health insurance, check YES.)

**Core 9. Thinking back to *just before* you got pregnant with your new baby, how did you feel about becoming pregnant?**

I'm going to read a list of options. Please tell me which one best describes how you felt.

- (1) You wanted to be pregnant later
- (2) You wanted to be pregnant sooner
- (3) You wanted to be pregnant then
- (4) You didn't want to be pregnant then or at any time in the future
- (5) You weren't sure what you wanted
- (Don't Read)**
- (8) Refused
- (9) Don't Know / Don't Remember

**DURING PREGNANCY**

**The next questions are about your prenatal care. This can include visits to a doctor, nurse, or other healthcare worker before your baby was born to get checkups and advice about pregnancy.** (It may help to look at a calendar to answer these questions.)

**Core 10. Did you get prenatal care during your most recent pregnancy?****(Don't Read)**

- (1) No → **Go to Question X**
- (2) Yes
- (8) Refused
- (9) Don't Know / Don't Remember

**Core 11. During any of your prenatal care visits, did a healthcare provider do any of the following things?**For each one, answer **Yes** or **No**.

		<b>(Don't read)</b>			
		<b>No (1)</b>	<b>Yes (2)</b>	<b>Refused (8)</b>	<b>Don't know (9)</b>
	<b>Did they <u>TALK</u> to you about...</b>				
a.	How much weight you should gain during pregnancy?				
b.	Doing tests to screen for birth defects or diseases that run in your family?				
c.	<i>Did they talk to you about...</i> The signs and symptoms of preterm labor, this is labor that happens more than 3 weeks before the baby is due				
d.	What to do if you feel depressed or anxious during your pregnancy or after your baby is born?				
	<b>Did they <u>ASK</u> you...</b>				
e.	If you planned to breastfeed your new baby?				
f.	If you planned to use birth control after your baby was born?				
g.	If you were taking any prescription medication?				
h.	If you smoked cigarettes or used e-cigarettes such as "vapes" or other smokeless tobacco?				
i.	<i>Did they ask you ...if you were drinking alcohol?</i>				
j.	If someone was hurting you emotionally or physically?				
k.	If you were using illegal drugs?				
l.	If you were using marijuana?				
m.	If you wanted to be tested for HIV?				

**Core 12. During the 12 months *before* your new baby was born, did a healthcare provider offer you the following shots or vaccinations?**

For each one, answer **Yes** or **No**.

		<b>(Don't read)</b>			
		<b>No (1)</b>	<b>Yes (2)</b>	<b>Refused (8)</b>	<b>Don't know (9)</b>
a.	Flu shot				
b.	Tdap shot that protects against tetanus, diphtheria, and pertussis, which is also called whooping cough				
c.	COVID-19 shot				

**Core 13. Did you get the following shots or vaccinations *before* or *during* your pregnancy?**

I am going to read a list of vaccines. For each one, please tell me if you got it in the 3 months before pregnancy or during your pregnancy, or if you didn't get it during those times.

**(PROBE:** Did you get a \_\_\_\_\_ in the 3 months before pregnancy, during your pregnancy, or not at all?)

		<b>(Don't read)</b>			
		<b>No (1)</b>	<b>Yes (2)</b>	<b>Refused (8)</b>	<b>Don't know (9)</b>
a.	Flu shot				
b.	Tdap shot				
c.	COVID-19 shot				

**Core 14. During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?**

**(Don't Read)**

- (1) No
- (2) Yes
- (8) Refused
- (9) Don't Know / Don't Remember

**Core 15. During your most recent pregnancy, did a healthcare provider tell you that you had any of the following health conditions?**

For each one, answer **Yes** or **No**.

**(PROBE:** During your most recent pregnancy, did they tell you that you had \_\_\_\_\_?)

		<b>(Don't read)</b>			
		<b>No</b>	<b>Yes</b>	<b>Refused</b>	<b>Don't</b>

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		(1)	(2)	d (8)	know (9)
a.	Gestational diabetes, which is diabetes that started during <i>this</i> pregnancy?				
b.	High blood pressure that started during <i>this</i> pregnancy, pre-eclampsia, or eclampsia?				
c.	Depression?				
d.	Anxiety?				
<b>INTERVIEWER:</b> If mom said she had high blood pressure before or during pregnancy, go to Question Core 16, if not go to Question Core 17.					

**Core 16. During your most recent pregnancy, did a healthcare provider do any of the following things to help you manage your high blood pressure?**

For each one, answer **Yes** or **No**.

		(Don't read)			
		No (1)	Yes (2)	Refuse d (8)	Don't know (9)
a.	Did they refer you to a different healthcare provider?				
b.	Did they tell you to regularly check your blood pressure <b>during</b> pregnancy?				
c.	Did they talk to you about getting to a healthy weight <b>after</b> pregnancy?				
d.	Did they talk to you about regularly checking your blood pressure <b>after pregnancy</b> ?				
e.	Did they talk to you about the risk for having high blood pressure or chronic hypertension, and heart disease <b>after</b> pregnancy?				

**Core 17. During your most recent pregnancy, did you get information about warning signs you should watch for during and after pregnancy that require immediate medical attention?** Some of these "warning signs" include fever, frequent or severe headaches, or severe stomach pain.

**(Don't Read)**

- (1) No → **Go to Question X**
- (2) Yes
- (8) Refused
- (9) Don't Know / Don't Remember

**Core 18. During your most recent pregnancy, did you get information about warning signs from any of the following sources?**

For each one, answer **Yes** or **No**.

		(Don't read)			
		No (1)	Yes (2)	Refuse d (8)	Don't know (9)
a.	A healthcare provider such as a doctor, nurse, or midwife				
b.	Websites or social media such as Facebook, Instagram, or Twitter				



c.	Any source of information that used the slogan 'Hear Her' such as a website, social media, or paper handout				
d.	Family or friends				

**The next questions are about cigarettes, e-cigarettes, and other tobacco products.**

**Core 19. Have you smoked any cigarettes in the past 2 years?**

- **(Don't Read)**
- (1) No → **Go to Question [Core 23]**
- (2) Yes
- (8) Refused
- (9) Don't Know / Don't Remember

**Core 20. In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day?**

(**PROBE:** How many cigarettes did you smoke in the 3 months before you got pregnant?)

**Did you smoke...**

- (1) More than one pack that's 21 or more cigarettes?
- (2) One-half to one pack that's 11 to 20 cigarettes?
- (3) Less than half a pack that's 1 to 10 cigarettes?
- (4) You didn't smoke then
- **(Don't Read)**
- (8) Refused
- (9) Don't Know / Don't Remember

**Core 21. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day?**

(**PROBE:** How many cigarettes did you smoke in the *last* three months of your pregnancy?)

**Did you smoke...**

- (1) More than one pack that's 21 or more cigarettes?
- (2) One-half to one pack that's 11 to 20 cigarettes?
- (3) Less than half a pack that's 1 to 10 cigarettes?
- (4) You didn't smoke then
- **(Don't Read)**
- (8) Refused
- (9) Don't Know / Don't Remember

**Core 22. How many cigarettes do you smoke on an average day *now*?**

**Do you smoke...**

- (1) More than one pack that's 21 or more cigarettes?
- (2) One-half to one pack that's 11 to 20 cigarettes?
- (3) Less than half a pack that's 1 to 10 cigarettes?
- (4) You don't smoke now
- (Don't Read)**
- (8) Refused
- (9) Don't Know / Don't Remember

**Core 23. In the past 2 years, have you used e-cigarettes such as "vapes" or other electronic nicotine products?**  
**(Don't Read)**

- (1) No → **Go to Question [Core 27]**
- (2) Yes
- (8) Refused
- (9) Don't Know / Don't Remember

**Core 24. During the 3 months *before* you got pregnant, on average, how often did you use e-cigarettes such as “vapes” or other electronic nicotine products?**

**Did you use them...?**

- (1) Every day
- (2) Some days
- (3) You didn't use e-cigarettes or other electronic nicotine products then
- **(Don't Read)**
- (8) Refused
- (9) Don't Know / Don't Remember

**Core 25. During the *last 3 months* of your pregnancy, on average, how often did you use e-cigarettes such as “vapes” or other electronic nicotine products?**

Did you use them \_\_\_\_\_?

- (1) Every day
- (2) Some days
- (3) You didn't use e-cigarettes or other electronic nicotine products then
- **(Don't Read)**
- (8) Refused
- (9) Don't Know / Don't Remember

**Core 26. In the past 2 years, did you ever use e-cigarettes such as “vapes” or other electronic nicotine products as a way of cutting down or stopping cigarette smoking?**

- **(Don't Read)**
- (1) No
- (2) Yes
- (8) Refused
- (9) Don't Know / Don't Remember

**The next questions are about drinking alcohol. A drink can be 1 glass of wine, hard seltzer, can or bottle of beer, shot of liquor, or mixed drink.**

**Core 27. During your most recent pregnancy, did you have any alcoholic drinks during...**

		<b>(Don't read)</b>			
		<b>No (1)</b>	<b>Yes (2)</b>	<b>Refused (8)</b>	<b>Don't know (9)</b>
a.	The first 3 months of pregnancy or the 1st trimester? <i>This includes the time before knowing you were pregnant</i>				
b.	During the second 3 months of pregnancy or the 2nd trimester?				

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c.	During the last 3 months of pregnancy or 3rd trimester?				
	<b>SKIP:</b> If she didn't have any alcoholic drinks during her pregnancy, go to Question [Core 29].				

**Core 28. During your most recent pregnancy, did you have 4 or more alcoholic drinks in a 2-hour time span during...**

		<b>(Don't read)</b>			
		<b>No (1)</b>	<b>Yes (2)</b>	<b>Refused (8)</b>	<b>Don't know (9)</b>
a.	The first 3 months of pregnancy or the 1st trimester? <i>This includes the time before knowing you were pregnant</i>				
b.	During the second 3 months of pregnancy or the 2nd trimester?				
c.	During the last 3 months of pregnancy or 3rd trimester?				

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

**Core 29. Did any of the following things happen during the 12 months before your new baby was born?**

For each one, answer **Yes** or **No**. (**PROBE:** During the 12 months before your new baby was born, \_\_\_\_\_?)

		<b>(Don't read)</b>			
		<b>No (1)</b>	<b>Yes (2)</b>	<b>Refused (8)</b>	<b>Don't know (9)</b>
a.	Did you get separated or divorced?				
b.	Were you evicted or forced to move?				
c.	Did you not have a regular place to sleep?				
d.	Were you homeless or did you have to sleep outside, in a car, or in a shelter?				
e.	Did you or your spouse or partner lose a job?				
f.	Did you or your spouse or partner have a cut in work hours or pay?				
g.	Did you have problems paying the rent, mortgage, or other bills?				
h.	Did your spouse or partner go to jail?				
i.	Did you go to jail?				
j.	Did someone close to you have a problem with drinking or drugs?				
k.	Was someone close to you very sick or did someone close to you die?				

**Core 30. In the 12 months before you got pregnant with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other**

**way?**

For each one, answer **Yes** or **No**.

		<b>(Don't read)</b>			
		<b>No (1)</b>	<b>Yes (2)</b>	<b>Refused (8)</b>	<b>Don't know (9)</b>
a.	Your spouse or partner				
b.	Your ex-spouse or ex-partner				
c.	<i>Site option (Another family member)</i>				
d.	<i>Site option (Someone else)</i>				

**Core 31. During your most recent pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way?**

For each one, answer **Yes** or **No**.

		<b>(Don't read)</b>			
		<b>No (1)</b>	<b>Yes (2)</b>	<b>Refused (8)</b>	<b>Don't know (9)</b>
a.	Your spouse or partner				
b.	Your ex-spouse or ex-partner				
c.	<i>Site option (Another family member)</i>				
d.	<i>Site option (Someone else)</i>				

**AFTER PREGNANCY**

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

**Core 32. After the delivery, how long did your new baby stay in the hospital?**

**(PROBE: Was your baby in the hospital....?)**

- (1) Less than 3 days
- (2) 3 to 5 days
- (3) 6 to 14 days
- (4) More than 14 days
- (5) Your baby was not born in a hospital
- (6) Your baby is still in the hospital → **Go to Question X**

**(Don't Read)**

- (8) Refused
- (9) Don't Know / Don't Remember

**Core 33. Is your baby alive now?**

**(Don't Read)**

- (1) No → **We are very sorry for your loss. Go to Question X**

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- (2) Yes
- (8) Refused → **Go to Question X**
- (9) Don't Know / Don't Remember → **Go to Question X**

**Core 34. Is your baby living with you now?**

- (Don't Read)**
- (1) No → **Go to Question X**
  - (2) Yes
  - (8) Refused → **Go to Question X**
  - (9) Don't Know / Don't Remember → **Go to Question X**

**Core 35. How many weeks or months did you breastfeed or feed pumped milk to your new baby?**

(**PROBE:** About how many weeks or months?)

**INTERVIEWER:** Select the option that best represents the mother's response.

- (Don't Read)**
- (1) Didn't breastfeed the baby
  - (2) Breastfed for less than 1 week
  - (3) Breastfed baby for:  
 \_\_\_\_\_ Week(s) **OR** (Range: 1-40)  
 \_\_\_\_\_ Month(s) (Range: 1-9)
  - (4) Still breastfeeding or feeding pumped milk to the baby
  - (8) Refused
  - (9) Don't Know / Don't Remember

(**SKIP:** If the baby is still in the hospital, go to Core 41.)

**Core 36. In the past 2 weeks, how did you place your new baby to sleep at night and during naps?**

For each one, answer **Yes** or **No**.

(**PROBE:** In the past 2 weeks, did you place your baby \_\_\_?)

		<b>(Don't read)</b>			
		<b>No (1)</b>	<b>Yes (2)</b>	<b>Refused (8)</b>	<b>Don't know (9)</b>
a.	On their side				
b.	On their back				
c.	On their stomach				

**Core 37. In the past 2 weeks, when you were sleeping, how often has your new baby slept alone in their own crib or bed?**

Would you say it has been \_\_\_\_\_?

- (1) Always
- (2) Often
- (3) Sometimes
- (4) Rarely
- (5) Never → **Go to Question Core 39**  
**(Don't Read)**
- (8) Refused → **Go to Question Core 39**
- (9) Don't Know / Don't Remember → **Go to Question Core 39**

**Core 38. In the past 2 weeks, was your baby's crib or bed in the same room where you or another adult slept?**

**(Don't Read)**

- (1) No
- (2) Yes
- (8) Refused
- (9) Don't Know / Don't Remember

**Core 39. In the past 2 weeks, where have you placed your new baby to sleep at night or during naps?**

For each one, answer **Yes** or **No**.

**(PROBE: In the past 2 weeks, would you say that you have placed your new baby to sleep \_\_\_\_\_?)**

		<b>(Don't read)</b>			
		<b>No (1)</b>	<b>Yes (2)</b>	<b>Refuse d (8)</b>	<b>Don't know (9)</b>
a.	In a crib, portable crib, or bassinet				
b.	On a twin or larger mattress or bed				
c.	On a couch, sofa, or armchair				
d.	In an infant car seat				
e.	In a swing, rocker, or other inclined sleeper				
f.	In an in-bed sleeper				
g.	In a baby board or cradleboard				
h.	Was your baby placed to sleep somewhere else?				
<b>IF YES, ASK:</b> Where? _____					

**Core 40. In the past 2 weeks, has your new baby been placed to sleep with the following?**

For each one, answer **Yes** or **No**.

		<b>(Don't read)</b>			
		<b>No (1)</b>	<b>Yes (2)</b>	<b>Refuse d (8)</b>	<b>Don't know (9)</b>
a.	In a sleeping sack or wearable blanket				
b.	In a swaddled blanket				

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c.	With comforters, quilts, blankets, or non-fitted sheets				
d.	With soft toys, cushions, or pillows, including nursing pillows				
e.	With crib bumper pads with or without mesh				
f.	Was there something else your baby was placed to sleep with?				
<b>IF YES, ASK:</b> What was it? _____					

**Core 41. Are you or your spouse or partner doing anything now to keep from getting pregnant?** This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.

**(Don't Read)**

- (1) No
- (2) Yes → **Go to Question X**
- (8) Refused → **Go to Question X**
- (9) Don't Know / Don't Remember → **Go to Question X**

**Core 42. What are your reasons for not doing anything to keep from getting pregnant now?**

For each one, answer **Yes** or **No**. Is it because \_\_\_\_?

**(PROBE:** Are you not doing anything to keep from getting pregnant now because \_\_\_\_?)

		<b>(Don't read)</b>			
		<b>No (1)</b>	<b>Yes (2)</b>	<b>Refused (8)</b>	<b>Don't know (9)</b>
a.	You're pregnant now → <b>Go to Question X</b>				
b.	You want to get pregnant or don't mind if you do				
c.	You had your tubes tied or blocked				
d.	Your spouse or partner had a vasectomy				
e.	You don't want to use birth control				
f.	You're worried about side effects from birth control				
g.	Your spouse or partner doesn't want to use condoms				
h.	Your spouse or partner doesn't want you to use birth control				
i.	You are same-sex spouses or partners				
j.	You have problems getting birth control you want				
k.	You don't think you can get pregnant, because you're breastfeeding				
l.	You're not having sex				
m.	Is there any other reason you're not doing anything to keep from getting pregnant now?				
↳ <b>IF YES, ASK:</b> What is the reason? _____					
<b>SKIP:</b> If she is not doing anything to keep from getting pregnant now, go to Question Core 44.					

**Core 43. What kind of birth control are you or your spouse or partner using now to keep from getting pregnant?**

For each one, answer **Yes** or **No**.

(**PROBE:** What are you or your spouse or partner using **now** to keep from getting pregnant?)

		<b>(Don't read)</b>			
		<b>No (1)</b>	<b>Yes (2)</b>	<b>Refused (8)</b>	<b>Don't know (9)</b>
a.	Tubes tied or blocked				
b.	Your spouse or partner had a vasectomy				
c.	Birth control pills				
d.	Condoms				
e.	Shots or injections				
f.	Contraceptive patch or vaginal ring				
g.	IUD				
h.	Contraceptive implant in the arm				
i.	Withdrawal (pulling out)				
j.	Natural family planning or fertility awareness methods (such as rhythm or calendar method or fertility apps)				
k.	Breastfeeding for birth control, which is called lactational amenorrhea or LAM				
l.	Are you or your spouse or partner using anything else to keep from getting pregnant now?				
	↳ <b>IF YES, ASK:</b> What are you using? _____ _____ _____				

**Core 44. Since your new baby was born, have you had a postpartum checkup for yourself?**

A postpartum checkup is a regular health checkup you have up to 12 weeks after giving birth.

**(Don't Read)**

- (1) No → **Go to Question X**
- (2) Yes
- (8) Refused → **Go to Question X**
- (9) Don't Know / Don't Remember → **Go to Question X**

**Core 45. During your postpartum checkup, did a healthcare provider do any of the following things?**

For each one, answer **Yes** or **No**.

(**PROBE:** Did a healthcare provider \_\_\_\_\_?)

		<b>(Don't read)</b>			
		<b>No (1)</b>	<b>Yes (2)</b>	<b>Refused (8)</b>	<b>Don't know (9)</b>
	<b>Talk to you about...</b>				
a.	Healthy eating, exercise, and losing weight gained during pregnancy				



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b.	How long to wait before getting pregnant again				
c.	Birth control				
d.	Warning signs of medical problems you might be at risk for due to your pregnancy				
e.	Regularly checking your blood pressure				
f.	What to do if you felt depressed or anxious				
	<b>Ask you...</b>				
g.	If you were smoking cigarettes or using e-cigarettes such as "vapes" or other smokeless tobacco				
h.	If someone was hurting you emotionally or physically				
	<b>Did they...</b>				
i.	Test for diabetes				
j.	Prescribe medication for depression or anxiety				

**Core 46.** *Since your new baby was born, how often have you felt down, depressed, or hopeless?*

Would you say that it's been \_\_\_\_\_?

- (1) Always
- (2) Often
- (3) Sometimes
- (4) Rarely
- (5) Never
- (Don't Read)**
- (8) Refused
- (9) Don't Know / Don't Remember

**Core 47.** *Since your new baby was born, how often have you had little interest or little pleasure in doing things?*

Would you say that it's been \_\_\_\_\_?

- (1) Always
- (2) Often
- (3) Sometimes
- (4) Rarely
- (5) Never
- (Don't Read)**
- (8) Refused
- (9) Don't Know / Don't Remember

**Core 48.** *Since your new baby was born, how often have you felt nervous, anxious, or on edge?*

Would you say that it's been \_\_\_\_\_?

- (1) Always
- (2) Often
- (3) Sometimes
- (4) Rarely
- (5) Never

**(Don't Read)**

- (8) Refused
- (9) Don't Know / Don't Remember

**Core 49.** **Since your new baby was born, how often have you not been able to stop or control worrying?**  
Would you say that it's been \_\_\_\_\_?

- (1) Always
- (2) Often
- (3) Sometimes
- (4) Rarely
- (5) Never

**(Don't Read)**

- (8) Refused
- (9) Don't Know / Don't Remember

**Core 50.** **Has a healthcare provider asked you a series of questions, in person or on a form, to know if you were feeling down, depressed, anxious, or irritable during the following time periods?**

		<b>(Don't read)</b>			
		<b>No (1)</b>	<b>Yes (2)</b>	<b>Refused (8)</b>	<b>Don't know (9)</b>
a.	During your most recent pregnancy				
b.	Since your new baby was born				

**OTHER EXPERIENCES**

**The next questions are on a variety of topics.**

**Core 51.** **Please tell me how often each of the following happened during the 12 months before your new baby was born.**

Would you say that it was often, sometimes, or never?

**GRID: Often/Sometimes/Never/Ref/DKDR**

- a. **You worried whether your food would run out before you got money to buy**

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(1) **more? Would you say it was...**  
Often

(2) Sometimes

(3) Or, Never?

(8) **(Don't Read)**  
Refused

(9) Don't Know / Don't Remember

**b. The food that you bought just didn't last, and you didn't have money to get more? Would you say it was...**

(1) Often

(2) Sometimes

(3) Or, Never?

(8) **(Don't Read)**  
Refused

(9) Don't Know / Don't Remember

**Core 52. During the 12 months before you new baby was born, did lack of transportation keep you from any of the following?**

For each one, answer **Yes** or **No**.

**(PROBE: Would you say lack of transportation kept you from \_\_\_\_?)**

		<b>(Don't read)</b>			
		<b>No (1)</b>	<b>Yes (2)</b>	<b>Refused (8)</b>	<b>Don't know (9)</b>
	Medical appointments				
	Non-medical appointments, meetings, or work				
	Doing errands				

**Core 53. While getting healthcare during your pregnancy, at delivery, or at postpartum care did you experience discrimination or were you prevented from doing something, hassled, or made to feel inferior?**

For each one, answer **Yes** or **No**. Did you experience discrimination while getting healthcare because of \_\_\_\_?

		<b>(Don't read)</b>			
		<b>No (1)</b>	<b>Yes (2)</b>	<b>Refused (8)</b>	<b>Don't know (9)</b>
a.	Your race, ethnicity, or skin color				

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b.	Your disability status				
c.	Your immigration status				
d.	Your age				
e.	Your weight				
f.	Your income				
g.	Your sex or gender				
h.	Your sexual orientation				
i.	Your religion				
j.	Your language or accent				
k.	Your type or lack of health insurance				
l.	Your use of substances like alcohol, tobacco, or other drugs				
m.	Your involvement with the justice system like jail or prison				
n.	For something else?				
	↪ <b>IF YES, ASK:</b> What was it? _____ _____				

**Core 54.** *During your life until now, how often have you been discriminated against, prevented from doing something, hassled, or made to feel inferior because of your race, ethnicity, or skin color?*

Would you say that it has been \_\_\_\_\_?

- (1) Very often
- (2) Somewhat often
- (3) Not very often
- (4) Never
- 
- (8) **(Don't Read)**
- (9) Refused  
Don't Know/Don't Remember

**Core 55.** *Have you ever been treated unfairly due to your race, ethnicity, or skin color in any of the following situations?*

For each one, answer **Yes** or **No**. **Have you been treated unfairly...**

		<b>(Don't read)</b>			
		<b>No (1)</b>	<b>Yes (2)</b>	<b>Refused (8)</b>	<b>Don't know (9)</b>
a.	In a job such as hiring, promotion, or firing				
b.	With housing such as renting or buying a mortgage				
c.	With the police such as being stopped, searched, or threatened				
d.	In the courts				
e.	At school or your child's school				
f.	Getting medical care				

**The last questions are about the time during the 12 months before your new baby was born.**

**Core 56. During the 12 months before your new baby was born, what was your yearly total household income before taxes?** Include your income, your spouse or partner's income, and any other income you may have received. All information will be kept private and will not affect any services you are getting now.

I'm going to read you a list of options. You can stop me when I read your household income level. Was your yearly household income from \_\_\_\_\_?

- (1) \$0 to \$16,000
- (2) \$16,001 to \$20,000
- (3) \$20,001 to \$24,000
- (4) \$24,001 to \$32,000
- (5) \$32,001 to \$48,000
- (6) \$48,001 to \$60,000
- (7) \$60,001 to \$85,000
- (8) \$85,001 or more

**(Don't Read)**

- (88) Refused
- (99) Don't Know/Don't Remember

**Core 57. During the 12 months before your new baby was born, how many people, including yourself, depended on this income?**  
\_\_\_\_\_ Number of People

**Core 58. INTERVIEWER:** Fill in today's date.

**(Don't Read)**

Range: 1- \_\_\_\_\_ /  
12 Month

Range: 1- \_\_\_\_\_ /  
31 Day

Range: \_\_\_\_\_  
Current Yr. Year

Refused

(88/88/888  
8)

Don't Know / Don't Remember

(99/99/999  
9)

**This finishes the interview. We would love to hear more about your story! Is there anything else you would like to share with us about your experiences around the time of your pregnancy?**

**INTERVIEWER:** Record respondent's verbatim comments below.

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**Thanks for answering our questions. Your answers will help us work to make <STATE> mothers and babies healthier. Goodbye.**