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# Pregnancy Risk Assessment Monitoring System (PRAMS)

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## Phase 9 Standard Web Module – English

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## Assisted Reproduction and Fertility



Department of Health and Human Services  
Centers for Disease Control and Prevention



A1\_Skip\_Before

If you were not trying to get pregnant when you got pregnant with your new baby, go to Question #.

Previous

Next





A1

Did you take any fertility drugs or receive any medical procedures from a healthcare provider to help you get pregnant with your *new* baby? This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.

- No
- Yes

Previous

Next





A2

Did you use any of the following fertility treatments to help you get pregnant with your new baby?

Check ALL that apply

- Fertility-enhancing drugs prescribed by a doctor to stimulate ovulation
- Intrauterine insemination or artificial insemination (treatments in which sperm, but NOT eggs, were collected and medically placed into the uterus)
- Assisted reproductive technology (treatments in which a woman's eggs or embryos were handled in the laboratory, such as in vitro fertilization [IVF] with or without, intracytoplasmic sperm injection [ICSI], or other related procedures)
- Other medical treatment **Please tell us:**
- I wasn't using fertility treatments to help me get pregnant with my new baby

Previous

Next





A4

How long had you been trying to get pregnant *before* you took any fertility drugs or used any medical procedures to help you get pregnant with your new baby? Do not count long periods of time when you and your partner were apart or not having sex.

- 0 to 6 months
- 7 months to less than 1 year
- 1 to 2 years
- 3 to 4 years
- 5 to 6 years
- More than 6 years

Previous

Next





A5

How many cycles of fertility treatments (complete or incomplete) did you have before you got pregnant with your new baby?

- 1 cycle
- 2 to 3 cycles
- 4 to 6 cycles
- 7 or more cycles

Previous

Next



## Breastfeeding

 Department of Health and Human Services  
Centers for Disease Control and Prevention

**B1**

**What were your reasons for not breastfeeding your new baby?**

*Check ALL that apply*

- I was sick or on medicine
- I had other children to take care of
- I had too many other things going on
- I didn't like breastfeeding
- I tried, but it was too hard
- I didn't want to
- I went back to work
- I went back to school
- Other **Please tell us:**



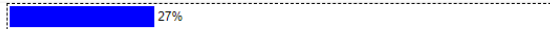
*B1\_Skip\_After*

If you didn't breastfeed your new baby, go to Question #.

Previous

Next





B2

**What were your reasons for stopping breastfeeding?**

*Check ALL that apply*

- My baby had difficulty latching or nursing
- Breast milk alone didn't satisfy my baby
- I thought my baby wasn't gaining enough weight
- My nipples were sore, cracked, or bleeding, or it was too painful
- I thought I wasn't producing enough milk, or my milk dried up
- I had too many other things going on
- I felt it was the right time to stop breastfeeding
- I got sick or had to stop for medical reasons

- I went back to work
- I went back to school
- My spouse or partner didn't support breastfeeding
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other **Please tell us:**

Previous

Next



# Attachment 10i – PRAMS Livebirth Phase 9 Standard Web Module - English



Department of Health and Human Services  
Centers for Disease Control and Prevention



*B3\_Skip\_Before*

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

Previous

Next





B3

**During your hospital stay after your new baby was born, did any of the following things happen?**

*For each one, check No or Yes.*

	No	Yes
Hospital staff talked to me about how to breastfeed (how often and long to breastfeed)	<input type="radio"/>	<input type="radio"/>
My baby stayed in the same room with me at the hospital	<input type="radio"/>	<input type="radio"/>
Hospital staff helped me learn how to breastfeed	<input type="radio"/>	<input type="radio"/>
I breastfed as soon as possible after my baby was born	<input type="radio"/>	<input type="radio"/>
My baby was placed in skin-to-skin contact as soon as possible after birth	<input type="radio"/>	<input type="radio"/>
My baby was fed only breast milk at the hospital	<input type="radio"/>	<input type="radio"/>
Hospital staff helped me recognize when my baby was hungry	<input type="radio"/>	<input type="radio"/>
The hospital gave me a gift pack with formula	<input type="radio"/>	<input type="radio"/>
The hospital gave me information about who I could contact for breastfeeding support when I left the hospital	<input type="radio"/>	<input type="radio"/>

Previous

Next





B4

**During your most recent pregnancy, what did you think about breastfeeding your new baby?**

- I knew I wanted to breastfeed
- I thought I might breastfeed
- I knew I would **not** breastfeed
- I didn't know what to do about breastfeeding

Previous

Next





28%

B4

**During your most recent pregnancy, what did you think about breastfeeding your new baby?**

- I knew I wanted to breastfeed
- I thought I might breastfeed
- I knew I would **not** breastfeed
- I didn't know what to do about breastfeeding

Previous

Next





B7

When you went for WIC visits *during* your most recent pregnancy, did you receive information on breastfeeding?

- No
- Yes

Previous

Next





29%

B8

**During your most recent pregnancy, when you went for your WIC visits, did you speak with a breastfeeding peer counselor or another WIC staff person about breastfeeding?**

- No
- Yes

Previous

Next





29%

B9

**Before your new baby was born, did any of the following things happen?**

*Check ALL that apply*

- Someone answered my questions about breastfeeding
- I was offered a class on breastfeeding
- I attended a class on breastfeeding
- I decided or planned to feed *only* breast milk to my baby
- I discussed feeding *only* breast milk to my baby with my family/friends
- I discussed feeding *only* breast milk to my baby with my healthcare provider
- I decided not to breastfeed my baby

Previous

Next





B10

How old was your new baby the first time they had liquids other than breast milk (such as formula, water, juice, or cow's milk)?

Enter ONE answer

My baby was:

- Week(s)
- Month(s)
- My baby was less than 1 week old
- My baby has not had any liquids other than breast milk

Previous

Next





B11

How old was your new baby the first time they ate food (such as baby cereal, baby food, or any other food)?

Enter ONE answer

My baby was:

- Week(s)
- Month(s)
- My baby was less than 1 week old
- My baby has not eaten any foods

Previous

Next





B12

During your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

- No
- Yes

Previous

Next





B14

Have you used a breast pump to express milk to feed to your new baby?

- No
- Yes

Previous

Next





31%

B16

**Where did you get the breast pump that you used with your new baby?**

*Check ALL that apply*

- I got it for free from WIC
- I got it for free from the hospital
- I got it as a gift or borrowed from someone else
- My health insurance paid for it
- I rented or bought it myself
- I had one from a previous child
- Other **Please tell us:**

Previous

Next





31%

B13

After your new baby was born, did you get any of the following kinds of help with breastfeeding?

	No	Yes
Someone to answer my questions	<input type="radio"/>	<input type="radio"/>
Help getting my baby positioned correctly	<input type="radio"/>	<input type="radio"/>
Help knowing if my baby was getting enough milk	<input type="radio"/>	<input type="radio"/>
Help with managing pain or bleeding nipples	<input type="radio"/>	<input type="radio"/>
Information about where to get a breast pump	<input type="radio"/>	<input type="radio"/>
Help using a breast pump	<input type="radio"/>	<input type="radio"/>
Information about breastfeeding support groups	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

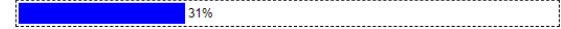
B13\_Other

Please tell us:

Previous

Next





B17

**Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources?**

	No	Yes
One of my doctors	<input type="radio"/>	<input type="radio"/>
A nurse or midwife	<input type="radio"/>	<input type="radio"/>
A doula	<input type="radio"/>	<input type="radio"/>
A breastfeeding or lactation specialist	<input type="radio"/>	<input type="radio"/>
My baby's doctor or healthcare provider	<input type="radio"/>	<input type="radio"/>
A breastfeeding support group	<input type="radio"/>	<input type="radio"/>
A breastfeeding hotline or toll-free number	<input type="radio"/>	<input type="radio"/>
Websites or apps about pregnancy or infant care	<input type="radio"/>	<input type="radio"/>
Social media (such as Facebook, Instagram, TikTok)	<input type="radio"/>	<input type="radio"/>
Family or friends	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

B17\_Other

**Please tell us:**

Previous

Next



## Occupational Status and Workplace Leave



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Centers for Disease Control and Prevention



C1

**Are you currently in school or working?**

*Check ALL that apply*

- No, I don't go to school or work
- Yes, I go to school or work outside the home
- Yes, I go to school or work from home

Previous

Next





C2

Which *one* of the following people spends the most time taking care of your new baby when you are in school or working?

- My spouse or partner
- Baby's grandparent
- Other close family member or relative
- Friend or neighbor
- Babysitter, nanny, or other childcare provider
- Staff at day care center
- Other **Please tell us:**
- The baby is with me while I am in school or working

Previous

Next





C4

At any time *during* your most recent pregnancy, did you work at a job for pay?

- No
- Yes

Previous

Next





C7

Have you returned to the job you had *during* your most recent pregnancy?

- No, and I don't plan to return
- No, but I will be returning
- Yes

Previous

Next





C8

**Did you take leave from work *after* your new baby was born?**

*Check ALL that apply*

- Yes, I took *paid* leave from my job
- Yes, I took *unpaid* leave from my job
- Site-specific options (Leave or disability programs)
- No, I didn't take any leave

Previous

Next





C9

How did you feel about the amount of time you were able to take off *after* the birth of your new baby?

- Too little time
- Just the right amount of time
- Too much time

Previous

Next





C10

**Did any of the following things affect your decision about taking leave from work *after* your new baby was born?**

*For each one, check No or Yes.*

	No	Yes
I couldn't financially afford to take leave	<input type="radio"/>	<input type="radio"/>
I was afraid I'd lose my job if I took leave or stayed out longer	<input type="radio"/>	<input type="radio"/>
I had too much work to do to take leave or stay out longer	<input type="radio"/>	<input type="radio"/>
My job doesn't have paid leave	<input type="radio"/>	<input type="radio"/>
My job doesn't offer a flexible work schedule	<input type="radio"/>	<input type="radio"/>
I hadn't built up enough leave time to take any or more time off	<input type="radio"/>	<input type="radio"/>

Previous

Next





C11

**After your new baby was born, did your spouse or partner take time off from work?**

- No, they didn't take leave from work
- Yes, they took *paid* leave from work
- Yes, they took *unpaid* leave from work
- Yes, they took *paid and unpaid* leave from work
- My spouse or partner didn't work at a job for pay
- I didn't have a spouse or partner

Previous

Next





C14

How many weeks or months of leave, in total, did you take or will you take?

Enter ONE answer

- week(s)
- month(s)
- Less than 1 week

Previous

Next



## Contraception



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*E3\_Skip\_Before*

If you or your spouse or partner was not doing anything to keep from getting pregnant, go to Question #.

Previous

Next





E3

**What kind of birth control were you using when you got pregnant?**

*Check ALL that apply*

- Birth control pills
- Condoms
- Shots or injections
- Contraceptive patch or vaginal ring
- IUD
- Contraceptive implant in the arm
- Withdrawal (pulling out)
- Natural family planning or fertility awareness methods (such as rhythm or calendar method or fertility apps)
- Breastfeeding for birth control (Lactational amenorrhea or LAM)

Other **Please tell us:**

Previous

Next





E4

**Before you got pregnant with your new baby, had you ever heard or read about emergency birth control (the “morning-after pill”)? This combination of pills is used to prevent pregnancy up to 5 days after unprotected sex.**

- No
- Yes

Previous

Next





E5

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

- No
- Yes

Previous

Next





E6

When you got pregnant with your new baby, were you or your spouse or partner doing anything to keep from getting pregnant? This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.

- No
- Yes

Previous

Next





33%

E7

**What were your 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 couldn't get pregnant at that time
- I didn't want to use birth control
- I had side effects from the birth control method I was using
- I had problems getting birth control I wanted
- I thought my spouse or partner or I was sterile (couldn't get pregnant at all)
- My spouse or partner didn't want to use condoms
- My spouse or partner didn't want me to use birth control
- I forgot to use a birth control method

Other **Please tell us:**

Previous

Next





*E8\_Skip\_Before*

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

Previous

Next





34%

E8

**During your hospital stay after your new baby was born, did a healthcare provider do any of the following things?**

*For each one, check No or Yes.*

	No	Yes
Talked with me about birth control methods I can use after giving birth	<input type="radio"/>	<input type="radio"/>
Tied or blocked my tubes	<input type="radio"/>	<input type="radio"/>
Placed an IUD	<input type="radio"/>	<input type="radio"/>
Placed a contraceptive implant in my arm	<input type="radio"/>	<input type="radio"/>
Gave me a contraceptive shot/injection	<input type="radio"/>	<input type="radio"/>
Gave me or prescribed a contraceptive method for me to start at a later time (such as birth control pills, patch, ring)	<input type="radio"/>	<input type="radio"/>

Previous

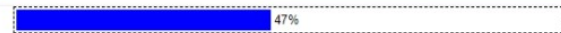
Next



## Infant Sleep Environment



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F4

Who does your new baby *usually* sleep with when they are not sleeping alone?

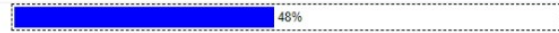
Check ALL that apply

- Me
- My spouse or partner
- A grandparent
- My baby's twin
- An older sibling
- Someone else **Please tell us:**

Previous

Next





*F4\_Skip\_After*

If your baby never sleeps alone in their own crib or bed, go to Question #.

Previous

Next





48%

F5

**Did a healthcare provider tell you to place your baby to sleep in the following ways?**

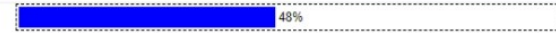
*For each one, check No or Yes.*

	No	Yes
On their back to sleep	<input type="radio"/>	<input type="radio"/>
In a crib, bassinet, or portable crib	<input type="radio"/>	<input type="radio"/>
Without a blanket, soft toys, cushions, or pillows in my baby's crib or bed	<input type="radio"/>	<input type="radio"/>
Place my baby's crib, bassinet, or portable crib in my room	<input type="radio"/>	<input type="radio"/>

Previous

Next





F6

Did you get information about how to place your baby to sleep during any of the following times?

	No	Yes
During a prenatal care visit	<input type="radio"/>	<input type="radio"/>
In the hospital, when my baby was born	<input type="radio"/>	<input type="radio"/>
During my baby's healthcare visit	<input type="radio"/>	<input type="radio"/>
During a postpartum care visit	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

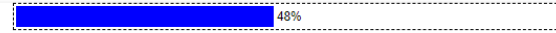
F6\_Other

Please tell us:

Previous

Next





*FT*

Did you get information about how to place your new baby to sleep from any of the following sources?

	No	Yes
My family doctor	<input type="radio"/>	<input type="radio"/>
My OB/GYN	<input type="radio"/>	<input type="radio"/>
A nurse or midwife	<input type="radio"/>	<input type="radio"/>
Doula or a childbirth educator	<input type="radio"/>	<input type="radio"/>
My baby's doctor or healthcare provider	<input type="radio"/>	<input type="radio"/>
Websites or apps about pregnancy or infant care	<input type="radio"/>	<input type="radio"/>
Social media (such as Facebook, Instagram, TikTok)	<input type="radio"/>	<input type="radio"/>
Other sources	<input type="radio"/>	<input type="radio"/>

*FT\_Other*

Please tell us:

Previous

Next





*S1\_Skip\_Before*

**If your baby is not alive or is not living with you, go to Question #.**

Previous

Next



## Maternal Nutrition and Supplement Use



Department of Health and Human Services  
Centers for Disease Control and Prevention



G6

During the *past month*, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

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

Previous

Next





G7a

During the last 3 months of your most recent pregnancy, about how many servings of *fruit* did you have in a day?

- Zero servings (none)
- 1 or 2 servings per day
- 3 or 4 servings per day
- 5 or more servings per day

Previous

Next





G7b

During the last 3 months of your most recent pregnancy, about how many servings of *vegetables* did you have in a day?

- Zero servings (none)
- 1 or 2 servings per day
- 3 or 4 servings per day
- 5 or more servings per day

Previous

Next





G8

During the *month before* you got pregnant with your new baby, what were your reasons for not taking multivitamins, prenatal vitamins, or folic acid vitamins?

Check ALL that apply

- I wasn't planning to get pregnant
- I didn't think I needed to take vitamins
- I didn't want to take vitamins
- The vitamins were too expensive
- The vitamins gave me side effects (such as nausea or constipation)
- Other **Please tell us:**

Previous

Next





G9

During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

- I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the *month before* I got pregnant
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

Previous

Next



# Health Insurance

## Infant Health Insurance Coverage

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*H2\_Skip\_Before*

**If your baby is not alive or is not living with you, go to Question #.**

Previous

Next





H2

**What kind of health insurance is your new baby covered by *now*?**

*Check ALL that apply*

- Private health insurance (paid for by me, someone else, or through a job)
- Medicaid (Site Medicaid name)
- Site-specific option (Other government plan or program such as SCHIP/CHIP)
- Site-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)
- Site-specific option (TRICARE or other military healthcare)
- Site-specific option (IHS or tribal)
- Other health insurance **Please tell us:**
- I don't have any health insurance for my new baby**

Previous

Next



## Maternal Health Insurance Coverage

 Department of Health and Human Services  
Centers for Disease Control and Prevention

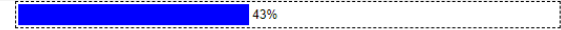
  



*DD7\_Skip\_Before*  
If you did not have health insurance during the *month before* you got pregnant, go to Question DD7. If you did, go to Question #.

Previous

Next



DD7

What was the reason that you did not have any health insurance during the *month before* you got pregnant with your new baby?

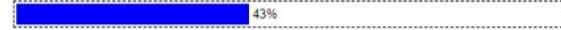
Check ALL that apply

- Health insurance was too expensive
- I couldn't get health insurance from my job or the job of my spouse or partner
- I applied for health insurance but was waiting to get it
- I had problems with the health insurance application or website
- My income was too high to qualify for Medicaid
- My income was too high to qualify for a tax credit from the <Site> Health Insurance Marketplace or HealthCare.gov
- I didn't know how to get health insurance
- Site-specific option (I'm not a US citizen, or I don't have the right residency documents)
- Other **Please tell us:**

Previous

Next





*DD11\_Skip\_Before*

If you did not have health insurance during your most recent pregnancy, go to Question DD11. If you did, go to Question #.

Previous

Next





DD11

What was the reason that you did not have any health insurance *during* your most recent pregnancy?

Check ALL that apply

- Health insurance was too expensive
- I couldn't get health insurance from my job or the job of my spouse or partner
- I applied for health insurance but was waiting to get it
- I had problems with the health insurance application or website
- My income was too high to qualify for Medicaid
- My income was too high to qualify for a tax credit from the <Site> Health Insurance Marketplace or HealthCare.gov
- I didn't know how to get health insurance
- Site-specific option (I'm not a US citizen, or I don't have the right residency documents)
- Other **Please tell us:**

Previous

Next



# Attachment 10i – PRAMS Livebirth Phase 9 Standard Web Module - English



Department of Health and Human Services  
Centers for Disease Control and Prevention



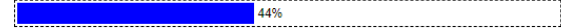
*DD20\_Skip\_Before*

If you do **not** have health insurance *now*, go to Question DD20. If you do, go to Question #.

Previous

Next





DD20

**What is the reason that you do not have any health insurance *now*?**

*Check ALL that apply*

- Health insurance is too expensive
- I can't get health insurance from my job or the job of my spouse or partner
- I applied for health insurance, but I'm still waiting to get it
- I had problems with the health insurance application or website
- My income is too high to qualify for Medicaid
- My income is too high to qualify for a tax credit from the <Site> Health Insurance Marketplace or HealthCare.gov
- I don't know how to get health insurance
- Site-specific (I'm not a US citizen, or I don't have the right residency documents)
- Other **Please tell us:**

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## HIV and Sexually Transmitted Infections



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18

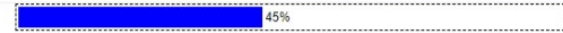
At any time *during your most recent pregnancy or at delivery*, did you have a test for HIV (the virus that causes AIDS)?

- No
- Yes

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Next





19

**Why didn't you have an HIV test during your most recent pregnancy or delivery?**

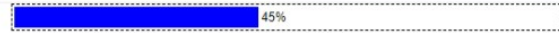
*Check ALL that apply*

- I wasn't offered the test
- I didn't want to have the test
- I already knew my HIV status
- I didn't think I was at risk for HIV
- I didn't want people to think I was at risk for HIV
- I was afraid of getting the result
- I was tested *before* this pregnancy and didn't think I needed to be tested again
- Other reason **Please tell us:**

Previous

Next





H10

What are you doing *now* to keep from getting sexually transmitted infections (STIs), including HIV?

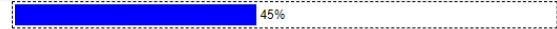
Check ALL that apply

- I'm not doing anything
- Using condoms
- I get tested for STIs/HIV
- Mutual monogamy (partners only have sex with each other)
- Other **Please tell us:**

Previous

Next





EE3

During your most recent pregnancy, did a healthcare provider tell you that you had any of the following infections?

	No	Yes
Genital warts (HPV)	<input type="radio"/>	<input type="radio"/>
Herpes	<input type="radio"/>	<input type="radio"/>
Chlamydia	<input type="radio"/>	<input type="radio"/>
Gonorrhea	<input type="radio"/>	<input type="radio"/>
Pelvic inflammatory disease (PID)	<input type="radio"/>	<input type="radio"/>
Syphilis	<input type="radio"/>	<input type="radio"/>
Group B Strep (Beta Strep)	<input type="radio"/>	<input type="radio"/>
Bacterial vaginosis	<input type="radio"/>	<input type="radio"/>
Trichomoniasis (Trich)	<input type="radio"/>	<input type="radio"/>
Yeast infection	<input type="radio"/>	<input type="radio"/>
Urinary tract infection (UTI)	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

EE3\_Other

Please tell us:

Previous

Next



## Postpartum Care



Department of Health and Human Services  
Centers for Disease Control and Prevention



J3

### Did any of these things keep you from having a postpartum checkup?

Check ALL that apply

- I didn't know I needed one
- I didn't have enough money or insurance to pay for the visit
- I felt fine and didn't think I needed to have a visit
- I couldn't get an appointment when I wanted one
- I didn't have any transportation to get to the clinic or doctor's office
- I had too many other things going on
- I couldn't take time off from work or school
- I didn't have anyone to help me take care of my children
- The doctor's office was too far away
- Other **Please tell us:**

Previous

Next





*J3\_Skip\_After*

If you did not have a postpartum checkup, go to Question #.

Previous

Next





J6

**Since your new baby was born, have you received follow-up care for any of the following health conditions?**

*For each item, check No if you didn't get it, Yes if you did get it, or DH if you didn't have the condition.*

	No	Yes	DH
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension (high blood pressure)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart conditions (e.g., birth defects of the heart, fast or skipped heartbeat, heart failure, enlarged heart, heart attack, chest pain, heart transplant, pacemaker)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Previous

Next





J7

**Overall, since my new baby was born, I have felt:**

For each one, check No or Yes.

	No	Yes
Comfortable asking questions about the <i>postpartum care</i> that I received	<input type="radio"/>	<input type="radio"/>
Comfortable declining care if I didn't want it	<input type="radio"/>	<input type="radio"/>
Comfortable accepting the options for care that my healthcare provider recommended	<input type="radio"/>	<input type="radio"/>
I was able to choose the care options that I received	<input type="radio"/>	<input type="radio"/>
My healthcare providers treated me with respect	<input type="radio"/>	<input type="radio"/>
Satisfied with the <i>postpartum care</i> that I received	<input type="radio"/>	<input type="radio"/>

Previous

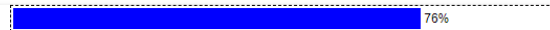
Next



## Preconception Care



Department of Health and Human Services  
Centers for Disease Control and Prevention



J5

### Why didn't you have any healthcare visits in the 12 months before you got pregnant with your new baby?

Check ALL that apply

- I didn't know I needed one
- I didn't have enough money or insurance to pay for the visit
- I felt fine and didn't think I needed to have a visit
- I couldn't get an appointment when I wanted one
- I didn't have any transportation to get to the clinic or doctor's office
- I had too many other things going on
- I couldn't take time off from work or school
- I didn't have anyone to help me take care of my children
- The doctor's office was too far away
- Other **Please tell us:**

Previous

Next





*JS\_Skip\_After*

If you didn't have any healthcare visits, go to Question #.

Previous

Next



## Labor and Delivery



Department of Health and Human Services  
Centers for Disease Control and Prevention



K3

How was your new baby delivered?

- Vaginally
- Cesarean delivery (c-section)

Previous

Next





54%

K4

How did your prenatal provider suggest you deliver your new baby?

- Suggested I deliver my baby vaginally (naturally)
- Suggested I have a cesarean delivery (c-section)
- Didn't suggest how I deliver my baby

Previous

Next





K6

Which statement best describes whose idea it was for you to have a cesarean delivery (c-section)?

- My healthcare provider recommended a cesarean delivery **before** I went into labor
- My healthcare provider recommended a cesarean delivery while I was in labor
- I asked for the cesarean delivery

Previous

Next





K7

**What was the reason that your new baby was born by cesarean delivery (c-section)?**

*Check ALL that apply*

- I had a previous cesarean delivery (c-section)
- My baby was in the wrong position (such as breech)
- I was past my due date
- My healthcare provider worried that my baby was too big
- I had a medical condition that made labor dangerous for me (such as heart condition, physical disability)
- I had a complication in my pregnancy (such as pre-eclampsia, placental problems, infection, preterm labor)
- My healthcare provider tried to induce my labor, but it didn't work
- Labor was taking too long
- The fetal monitor showed that my baby was having problems before or during labor (fetal distress)
- I wanted to schedule my delivery

- I didn't want to have my baby vaginally
- Other **Please tell us:**

Previous

Next





K8

Did you plan or schedule a cesarean delivery (c-section) at least one week before your new baby was born?

*(Don't read)*

- No
- Yes

Previous

Next





K9

Did your healthcare provider try to induce your labor using different methods to start your contractions?

- No
- Yes

Previous

Next





K10

**Why did your healthcare provider try to induce your labor?**

*Check ALL that apply*

- My water broke, and there was a fear of infection
- I was past my due date
- My healthcare provider worried about the size of the baby
- My baby was not doing well and needed to be born
- I had a complication in my pregnancy (such as low amniotic fluid or pre-eclampsia)
- I wanted to schedule my delivery
- I wanted to give birth with a specific healthcare provider
- Other **Please tell us:**

Previous

Next





K16

After delivery, was your baby put in an intensive care unit (NICU)?

- No
- Yes

Previous

Next





K16

After delivery, was your baby put in an intensive care unit (NICU)?

- No
- Yes

Previous

Next



## Preconception Health



Department of Health and Human Services  
Centers for Disease Control and Prevention



L10

Before you got pregnant, would you say that, in general, your health was...

- Excellent
- Very good
- Good
- Fair
- Poor

Previous

Next





L11

Additional options for Core 3/15

	No	Yes
Asthma	<input type="radio"/>	<input type="radio"/>
Anemia (poor blood, low iron)	<input type="radio"/>	<input type="radio"/>
Epilepsy (seizures)	<input type="radio"/>	<input type="radio"/>
Thyroid problems	<input type="radio"/>	<input type="radio"/>
PCOS (polycystic ovarian syndrome)	<input type="radio"/>	<input type="radio"/>

Previous

Next





78%

L18

In the 12 months before you got pregnant with your new baby, did a healthcare provider talk with you about the following things?

For each one, check No or Yes.

	No	Yes
Getting vaccines before pregnancy	<input type="radio"/>	<input type="radio"/>
Getting counseling for any genetic diseases that run in my family	<input type="radio"/>	<input type="radio"/>
Getting counseling or treatment for depression or anxiety	<input type="radio"/>	<input type="radio"/>
The safety of using prescription or over-the-counter medicines during pregnancy	<input type="radio"/>	<input type="radio"/>
How smoking during pregnancy can affect a baby	<input type="radio"/>	<input type="radio"/>
How drinking alcohol during pregnancy can affect a baby	<input type="radio"/>	<input type="radio"/>
How using drugs not prescribed to me during pregnancy can affect a baby	<input type="radio"/>	<input type="radio"/>

Previous

Next





L26

**At any time during the 12 months before you got pregnant with your new baby, did you do any of the following things?**

*For each one, check No or Yes.*

	No	Yes
I was dieting (changing my eating habits) to lose weight	<input type="radio"/>	<input type="radio"/>
I was exercising 3 or more days of the week for fitness outside of my regular job	<input type="radio"/>	<input type="radio"/>
I was regularly taking prescription medicines other than birth control	<input type="radio"/>	<input type="radio"/>
A healthcare provider checked me for diabetes	<input type="radio"/>	<input type="radio"/>
I talked to a healthcare provider about my family medical history	<input type="radio"/>	<input type="radio"/>

Previous

Next





L27

In the *12 months before* you got pregnant with your new baby, did a healthcare provider talk to you about preparing for a pregnancy?

- No
- Yes


Previous

Next






# Vaccinations

## Maternal



Department of Health and Human Services  
Centers for Disease Control and Prevention



97%

*L14\_Skip\_Before*  
**If you got a flu shot before or during your pregnancy, go to Question #.**

[Previous](#)   [Next](#)



97%

L14

What were your reasons for not getting a flu shot during the 12 months before the birth of your new baby?

	No	Yes
My doctor didn't mention anything about a flu shot	<input type="radio"/>	<input type="radio"/>
I was worried about side effects of the flu shot for me	<input type="radio"/>	<input type="radio"/>
I was worried that the flu shot might harm my baby	<input type="radio"/>	<input type="radio"/>
I wasn't worried about getting sick with the flu	<input type="radio"/>	<input type="radio"/>
I don't think the flu shot works	<input type="radio"/>	<input type="radio"/>
I don't normally get a flu shot	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

L14\_Other

Please tell us:

Previous

Next





*L19\_Skip\_Before*

If you didn't get a flu shot before or during your pregnancy, go to Question #.

Previous

Next





98%

L19

**Where did you get your flu shot?**

- My OB/GYN's office
- My family doctor or other doctor's office
- A health department or community clinic
- A hospital
- A pharmacy, drug store, or grocery store
- My workplace or school
- Other **Please tell us:**

Previous

Next



## Child Vaccinations



Department of Health and Human Services  
Centers for Disease Control and Prevention



*L33\_Skip\_Before*

**If your baby is not alive or is not living with you, go to Question #.**

Previous

Next





L33

**What are your plans for vaccinating your new baby?**

- My baby will be vaccinated the way my baby's doctor recommends
- My baby will get every vaccine, but at different times than my baby's doctor recommends
- My baby will get only some of the recommended vaccines
- My baby will not get any vaccines

Previous

Next



# Attachment 10i – PRAMS Livebirth Phase 9 Standard Web Module - English



Department of Health and Human Services  
Centers for Disease Control and Prevention



99%

*Verbatim*

[Previous](#)   [Next](#)





## Mental Health



63%

G9

During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

- I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the *month before* I got pregnant
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

Previous

Next





M4

At any time *during* your most recent pregnancy, did you *ask for help* for depression from a healthcare provider?

- No
- Yes

Previous

Next





M5

Since your new baby was born, has a healthcare provider told you that you had depression?

- No
- Yes

Previous

Next





M6

Since your new baby was born, have you asked for help for depression from a healthcare provider?

- No
- Yes

Previous

Next





M7

How would you describe the time *during* your most recent pregnancy?

- One of the happiest times of my life
- A happy time with few problems
- A moderately hard time
- A very hard time
- One of the worst times of my life

Previous

Next





*M8\_M9\_Skip\_Before*

**If you had depression during your most recent pregnancy, go to Question M9/M8. If you didn't, go to Question #.**

Previous

Next





M8

At any time *during* your most recent pregnancy, did you take prescription medicine for your depression?

- No
- Yes

Previous

Next





M9

At any time *during* your most recent pregnancy, did you get counseling for your depression?

- No
- Yes

Previous

Next





M10

Since your new baby was born, have you taken prescription medicine for your depression?

- No
- Yes

Previous

Next





M11

Since your new baby was born, have you gotten counseling for your depression?

- No
- Yes

Previous

Next





M14

At any time *during* your most recent pregnancy, did you *ask for help* for anxiety from a healthcare provider?

- No
- Yes

Previous

Next





M15

Since your new baby was born, has a healthcare provider told you that you had anxiety?

- No
- Yes

Previous

Next





M16

Since your new baby was born, have you asked for help for anxiety from a healthcare provider?

- No
- Yes

Previous

Next





*M17\_M18\_Skip\_Before*

If you had anxiety during your most recent pregnancy, go to Question M18/M17. If you didn't, go to Question #.

Previous

Next





M17

At any time *during* your most recent pregnancy, did you take prescription medicine for your anxiety?

- No
- Yes

Previous

Next





M18

At any time *during* your most recent pregnancy, did you get counseling for your anxiety?

- No
- Yes

Previous

Next





M19

Since your new baby was born, have you taken prescription medicine for your anxiety?

- No
- Yes

Previous

Next





M20

Since your new baby was born, have you gotten counseling for your anxiety?

- No
- Yes

Previous

Next





M22

Since your new baby was born, have you felt that you've needed mental health services such as counseling, medications, or support groups to help with feelings of anxiety, depression, grief, or other issues?

- No
- Yes

Previous

Next





M23

Were you able to get the mental health services that you needed?

- No
- Yes

Previous

Next





M24

Which of these statements explains why you did not get the mental health services you needed?

Check ALL that apply

- I couldn't afford the cost
- I couldn't get an appointment as soon as I needed
- My health insurance doesn't cover any type of mental health services
- My health insurance doesn't pay enough for mental health services
- I didn't know where to go to get services
- I was concerned that the information I shared might not be kept confidential
- I didn't want others to find out that I needed treatment
- I was concerned that I might be committed to a psychiatric hospital
- I was concerned that I might have to take medicine
- I had no transportation, treatment was too far away, or the hours were not convenient

I didn't have time (because of a job, childcare, or other commitments)

Other **Please tell us:**

Previous

Next



## Maternal Morbidity



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N1

At any time *during* your most recent pregnancy, did a healthcare provider tell you to stay in bed for at least 1 week?

- No
- Yes

Previous

Next





N2

How many weeks or months pregnant were you when you were told to stay in bed?

Enter ONE answer

Week(s):

Month(s):

Previous

Next





N3

How often were you able to follow your healthcare provider's instruction to stay in bed?

- Always
- Often
- Sometimes
- Rarely
- Never

Previous

Next





N5

*During your most recent pregnancy, did a healthcare provider give you a series of weekly shots of a medicine called progesterone, Makena®, or 17P (17 alpha-hydroxyprogesterone) to try to keep your new baby from being born too early?*

- No
- Yes

Previous

Next





*N7\_Skip\_Before*

If you had gestational diabetes during your most recent pregnancy, go to Question N7. If you didn't, go to Question #.

Previous

Next





N7

**During your most recent pregnancy, when you were told that you had gestational diabetes, did a healthcare provider do any of the things listed below?**

*For each one, check No or Yes.*

	No	Yes
Refer me to a nutritionist	<input type="radio"/>	<input type="radio"/>
Talk to me about the importance of exercise	<input type="radio"/>	<input type="radio"/>
Talk to me about getting to a healthy weight after delivery	<input type="radio"/>	<input type="radio"/>
Talk to me about my risk for Type 2 diabetes	<input type="radio"/>	<input type="radio"/>

Previous

Next





N9

Did you have any of the following problems *during* your most recent pregnancy?

For each one, check No or Yes.

	No	Yes
Vaginal bleeding	<input type="radio"/>	<input type="radio"/>
Kidney or bladder (urinary tract) infection (UTI)	<input type="radio"/>	<input type="radio"/>
<b>Severe</b> nausea, vomiting, or dehydration that sent me to the doctor or hospital	<input type="radio"/>	<input type="radio"/>
Cervix had to be sewn shut (cerclage for incompetent cervix)	<input type="radio"/>	<input type="radio"/>
Problems with the placenta (such as abruption placenta or placenta previa)	<input type="radio"/>	<input type="radio"/>
Labor pains more than 3 weeks before my baby was due (preterm or early labor)	<input type="radio"/>	<input type="radio"/>
Water broke more than 3 weeks before my baby was due (preterm premature rupture of membranes [PPROM])	<input type="radio"/>	<input type="radio"/>
I had to have a blood transfusion	<input type="radio"/>	<input type="radio"/>
I was hurt in a car accident	<input type="radio"/>	<input type="radio"/>

Previous

Next





04

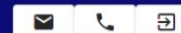
Since your new baby was born, have you been tested for diabetes or high blood sugar?

- No
- Yes

Previous

Next





07

Have you experienced any of the following things *during* your pregnancy or *after* your baby was born?

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

	No	Yes
I felt something wasn't right with my health	<input type="radio"/>	<input type="radio"/>
I felt my concerns for my health weren't taken seriously	<input type="radio"/>	<input type="radio"/>
I felt my doctor ignored my concerns about my health or symptoms	<input type="radio"/>	<input type="radio"/>

Previous

Next





08

**Have you regularly monitored your blood pressure at home or outside of a healthcare visit during any of the following time periods?**

*For each one, check No or Yes.*

	No	Yes
During the 12 months before my most recent pregnancy	<input type="radio"/>	<input type="radio"/>
During my most recent pregnancy	<input type="radio"/>	<input type="radio"/>
Since my new baby was born	<input type="radio"/>	<input type="radio"/>

Previous

Next



## Maternal Warning Signs



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Centers for Disease Control and Prevention



08

**Have you regularly monitored your blood pressure at home or outside of a healthcare visit during any of the following time periods?**

*For each one, check No or Yes.*

	No	Yes
During the 12 months before my most recent pregnancy	<input type="radio"/>	<input type="radio"/>
During my most recent pregnancy	<input type="radio"/>	<input type="radio"/>
Since my new baby was born	<input type="radio"/>	<input type="radio"/>

Previous

Next





7%

09

Since your new baby was born, have you received information about warning signs of postpartum complications from any of the following sources?

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

	No	Yes
A healthcare provider (such as a doctor, nurse, or midwife)	<input type="radio"/>	<input type="radio"/>
Websites or social media (such as Facebook, Instagram, or X/Twitter)	<input type="radio"/>	<input type="radio"/>
Any source of information that used the slogan ""Hear Her"" (such as websites, social media, or paper handouts)	<input type="radio"/>	<input type="radio"/>
Family or friends	<input type="radio"/>	<input type="radio"/>

Previous

Next





010

**Did a healthcare provider talk with you about the warning signs of both pregnancy and postpartum complications during any of the following time periods?**

*For each one, check No or Yes.*

	No	Yes
During the 12 months before my most recent pregnancy	<input type="radio"/>	<input type="radio"/>
During my most recent pregnancy	<input type="radio"/>	<input type="radio"/>
During my labor and delivery hospital stay	<input type="radio"/>	<input type="radio"/>
Since my new baby was born	<input type="radio"/>	<input type="radio"/>

Previous

Next



## Food Security and Economic Security



40%

P14

During the 12 months before your new baby was born, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- No
- Yes

Previous

Next





40%

P17

During the 12 months before your new baby was born, did you ever get emergency food from a church, a food pantry, or a food bank, or eat in a food kitchen?

- No
- Yes

Previous

Next





P20

During the 12 months before your new baby was born, which of these statements best describes the food in your household?

- Enough of the kinds of food I wanted to eat
- Enough, but not always the kinds of food I wanted to eat
- Sometimes not enough to eat
- Often not enough to eat

Previous

Next





P21

**Why didn't you have enough to eat?**

Check ALL that apply

- I couldn't afford to buy more food
- I couldn't get out to buy food (for example, didn't have transportation, or had mobility or health problems that kept me from getting out)
- I was afraid or didn't want to go out to buy food
- I couldn't get groceries or meals delivered
- The stores didn't have the food I wanted

Previous

Next





P22

During the *12 months before your new baby was born*, how often were you unable to afford to eat balanced meals? A balanced meal includes all the types of food that you think should be in a healthy meal. For example, a starch like potatoes or rice, vegetables or fruit, and some protein like meat, fish, cheese, or eggs.

- Always
- Usually
- Sometimes
- Rarely
- Never

Previous

Next





P23

What is your living situation today?

- I have a steady place to live
- I have a place to live today, but I'm worried about losing it in the future
- I don't have a steady place to live (I'm temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

Previous

Next





BB3

Since your new baby was born, how often would you say you have been worried or stressed about having enough money to pay your bills?

- Always
- Often
- Sometimes
- Rarely
- Never

Previous

Next



## Neighborhood and Built Environment



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P15

During the 12 months before your new baby was born, how often did you feel unsafe in the neighborhood where you lived?

- Always
- Often
- Sometimes
- Rarely
- Never

Previous

Next



Attachment 10i – PRAMS Livebirth Phase 9 Standard Web Module - English



70%

*C1\_and\_C2\_Skip\_Before*

**If your baby is not alive, is not living with you, or is still in the hospital, go to Question #.**

Previous

Next



## Family Planning



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Q1

Which of the following statements best describes you during the 3 months before you got pregnant with your new baby?

- I was trying to get pregnant
- I was trying to keep from getting pregnant but wasn't trying very hard not to
- I was trying hard to keep from getting pregnant

Previous

Next





Q2

Which of the following statements best describes your spouse or partner during the *3 months before* you got pregnant with your new baby?

- Wanted me to get pregnant
- Didn't care one way or the other whether I got pregnant
- Didn't want me to get pregnant

Previous

Next





38%

Q3

Thinking back to *just before* you got pregnant with your new baby, how did your spouse or partner feel about your becoming pregnant?

- Wanted me to be pregnant sooner
- Wanted me to be pregnant later
- Wanted me to be pregnant then
- Didn't want me to be pregnant then or at any time in the future
- I didn't have a spouse or partner

Previous

Next





Q3

Thinking back to *just before* you got pregnant with your new baby, how did your spouse or partner feel about your becoming pregnant?

- Wanted me to be pregnant sooner
- Wanted me to be pregnant later
- Wanted me to be pregnant then
- Didn't want me to be pregnant then or at any time in the future
- I didn't have a spouse or partner

Previous

Next





Q5

**When you found out you were pregnant with your new baby, did you have any of the following feelings or concerns?**

*For each one, check No or Yes.*

	No	Yes
I was worried that I didn't know enough about how to take care of a baby	<input type="radio"/>	<input type="radio"/>
I thought a new baby would keep me from doing the things I was used to doing, like working, going to school, or going out	<input type="radio"/>	<input type="radio"/>
I looked forward to teaching and caring for a new baby	<input type="radio"/>	<input type="radio"/>
I looked forward to the new experiences that having a baby would bring	<input type="radio"/>	<input type="radio"/>
I looked forward to telling my friends that I was pregnant	<input type="radio"/>	<input type="radio"/>
I was worried that I didn't have enough money to take care of a baby	<input type="radio"/>	<input type="radio"/>
I didn't look forward to telling my friends that I was pregnant	<input type="radio"/>	<input type="radio"/>
I looked forward to buying things for a new baby	<input type="radio"/>	<input type="radio"/>

Previous

Next





Q6

How did you feel when you found out you were pregnant with your new baby?

- Very unhappy to be pregnant
- Unhappy to be pregnant
- Not sure
- Happy to be pregnant
- Very happy to be pregnant

Previous

Next





Q7

How many months were you trying to get pregnant? Do not count long periods of time when you and your partner were apart or not having sex.

- 0 to 3 months
- 4 to 6 months
- 7 to 12 months
- 13 to 24 months
- More than 24 months

Previous

Next





*Q7\_Skip\_After*

If you were trying to get pregnant when you got pregnant with your new baby, go to Question #.

Previous

Next



## Prenatal Care



Department of Health and Human Services  
Centers for Disease Control and Prevention



R6

Have you ever heard of the bacteria Group B Strep or Beta Strep that mothers can pass to their newborns during birth?

- No
- Yes

Previous

Next





R7

**During any of your prenatal care visits, did a healthcare provider talk with you about the bacteria Group B Strep or Beta Strep?**

- No
- Yes

Previous

Next





R8

At any time *during* your most recent pregnancy, did you get tested for the bacteria Group B Strep or Beta Strep?

- No
- Yes

Previous

Next





R12

*During any of your prenatal care visits, did a healthcare provider talk with you about taking multivitamins, prenatal vitamins, or folic acid vitamins during your pregnancy?*

- No
- Yes

Previous

Next





R13

At any time *during* your most recent pregnancy, did your regular prenatal care provider ask you to see a *specialist doctor* for help with any health problems?

- No
- Yes

Previous

Next





R14

*During any of your prenatal care visits, did a healthcare provider talk with you about how eating fish containing high levels of mercury could affect your baby?*

- No
- Yes

Previous

Next





80%

R15

Where did you go *most of the time* for your prenatal care visits? Do not include visits for WIC.

- Private doctor's office
- Hospital clinic
- Health department clinic
- Site-specific option
- Site-specific option
- Other **Please tell us:**

Previous

Next





R16

**During your most recent pregnancy, did a healthcare provider talk with you about any of the things listed below? Please count only discussions, not reading materials or videos.**

*For each one, check No or Yes.*

	No	Yes
Foods that are good to eat during pregnancy	<input type="radio"/>	<input type="radio"/>
Exercise during pregnancy	<input type="radio"/>	<input type="radio"/>
Programs or resources to help me gain the right amount of weight during pregnancy	<input type="radio"/>	<input type="radio"/>
Programs or resources to help me lose weight after pregnancy	<input type="radio"/>	<input type="radio"/>

Previous

Next





81%

R19

How many weeks or months pregnant were you when you were *sure* you were pregnant? For example, you had a pregnancy test, or a healthcare provider said you were pregnant.

Enter ONE answer

- Week(s)
- Month(s)
- I don't remember

Previous

Next





81%

R20

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

- No
- Yes

Previous

Next





81%

R21

**Did any of these things keep you from getting prenatal care when you wanted it?**

*For each one, check No or Yes.*

	No	Yes
I couldn't get an appointment when I wanted one	<input type="radio"/>	<input type="radio"/>
I didn't have enough money or insurance to pay for my visits	<input type="radio"/>	<input type="radio"/>
I didn't have any transportation to get to the clinic or doctor's office	<input type="radio"/>	<input type="radio"/>
The doctor or my health plan wouldn't start care as early as I wanted	<input type="radio"/>	<input type="radio"/>
I had too many other things going on	<input type="radio"/>	<input type="radio"/>
I couldn't take time off from work or school	<input type="radio"/>	<input type="radio"/>
I didn't have my Medicaid <or state Medicaid name> card	<input type="radio"/>	<input type="radio"/>
I didn't have anyone to take care of my children	<input type="radio"/>	<input type="radio"/>
I didn't know that I was pregnant	<input type="radio"/>	<input type="radio"/>
I didn't want anyone else to know I was pregnant	<input type="radio"/>	<input type="radio"/>
I didn't want prenatal care	<input type="radio"/>	<input type="radio"/>
The doctor's office was too far away	<input type="radio"/>	<input type="radio"/>

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Next





*R21\_Skip\_After*

**If you did not get prenatal care, go to Question #.**

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Next





R23

**During your most recent pregnancy, did you take a class or classes to prepare for childbirth and learn what to expect during labor and delivery?**

- No
- Yes

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Next





R24

How many weeks months pregnant were you when you had your first visit for prenatal care?

Enter ONE answer

Week(s)

Month(s)

Previous

Next





R25

**Overall, during my pregnancy, I felt...**

For each one, check No or Yes.

	No	Yes
Comfortable asking questions about the <i>prenatal care</i> that I received	<input type="radio"/>	<input type="radio"/>
Comfortable declining care if I didn't want it	<input type="radio"/>	<input type="radio"/>
Comfortable accepting the options for care that my provider recommended	<input type="radio"/>	<input type="radio"/>
I was able to choose the care options that I received	<input type="radio"/>	<input type="radio"/>
My providers treated me with respect	<input type="radio"/>	<input type="radio"/>
Satisfied with the <i>prenatal care</i> that I received	<input type="radio"/>	<input type="radio"/>

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## Injury Prevention and Safety



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S1

Listed below are some statements about safety.

For each one, check **No** if it does not apply to you or **Yes** if it does.

	No	Yes
I always used a seatbelt during my most recent pregnancy	<input type="radio"/>	<input type="radio"/>
My home has a working smoke alarm	<input type="radio"/>	<input type="radio"/>
I have received information about infant products that should be taken off the market (product recalls) since my new baby was born	<input type="radio"/>	<input type="radio"/>
My home has a working carbon monoxide detector	<input type="radio"/>	<input type="radio"/>

Previous

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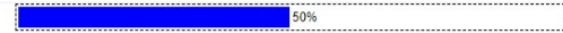
S6\_S10\_Skip\_Before

If your baby is not alive, is not living with you, or is still in the hospital, go to Question #.

Previous

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S6

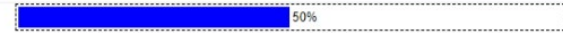
When riding in a car, truck, or van, how often does your baby ride in an infant car seat?

- Always
- Often
- Sometimes
- Rarely
- Never

Previous

Next





S10

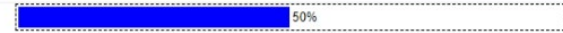
Do you have an infant car seat that you can use for your new baby?

- No
- Yes

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S12

**How did you learn to install and use your infant car seat?**

*Check ALL that apply*

- I read the instructions
- A friend or family member showed me
- A health or safety professional showed me
- I figured it out myself
- I already knew how to install it because I have other children
- Some other way **Please tell us:**

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Next



# Attachment 10i – PRAMS Livebirth Phase 9 Standard Web Module - English



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S13\_Skip\_Before

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Next





S13

Have you ever heard or read about what can happen if a baby is shaken?

- No
- Yes

Previous

Next





S20

During the 12 months before your new baby was born, did a healthcare provider talk to you about getting your household water tested for any of the following things?

	No	Yes
Arsenic	<input type="radio"/>	<input type="radio"/>
Lead	<input type="radio"/>	<input type="radio"/>
Other contaminants	<input type="radio"/>	<input type="radio"/>

S20\_Other

Please tell us:

Previous

Next





S21

Are any firearms kept in or around your home *now*?

- No
- Yes

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S22

Are any of these firearms now loaded?

- No
- Yes

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Next





S23

Are any of these loaded firearms also unlocked? Unlocked meaning you do not need a key, combination, or hand/fingerprint to get the gun or to fire it. Do not count a safety as a lock.

- No
- Yes

Previous

Next

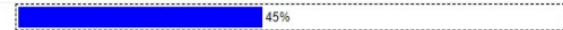


## Infant Healthcare

### Sick Child Care



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Centers for Disease Control and Prevention



T1

Have you taken your new baby for care when he or she was sick?

- No
- Yes
- My baby has not been sick

Previous

Next





T3

Has your new baby gone for care as many times as you wanted when he or she was sick?

- No
- Yes

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Next





T8

**Did any of these things keep you from taking your baby for care when he or she was sick?**

*Check ALL that apply*

- I didn't have health insurance to pay for the visit
- I couldn't get an appointment
- I didn't have a regular doctor for my baby
- 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
- Other **Please tell us:**

Previous

Next





X2

**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 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 a well-baby checkup
- Other **Please tell us:**

Previous

Next



## Well Child Care



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X9

Has your new baby had a well-baby checkup? A well-baby checkup is a regular health visit for your baby usually at 1, 2, 4, and 6 months of age.

- No
- Yes

Previous

Next





X10

Was your new baby seen by a healthcare provider for a *one-week checkup* after he or she was born?

- No
- Yes
- My baby was still in the hospital at that time

Previous

Next



## Substance Use



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92%

DRUG2

During the *month before you got pregnant*, did you take or use any of the following medications or drugs for any reason? Your answers are strictly confidential.

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

	No	Yes
Medication for depression	<input type="radio"/>	<input type="radio"/>
Medication for anxiety	<input type="radio"/>	<input type="radio"/>
Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine	<input type="radio"/>	<input type="radio"/>
Adderall®, Ritalin®, or another stimulant	<input type="radio"/>	<input type="radio"/>
Benzodiazepines (Valium®, Ativan®, Xanax®) or Tranquilizers (downers or ludes)	<input type="radio"/>	<input type="radio"/>
Methadone, Subutex®, Suboxone®, or buprenorphine	<input type="radio"/>	<input type="radio"/>
Naloxone	<input type="radio"/>	<input type="radio"/>
Marijuana or cannabis in any form (not including hemp or CBD-only products)	<input type="radio"/>	<input type="radio"/>
CBD products	<input type="radio"/>	<input type="radio"/>
Synthetic marijuana (K2 or Spice)	<input type="radio"/>	<input type="radio"/>
Kratom	<input type="radio"/>	<input type="radio"/>

## Attachment 10i – PRAMS Livebirth Phase 9 Standard Web Module - English

Fentanyl or Heroin (smack, junk, Black Tar or <i>Chiva</i> )	<input type="radio"/>	<input type="radio"/>
Amphetamines (uppers, speed, crystal meth, crank, ice or <i>agua</i> )	<input type="radio"/>	<input type="radio"/>
Cocaine (crack, rock, coke, blow, snow or <i>nieve</i> )	<input type="radio"/>	<input type="radio"/>
Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, or bath salts)	<input type="radio"/>	<input type="radio"/>

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Centers for Disease Control and Prevention



93%

DRUG3

**During your most recent pregnancy, did you take or use any of the following medications or drugs for any reason?**

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

	No	Yes
Medication for depression	<input type="radio"/>	<input type="radio"/>
Medication for anxiety	<input type="radio"/>	<input type="radio"/>
Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine	<input type="radio"/>	<input type="radio"/>
Adderall®, Ritalin®, or another stimulant	<input type="radio"/>	<input type="radio"/>
Benzodiazepines (Valium®, Ativan®, Xanax®) or Tranquilizers (downers or ludes)	<input type="radio"/>	<input type="radio"/>
Methadone, Subutex®, Suboxone®, or buprenorphine	<input type="radio"/>	<input type="radio"/>
Naloxone	<input type="radio"/>	<input type="radio"/>
Marijuana or cannabis in any form (not including hemp or CBD-only products)	<input type="radio"/>	<input type="radio"/>
CBD products	<input type="radio"/>	<input type="radio"/>
Synthetic marijuana (K2 or Spice)	<input type="radio"/>	<input type="radio"/>
Kratom	<input type="radio"/>	<input type="radio"/>

# Attachment 10i – PRAMS Livebirth Phase 9 Standard Web Module - English

Fentanyl or Heroin (smack, junk, Black Tar or <i>Chiva</i> )	<input type="radio"/>	<input type="radio"/>
Amphetamines (uppers, speed, crystal meth, crank, ice or <i>agua</i> )	<input type="radio"/>	<input type="radio"/>
Cocaine (crack, rock, coke, blow, snow or <i>nieve</i> )	<input type="radio"/>	<input type="radio"/>
Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, or bath salts)	<input type="radio"/>	<input type="radio"/>

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# Attachment 10i – PRAMS Livebirth Phase 9 Standard Web Module - English



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93%

*U10\_Skip\_Before*

If you did not use prescription pain relievers during your most recent pregnancy, go to Question #.

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Next





93%

U10

After your baby was born, did a healthcare provider tell you that your baby had drug withdrawal or neonatal abstinence syndrome?

- No
- Yes

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Next



## Social Services including Home Visiting



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V1

**During your most recent pregnancy, did you use any of these services?**

*For each one, check No or Yes.*

	No	Yes
Parenting classes	<input type="radio"/>	<input type="radio"/>
Counseling for depression or anxiety	<input type="radio"/>	<input type="radio"/>

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V2\_V3\_Skip\_Before

**If your baby is not alive or is not living with you, go to Question #.**

Previous

Next





V2

**Since your new baby was born, have you used any of these services?**

*For each one, check No or Yes.*

	No	Yes
Parenting classes	<input type="radio"/>	<input type="radio"/>
Counseling for depression or anxiety	<input type="radio"/>	<input type="radio"/>

Previous

Next





V3

Since your new baby was born, have you used WIC services for yourself or your new baby?

- No
- Yes, only I am using WIC services
- Yes, both my new baby and I use WIC services
- Yes, only my new baby uses WIC services

Previous

Next





86%

V11

During your most recent pregnancy, did you feel you *needed* any of the following services?

	No	Yes
SNAP (the Supplemental Nutrition Assistance Program)	<input type="radio"/>	<input type="radio"/>
WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)	<input type="radio"/>	<input type="radio"/>
Counseling for family or personal problems	<input type="radio"/>	<input type="radio"/>
Help to quit smoking	<input type="radio"/>	<input type="radio"/>
Help to reduce violence in my home	<input type="radio"/>	<input type="radio"/>
Help to quit using drugs	<input type="radio"/>	<input type="radio"/>
Assistance with housing or rent	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

V11\_Other

Please tell us:

Previous

Next





86%

V12

**During your most recent pregnancy, did you receive any of the following services?**

	No	Yes
SNAP (the Supplemental Nutrition Assistance Program)	<input type="radio"/>	<input type="radio"/>
WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)	<input type="radio"/>	<input type="radio"/>
Counseling for family or personal problems	<input type="radio"/>	<input type="radio"/>
Help to quit smoking	<input type="radio"/>	<input type="radio"/>
Help to reduce violence in my home	<input type="radio"/>	<input type="radio"/>
Help to quit using drugs	<input type="radio"/>	<input type="radio"/>
Assistance with housing or rent	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

V12\_Other

**Please tell us:**

Previous

Next





V13

Who was the home visitor that came to your home *during* your most recent pregnancy?

Check ALL that apply

- A nurse, nurse's aide, or midwife
- A teacher or health educator
- A doula or childbirth educator
- Site option (Someone from the <Healthy Start or other Program Name>)
- Someone else **Please tell us:**

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Next





87%

V14

*During your most recent pregnancy, how many times did the home visitor come to your home to help you learn how to prepare for your new baby?*

- 1 time
- 2 to 4 times
- 5 or more times

Previous

Next





V15

**During your most recent pregnancy, did the home visitor who came to your home talk with you about any of the things listed below?**

*For each one, check No or Yes.*

	No	Yes
How smoking during pregnancy could affect my baby	<input type="radio"/>	<input type="radio"/>
How drinking alcohol during pregnancy could affect my baby	<input type="radio"/>	<input type="radio"/>
Doing tests to screen for birth defects or diseases that run in my family	<input type="radio"/>	<input type="radio"/>
The importance of getting tested for HIV	<input type="radio"/>	<input type="radio"/>
The importance of getting tested for sexually transmitted infections	<input type="radio"/>	<input type="radio"/>
If someone was hurting me emotionally or physically	<input type="radio"/>	<input type="radio"/>
Breastfeeding my baby	<input type="radio"/>	<input type="radio"/>
My emotional well-being	<input type="radio"/>	<input type="radio"/>

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V16

Who was the home visitor that came to your home *since your new baby was born*?

Check ALL that apply

- A nurse, nurse's aide, or midwife
- A teacher or health educator
- A doula or childbirth educator
- Site option (Someone from the <Healthy Start or other Program Name>)
- Someone else **Please tell us:**

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Next





V18

Since your new baby was born, did the home visitor who came to your home talk with you about any of the things listed below?

For each one, check No or Yes.

	No	Yes
Breastfeeding my baby	<input type="radio"/>	<input type="radio"/>
How long to wait before getting pregnant again	<input type="radio"/>	<input type="radio"/>
Family planning services or using contraception	<input type="radio"/>	<input type="radio"/>
Postpartum depression	<input type="radio"/>	<input type="radio"/>
Resources in my community to support new parents	<input type="radio"/>	<input type="radio"/>
Getting to a healthy weight	<input type="radio"/>	<input type="radio"/>
How to quit or keep from smoking	<input type="radio"/>	<input type="radio"/>
How to get the healthcare that my baby or I need	<input type="radio"/>	<input type="radio"/>

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Next





V19

The following questions are about the care you got from the home visitor *since your new baby was born*.

For each one, check No or Yes.

	No	Yes
Were you satisfied with the amount of time the home visitor spent with you?	<input type="radio"/>	<input type="radio"/>
Were you satisfied with the advice you got on how to take care of yourself and your baby?	<input type="radio"/>	<input type="radio"/>
Did you feel understood and respected by the home visitor?	<input type="radio"/>	<input type="radio"/>

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Next





89%

V20

The following questions are about the care you got from the home visitor *during* your most recent pregnancy.

For each one, check No or Yes.

	No	Yes
Were you satisfied with the amount of time the home visitor spent with you?	<input type="radio"/>	<input type="radio"/>
Were you satisfied with the advice you got on how to take care of yourself and your baby?	<input type="radio"/>	<input type="radio"/>
Did you feel understood and respected by the home visitor?	<input type="radio"/>	<input type="radio"/>

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V21

*During your most recent pregnancy, did a home visitor come to your home to help you prepare for your new baby? A home visitor is a nurse, healthcare provider, doula, childbirth educator, social worker, or another person who works for a program that helps you during your pregnancy.*

- No
- Yes

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V22

*Since your new baby was born*, has a home visitor come to your home to help you learn how to take care of yourself or your new baby? A home visitor is a nurse, healthcare provider, doula, social worker, or another person who works for a program that helps families with newborns.

- No
- Yes

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Next





89%

V23

Did you use doula support during any of the following time periods? A doula is a trained pregnancy and labor companion who gives comfort, emotional support, and information during birth. A doula does not provide medical care.

For each one, check No or Yes.


	No	Yes
During my most recent pregnancy	<input type="radio"/>	<input type="radio"/>
During the birth of my new baby	<input type="radio"/>	<input type="radio"/>
Since my new baby was born	<input type="radio"/>	<input type="radio"/>




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## Social Support Including Partner Support

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90%

W1


During your most recent pregnancy, who would have helped you if a problem had come up? For example, who would have helped you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks?

Check ALL that apply

- My spouse or partner
- My mother, father, or in-laws
- Other family member or relative
- A friend
- Religious community
- Neighbors
- Someone else **Please tell us:**
- No one would have helped me

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W3

Since your new baby was born, who would help you if a problem came up? For example, who would help you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks?

Check ALL that apply

- My spouse or partner
- My mother, father, or in-laws
- Other family member or relative
- A friend
- Religious community
- Neighbors
- Someone else **Please tell us:**
- No one would help me

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W5

The following questions are about the people in your life and the support they provided you *while you were pregnant*.

For each one, check No or Yes.

	No	Yes
Did you have someone you could go to if you felt lonely?	<input type="radio"/>	<input type="radio"/>
Did you have someone you could talk with about things that were important to you or how you were feeling?	<input type="radio"/>	<input type="radio"/>
Did you have someone you could count on to listen to your problems, worries, and fears?	<input type="radio"/>	<input type="radio"/>
Did you have someone who showed you love and affection?	<input type="radio"/>	<input type="radio"/>
Did you have someone who did things with you to relax or have fun?	<input type="radio"/>	<input type="radio"/>
Did you have someone you could count on to loan you money for things like food or bills?	<input type="radio"/>	<input type="radio"/>
Did you have someone who could take care of your children if you needed help?	<input type="radio"/>	<input type="radio"/>
Did you have someone who could help with daily chores if you were sick?	<input type="radio"/>	<input type="radio"/>
Did you have someone who could take you to the clinic or doctor's office if you needed a ride?	<input type="radio"/>	<input type="radio"/>

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91%

W6

The following questions are about the people in your life and the support they provide you *now*.

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

	No	Yes
Do you have someone you can go to if you're feeling lonely?	<input type="radio"/>	<input type="radio"/>
Do you have someone you can talk with about things that are important to you or how you're feeling?	<input type="radio"/>	<input type="radio"/>
Do you have someone you can count on to listen to your problems, worries, and fears?	<input type="radio"/>	<input type="radio"/>
Do you have someone who shows you love and affection?	<input type="radio"/>	<input type="radio"/>
Do you have someone who does things with you to relax or have fun?	<input type="radio"/>	<input type="radio"/>
Do you have someone you can count on to loan you money for things like food or bills?	<input type="radio"/>	<input type="radio"/>
Do you have someone who can take care of your children if you need help?	<input type="radio"/>	<input type="radio"/>
Do you have someone who can help with daily chores if you're sick?	<input type="radio"/>	<input type="radio"/>
Do you have someone who can take you to the clinic or doctor's office if you need a ride?	<input type="radio"/>	<input type="radio"/>

Previous

Next





91%

W7

**Do your neighbors do any of the following things?**

*For each one, check **No** if it does not apply to your neighbors or **Yes** if it does.*

	No	Yes
Do favors for each other or help each other out	<input type="radio"/>	<input type="radio"/>
Ask each other advice about personal things such as child rearing or job openings	<input type="radio"/>	<input type="radio"/>
Have parties or other get-togethers where other people in the neighborhood are invited	<input type="radio"/>	<input type="radio"/>
Visit in each other's homes or on the street	<input type="radio"/>	<input type="radio"/>
Watch over each other's property	<input type="radio"/>	<input type="radio"/>

Previous

Next





91%

W8

Please choose the statement that best describes your current living arrangement with your spouse or partner.

- Lives with me all of the time
- Lives with me some of the time
- Doesn't live with me
- I don't have a spouse or partner

Previous

Next





91%

W9

Since your new baby was born, how often does your spouse or partner provide you with encouragement and emotional support?

- Always
- Often
- Sometimes
- Rarely
- Never
- I don't have a spouse or partner

Previous

Next





W10

Since your new baby was born, how often does your baby's father or other parent contribute things such as money, food, clothing, shelter, or healthcare to provide for your new baby's basic needs?

- Always
- Often
- Sometimes
- Rarely
- Never

Previous

Next





92%

W11

When your new baby's father, or other parent, is with the baby, how often do they hug, kiss, hold, or play with the baby?

- Always
- Often
- Sometimes
- Rarely
- Never
- My new baby's father, or other parent, doesn't regularly spend time with my baby

Previous

Next



## Oral Health



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Y3

**Since your new baby was born, have you had your teeth cleaned by a dentist or dental hygienist?**

- No
- Yes

Previous

Next





Y5\_Skip\_Before

If you did not have any problems with your teeth or gums during your pregnancy, go to Question #.

Previous

Next





y5

**During your most recent pregnancy, what kind of problem did you have with your teeth or gums?**

	No	Yes
I had cavities that needed to be filled	<input type="radio"/>	<input type="radio"/>
I had painful, red, or swollen gums	<input type="radio"/>	<input type="radio"/>
I had a toothache	<input type="radio"/>	<input type="radio"/>
I needed to have a tooth pulled	<input type="radio"/>	<input type="radio"/>
I had an injury to my mouth, teeth, or gums	<input type="radio"/>	<input type="radio"/>
I had some other problem with my teeth or gums	<input type="radio"/>	<input type="radio"/>

Y5\_Other

**Please tell us:**

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Next





Y6

**Did any of the following things make it hard for you to go to a dentist or dental clinic *during* your most recent pregnancy?**

*For each one, check No or Yes.*

	No	Yes
I couldn't find a dentist or dental clinic that would take pregnant patients	<input type="radio"/>	<input type="radio"/>
I couldn't find a dentist or dental clinic that would take Medicaid patients	<input type="radio"/>	<input type="radio"/>
I didn't think it was safe to go to the dentist during pregnancy	<input type="radio"/>	<input type="radio"/>
I couldn't afford to go to a dentist or dental clinic	<input type="radio"/>	<input type="radio"/>
I couldn't find a dentist or dental clinic close by that I could get to	<input type="radio"/>	<input type="radio"/>

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Next





Y7

The following statements are about the care of your teeth *during* your most recent pregnancy.

For each one, check No or Yes.

	No	Yes
I knew it was important to care for my teeth and gums during my pregnancy	<input type="radio"/>	<input type="radio"/>
A dental or other healthcare provider talked with me about how to care for my teeth and gums	<input type="radio"/>	<input type="radio"/>
I knew it was safe to go to the dentist during pregnancy	<input type="radio"/>	<input type="radio"/>
I had insurance to cover dental care during my pregnancy	<input type="radio"/>	<input type="radio"/>
I <u>needed</u> to see a dentist for a <b>problem</b>	<input type="radio"/>	<input type="radio"/>
I <u>went</u> to a dentist or dental clinic about a <b>problem</b>	<input type="radio"/>	<input type="radio"/>

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Next





Y8\_Skip\_Before

If you did not have any problems with your teeth or gums during your pregnancy, go to Question #.

Previous

Next





Y8

Did you get treatment from a dentist or another healthcare provider for the dental problem that you were having during your pregnancy?

- No
- Yes, I got treatment during my pregnancy
- Yes, I got treatment after my pregnancy
- Yes, I got treatment both during and after my pregnancy

Previous

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## Intimate Partner Violence



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Z1

Did your current, or ex, spouse or partner do any of the following things *during* your most recent pregnancy?

For each one, check No or Yes.

	No	Yes
Threatened me or made me feel unsafe in some way	<input type="radio"/>	<input type="radio"/>
Made me afraid for my safety or my family's safety because of their anger or threats	<input type="radio"/>	<input type="radio"/>
Tried to control my daily activities, for example, controlling who I could talk to or where I could go	<input type="radio"/>	<input type="radio"/>
Forced me to take part in touching or any sexual activity when I didn't want to	<input type="radio"/>	<input type="radio"/>

Previous

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Z2

**Has your current, or ex, spouse or partner done any of the following things, since your new baby was born?**

*For each one, check No or Yes.*

	No	Yes
Threatened me or made me feel unsafe in some way	<input type="radio"/>	<input type="radio"/>
Made me afraid for my safety or my family's safety because of their anger or threats	<input type="radio"/>	<input type="radio"/>
Tried to control my daily activities, for example, controlling who I could talk to or where I could go	<input type="radio"/>	<input type="radio"/>
Forced me to take part in touching or any sexual activity when I didn't want to	<input type="radio"/>	<input type="radio"/>

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Z8

**Before you got pregnant with your new baby, did your spouse or partner ever try to keep you from using your birth control so that you would get pregnant when you did not want to? For example, did they hide your birth control, throw it away, or do anything else to keep you from using it?**

- No
- Yes

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Z9

**During any of the following time periods, did your spouse or partner threaten you, limit your activities against your will, or make you feel unsafe in any other way?**

*For each one, check No or Yes.*

	No	Yes
During the 12 months before I got pregnant	<input type="radio"/>	<input type="radio"/>
During my most recent pregnancy	<input type="radio"/>	<input type="radio"/>
Since my new baby was born	<input type="radio"/>	<input type="radio"/>

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Z13

**Since your new baby was born, have any of the following people pushed, hit, slapped, kicked, choked, or physically hurt you in any other way?**

*For each one, check No or Yes.*

	No	Yes
My spouse or partner	<input type="radio"/>	<input type="radio"/>
My ex-spouse or ex-partner	<input type="radio"/>	<input type="radio"/>
Site-added option (Another family member)	<input type="radio"/>	<input type="radio"/>
Site-added option (Someone else)	<input type="radio"/>	<input type="radio"/>

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Z15

**Before you got pregnant with your new baby, did your spouse or partner ever refuse to use a condom when you wanted them to use one?**


- No
- Yes
- I didn't have a partner at that time, or I was in a same sex relationship

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## Tobacco and Nicotine Product Use and Cessation



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94%

AA1\_AA2\_AA3\_Skip\_Before

If you did **not** smoke at any time in the 3 months before you got pregnant OR during your pregnancy, go to Question #.

[Previous](#) [Next](#)



94%

AA1

*During any of your prenatal care visits, did a healthcare provider advise you to quit smoking?*

- No
- Yes
- I didn't go for prenatal care

Previous

Next





94%

AA2

**During your most recent pregnancy, did you try any of the following things to quit smoking?**

	No	Yes
Set a specific date to stop smoking	<input type="radio"/>	<input type="radio"/>
Use a text-messaging program for help with quitting	<input type="radio"/>	<input type="radio"/>
Use websites or apps for help with quitting	<input type="radio"/>	<input type="radio"/>
Use social media for help with quitting (such as Facebook, Instagram, TikTok)	<input type="radio"/>	<input type="radio"/>
Call a national or state quit line	<input type="radio"/>	<input type="radio"/>
Attend a class or program to stop smoking	<input type="radio"/>	<input type="radio"/>
Go to counseling for help with quitting	<input type="radio"/>	<input type="radio"/>
Use a nicotine patch, gum, lozenge, nasal spray, or oral inhaler	<input type="radio"/>	<input type="radio"/>
Take a pill like Zyban® or Wellbutrin® (also known as bupropion) to stop smoking	<input type="radio"/>	<input type="radio"/>
Take a pill like Chantix® (also known as varenicline) to stop smoking	<input type="radio"/>	<input type="radio"/>
Try to quit on my own (e.g., cold turkey)	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

AA2\_Other

**Please tell us:**

Previous

Next





94%

AA3

**During any of your prenatal visits, did a healthcare provider do any of the following things to help you quit smoking?**

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

	No	Yes
Spend time with me discussing how to quit smoking	<input type="radio"/>	<input type="radio"/>
Suggest that I set a specific date to stop smoking	<input type="radio"/>	<input type="radio"/>
Suggest I attend a class or program to stop smoking	<input type="radio"/>	<input type="radio"/>
Provide me with booklets, videos, or other materials to help me quit smoking on my own	<input type="radio"/>	<input type="radio"/>
Refer me to counseling for help with quitting	<input type="radio"/>	<input type="radio"/>
Ask if a family member or friend would support my decision to quit	<input type="radio"/>	<input type="radio"/>
Refer me to a national or state quit line	<input type="radio"/>	<input type="radio"/>
Recommend using or prescribe a nicotine gum	<input type="radio"/>	<input type="radio"/>
Recommend using or prescribe a nicotine patch	<input type="radio"/>	<input type="radio"/>
Recommend using or prescribe a nicotine lozenge	<input type="radio"/>	<input type="radio"/>
Prescribe a nicotine nasal spray or nicotine oral inhaler	<input type="radio"/>	<input type="radio"/>

Prescribe a pill like Zyban® or Wellbutrin® (also known as bupropion) to help me quit	<input type="radio"/>	<input type="radio"/>
Prescribe a pill like Chantix® (also known as varenicline) to help me quit	<input type="radio"/>	<input type="radio"/>

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95%

AA5

Which of the following statements best describes the rules about smoking *inside* your home *during* your most recent pregnancy, even if no one who lived in your home was a smoker?

- No one was allowed to smoke anywhere inside my home
- Smoking was allowed in some rooms or at some times
- Smoking was permitted anywhere inside my home

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AA6\_Skip\_Before

If you did not smoke at any time in the 3 months before you got pregnant, go to Question #.

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AA6

Did you quit smoking around the time of your most recent pregnancy?

- No
- No, but I cut back
- Yes, I quit before I found out I was pregnant
- Yes, I quit when I found out I was pregnant
- Yes, I quit later in my pregnancy

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AA7

Which of the following statements best describes the rules about smoking *inside* your home now, even if no one who lives in your home is a smoker?

- No one is allowed to smoke anywhere inside my home
- Smoking is allowed in some rooms or at some times
- Smoking is permitted anywhere inside my home

Previous

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AA7

Which of the following statements best describes the rules about smoking *inside* your home now, even if no one who lives in your home is a smoker?

- No one is allowed to smoke anywhere inside my home
- Smoking is allowed in some rooms or at some times
- Smoking is permitted anywhere inside my home

Previous

Next





AA9

How many cigarette smokers, not including yourself, live in your home now?

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# Attachment 10i – PRAMS Livebirth Phase 9 Standard Web Module - English



AA10\_Skip\_Before

If you did not smoke at any time in the 3 months before you got pregnant, go to Question #.

Previous

Next





97%

AA10

Would any of the following things make it hard for you to quit smoking?

	No	Yes
Cost of medicines or products to help with quitting	<input type="radio"/>	<input type="radio"/>
Cost of classes to help with quitting	<input type="radio"/>	<input type="radio"/>
Fear of gaining weight	<input type="radio"/>	<input type="radio"/>
Loss of a way to handle stress	<input type="radio"/>	<input type="radio"/>
Other people smoking around me	<input type="radio"/>	<input type="radio"/>
Cravings for a cigarette	<input type="radio"/>	<input type="radio"/>
Lack of support from others to quit	<input type="radio"/>	<input type="radio"/>
Worsening depression	<input type="radio"/>	<input type="radio"/>
Worsening anxiety	<input type="radio"/>	<input type="radio"/>
Some other reason	<input type="radio"/>	<input type="radio"/>

AA10\_Other

Please tell us:

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## Experiences of Discrimination and Racism



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BB1

During the 12 months before your new baby was born, how often did you feel emotionally upset (for example, angry, sad, or frustrated) because of how you were treated based on your race, ethnicity, or skin color?

- Very often
- Somewhat often
- Not very often
- Never

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Next





37%

BB4

*During your life until now, how often have you worried that you might be treated or judged unfairly because of your race, ethnicity, or skin color?*

- Very often
- Somewhat often
- Not very often
- Never

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BB5

***During your life until now, how often have you worried that a loved one like your partner, child, or parent might be treated or judged unfairly because of their race, ethnicity, or skin color?***

- Very often
- Somewhat often
- Not very often
- Never

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37%

BB6

Have you **ever** experienced discrimination or were prevented from doing something, hassled, or made to feel inferior because of the things listed below?

	No	Yes
My race, ethnicity, or skin color	<input type="radio"/>	<input type="radio"/>
My disability status	<input type="radio"/>	<input type="radio"/>
My immigration status	<input type="radio"/>	<input type="radio"/>
My age	<input type="radio"/>	<input type="radio"/>
My weight	<input type="radio"/>	<input type="radio"/>
My income	<input type="radio"/>	<input type="radio"/>
My sex <del>or gender</del>	<input type="radio"/>	<input type="radio"/>
My sexual orientation	<input type="radio"/>	<input type="radio"/>
My religion	<input type="radio"/>	<input type="radio"/>
My language or accent	<input type="radio"/>	<input type="radio"/>
My type or lack of health insurance	<input type="radio"/>	<input type="radio"/>
My use of substances (alcohol, tobacco, or other drugs)	<input type="radio"/>	<input type="radio"/>

My involvement with the justice system (jail or prison)	<input type="radio"/>	<input type="radio"/>
Another reason	<input type="radio"/>	<input type="radio"/>

BB6\_Other

Please tell us:

[Previous](#)

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## Physical Activity



CC1

During the **3 months before** you got pregnant with your new baby, how often did you participate in any physical activities or exercise for 30 minutes or more? For example, walking for exercise, swimming, cycling, dancing, or gardening.

- Less than 1 day per week
- 1 to 2 days per week
- 3 to 4 days per week
- 5 or more days per week
- I was told by a healthcare provider not to exercise

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CC1

During the **3 months before** you got pregnant with your new baby, how often did you participate in any physical activities or exercise for 30 minutes or more? For example, walking for exercise, swimming, cycling, dancing, or gardening.

- Less than 1 day per week
- 1 to 2 days per week
- 3 to 4 days per week
- 5 or more days per week
- I was told by a healthcare provider not to exercise

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## Reproductive History



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FF1

During the 12 months before you got pregnant with your new baby, did you have a miscarriage, fetal death (baby died before being born), or stillbirth?

- No
- Yes

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FF4

What is the age difference between your *new* baby and the child you delivered *just before* your new one?

- 0 to 12 months
- 13 to 18 months
- 19 to 24 months
- More than 2 years but less than 3 years
- 3 to 5 years
- More than 5 years

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FFS

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

- No
- Yes

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FF6

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

- No
- Yes

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FT1

Was the baby *just before* your new one born *earlier* than 3 weeks before their due date?

- No
- Yes

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## Demographic Information Including Maternal Weight



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11

How much weight did you gain *during* your most recent pregnancy?

Enter ONE Answer

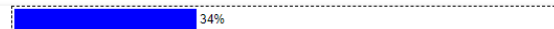
I gained:

- Pounds
- Kilos
- I didn't gain any weight during my pregnancy

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How tall are you without shoes on?

*Feet*

**Feet**

*Inches*

**Inches**

*Centimeters*

**... or centimeters**

*RDK*

**Don't know**

**Refused**

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35%

113

**Just before you got pregnant with your new baby, how much did you weigh?**

Enter ONE answer

- Pounds **Pound**
- Kilos **Kilos**

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114


When was your new baby born?




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## Alcohol Consumption

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 24%

JJ1


During the 3 months before you got pregnant, how many times did you drink 4 or more alcoholic drinks in a 2-hour time span?

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 4 or more drinks in a 2-hour time span

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J12

During the last 3 months of your pregnancy, how many times did you drink 4 or more alcoholic drinks in a 2-hour time span?

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 4 or more drinks in a 2-hour time span

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*JJ3\_Skip\_Before*

If you didn't have any alcoholic drinks during the last 3 months of your pregnancy, go to Question #.

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JJ3

During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?

- 14 or more drinks a week
- 8 to 13 drinks a week
- 4 to 7 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

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JJS

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

- 14 or more drinks a week
- 8 to 13 drinks a week
- 4 to 7 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

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JJ6

**During your most recent pregnancy, did a healthcare provider or home health visitor tell you that it was okay to drink a little alcohol during pregnancy?**

- No
- Yes

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## Disaster and Emergency Preparedness



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KK1

Do you currently have an emergency plan for your family in case of disaster? For example, you and your family have talked about how to be safe if a disaster happened.

- No
- Yes

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KK2

**During your most recent pregnancy, did you have an emergency plan for your family in case of disaster? For example, you and your family talked about how to be safe if a disaster happened.**

- No
- Yes

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36%

KK4

**Below is a list of things that some people do to prepare for a disaster.**

*For each one, check No or Yes.*

	No	Yes
I have an emergency meeting place for family members (other than my home)	<input type="radio"/>	<input type="radio"/>
My family and I have practiced what to do in case of a disaster	<input type="radio"/>	<input type="radio"/>
I have a plan for how my family and I would keep in touch if we were separated	<input type="radio"/>	<input type="radio"/>
I have an evacuation plan if I need to leave my home and community	<input type="radio"/>	<input type="radio"/>
I have an evacuation plan for my children in case of a disaster (permission for day care or school to release my child to another adult)	<input type="radio"/>	<input type="radio"/>
I have copies of important documents like birth certificates and insurance policies in a safe place outside my home	<input type="radio"/>	<input type="radio"/>
I have emergency supplies in my home for my family such as enough extra water, food, and medicine to last for at least three days	<input type="radio"/>	<input type="radio"/>
I have emergency supplies that I keep in my car, at work, or at home to take with me if I have to leave quickly	<input type="radio"/>	<input type="radio"/>

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## Maternal Childhood Experiences



57%

117

The next questions are about things that may have happened to you during your childhood, before your 18th birthday.

For each one, check No or Yes

(before your 18th birthday...)

	No	Yes
Did you live with someone who was depressed, mentally ill, or suicidal?	<input type="radio"/>	<input type="radio"/>
Did you live with someone who had a problem with alcohol or drug use?	<input type="radio"/>	<input type="radio"/>
Were you separated from a parent or guardian because they went to jail, prison, or a detention center?	<input type="radio"/>	<input type="radio"/>
Did your parents or other adults in your home slap, hit, kick, punch, or beat each other up?	<input type="radio"/>	<input type="radio"/>
Did a parent or other adult in your home hit, beat, kick, or physically hurt you in any way?	<input type="radio"/>	<input type="radio"/>
Did a parent or other adult in your home swear at you, insult you, or put you down?	<input type="radio"/>	<input type="radio"/>
<b>Before your 18th birthday...</b> Did an adult or person at least 5 years older than you ever make you do sexual things that you didn't want to do (such as kissing, touching, or having sexual intercourse)?	<input type="radio"/>	<input type="radio"/>
Was there an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?	<input type="radio"/>	<input type="radio"/>
Was there an adult in your household who tried hard to make sure you felt loved, supported, valued, and like you were special to them?	<input type="radio"/>	<input type="radio"/>
<b>Before your 18th birthday...</b> Did you feel that you were treated badly or unfairly because of your race, ethnicity, or skin color?	<input type="radio"/>	<input type="radio"/>
Did you feel that you were treated badly or unfairly because <b>you are or people think you are LGBTQIA+ of your sexual orientation or because someone may think you are a lesbian or bisexual?</b> This could include being treated badly because of who you're sexually attracted to <b>or because you express your gender in a way that is different than what people expect.</b>	<input type="radio"/>	<input type="radio"/>
Did you see someone get physically attacked, beaten, stabbed, or shot in your neighborhood?	<input type="radio"/>	<input type="radio"/>
Were your parents or guardians divorced or separated?	<input type="radio"/>	<input type="radio"/>

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LL2

**These questions are about things that may have happened to you during your childhood, before your 18th birthday.**

*For each one, check No or Yes.*

*Before your 18th birthday...*

	No	Yes
Did you feel that you were able to talk to an adult in your family or other caring adult about your feelings?	<input type="radio"/>	<input type="radio"/>
Did you feel that you were able to talk to a friend about your feelings?	<input type="radio"/>	<input type="radio"/>
Did you feel a sense of belonging in high school?	<input type="radio"/>	<input type="radio"/>

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## Disability



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002

Because of a physical, mental, or emotional condition, do you have difficulty caring for yourself or your newborn?


- No
- Yes




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## Sexual Orientation

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54%

FP1

**How would you describe your gender?**

Female

Male


Transgender

Genderqueer or gender nonconforming

Prefer to self-describe. Please tell us: \_\_\_\_\_

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85%

PP2

How would you describe your sexual orientation?


- Heterosexual or "straight"
- Lesbian or Gay
- Bisexual
- Prefer to self-describe **Please tell us:**

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## Natural Disaster Module



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Progress bar: 00%

KK5


Were you living in or staying in an area that was affected by a disaster in the past year? This could be a natural disaster such as a hurricane, tornado, earthquake, etc., or a manmade disaster such as an explosion, chemical spill, etc.

No

Yes

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K06

How would you describe any damage to your home from the disaster?

Check ONE answer

- My home was not damaged
- My home had minor damage, but the living areas were still livable
- My home had major damage
- My home was destroyed

Previous

Next



00%

KK7

Did you experience any of the following because of the disaster?

	No	Yes
You felt like your life was in danger when the disaster struck	<input type="radio"/>	<input type="radio"/>
You were injured or became ill	<input type="radio"/>	<input type="radio"/>
A member of your household was injured or became ill	<input type="radio"/>	<input type="radio"/>
You walked through debris or floodwater	<input type="radio"/>	<input type="radio"/>
You were without electricity for one week or longer	<input type="radio"/>	<input type="radio"/>
Someone close to you died in the disaster	<input type="radio"/>	<input type="radio"/>
You saw someone die in the disaster	<input type="radio"/>	<input type="radio"/>
You were living in temporary housing or in conditions that you were not accustomed to	<input type="radio"/>	<input type="radio"/>
You lost personal belongings	<input type="radio"/>	<input type="radio"/>

You were separated from loved ones who you feel close to	<input type="radio"/>	<input type="radio"/>
You had trouble getting services or aid from the government	<input type="radio"/>	<input type="radio"/>
You had trouble dealing with insurance or disaster relief agencies	<input type="radio"/>	<input type="radio"/>
You had trouble getting clean drinking water	<input type="radio"/>	<input type="radio"/>
You had trouble getting enough food to eat	<input type="radio"/>	<input type="radio"/>
You felt unsafe because of the lack of order and security after the disaster	<input type="radio"/>	<input type="radio"/>

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KQ8

After the disaster, where did you look FIRST for reliable information regarding the disaster and cleaning up or recovery efforts?

Check ONE answer

- TV
- Radio
- Text messages
- Neighbor or word of mouth
- Flyers or posters
- Local Newspaper
- Social media sites like Facebook
- Internet Please tell us:
- Other Please tell us:

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Next





KK9

After the disaster, how would you describe the amount of hard physical work you had to do to take care of your home and yard compared to the time before the disaster?

Check ONE answer

- Much more physical work after the disaster
- A little more physical work after the disaster
- The same amount of physical work
- Less physical work since the disaster
- I didn't do any physical work around the home and yard

Previous

Next





KK10

Did you or any member of your household receive any of the following types of aid as part of disaster relief efforts?

	No	Yes
Food	<input type="radio"/>	<input type="radio"/>
Water	<input type="radio"/>	<input type="radio"/>
Shelter	<input type="radio"/>	<input type="radio"/>
Clothing	<input type="radio"/>	<input type="radio"/>
Medicine	<input type="radio"/>	<input type="radio"/>
Financial assistance	<input type="radio"/>	<input type="radio"/>
Transportation services	<input type="radio"/>	<input type="radio"/>

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JK11

Since the disaster, have you felt that you have needed mental health services such as counseling, medications, or support groups to help with feelings of anxiety, depression, grief, or other problems?

- No
- Yes

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PKK12

Were you able to get the mental health services that you needed?

- No
- Yes

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KK13

Did any of these things keep you from getting the mental health services that you needed after the disaster?

Check ALL that apply


- Road conditions made it unsafe to travel
- I was sick or injured and could not travel
- I was afraid to leave where I was staying
- I didn't know where to go to get the services
- Services were not available due to damage to clinic offices from the disaster
- I could not get an appointment when I wanted one
- I was worried about what others would think if I went
- I didn't have enough money or insurance to pay for the services
- I could not take time off from work or school




- I didn't have enough money or insurance to pay for the services
- I could not take time off from work or school
- I had no one to take care of children or other family members
- I had too many other things going on
- Other Please tell us:


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 00%


KK14

Since the disaster, would you have the kinds of help listed below if you needed them?

	No	Yes
Someone to loan me \$50	<input type="radio"/>	<input type="radio"/>
Someone to help me if I were sick and needed to be in bed	<input type="radio"/>	<input type="radio"/>
Someone to talk with about my problems	<input type="radio"/>	<input type="radio"/>

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KK15

Before the disaster, did you have an emergency plan for your family in case of disaster? For example, you and your family had talked about how to be safe if a disaster happened.

- No
- Yes

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99%

PK16

Before the disaster, had you done any of the things listed below to prepare for a disaster?

	No	Yes
You had an emergency meeting place for family members (other than your home)	<input type="radio"/>	<input type="radio"/>
You and your family had practiced what to do in case of a disaster	<input type="radio"/>	<input type="radio"/>
You had a plan for how you and your family would keep in touch if you were separated	<input type="radio"/>	<input type="radio"/>
You had an evacuation plan if you needed to leave your home and community	<input type="radio"/>	<input type="radio"/>
You had an evacuation plan for your child or children in case of a disaster (permission for day care or school to release your child to another adult)	<input type="radio"/>	<input type="radio"/>
You had copies of important documents like birth certificates and insurance policies in a safe place outside your home	<input type="radio"/>	<input type="radio"/>
You had emergency supplies in your home for your family such as enough extra water, food, and medicine to last for at least three days	<input type="radio"/>	<input type="radio"/>
You had emergency supplies that you kept in your car, at work, or at home to take with you if you needed to leave quickly	<input type="radio"/>	<input type="radio"/>

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## Environmental Exposures Module



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NN1




**During your most recent pregnancy, how often did you eat largemouth bass, tuna, shark, king mackerel or swordfish?**

- 3 or more times a week
- 1 to 2 times a week
- 1 to 3 times a month
- Less than once a month
- I didn't eat those fish during my pregnancy

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**NN2**


**Where did you get largemouth bass, tuna, shark, king mackerel or swordfish that you ate during your pregnancy?**

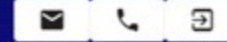
*Check ALL that apply*

- From the grocery store
- From a fish market or farmer's market
- From a restaurant
- Caught by you or someone else from the ocean
- Caught by me or someone else from a local river, stream, lake, or pond
- Caught by me or someone else from one of the Great Lakes
- Other **Please tell us:**

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NW3

During your most recent pregnancy, did you use any of the following things every day or most days around your house or as part of your job?

	No	Yes
Strong degreasers such as oven cleaner or heavy-duty degreaser	<input type="radio"/>	<input type="radio"/>
Furniture or shoe polish	<input type="radio"/>	<input type="radio"/>
Bleach or bleach products (such as bathroom tile cleaner, drain cleaner, disinfectants)	<input type="radio"/>	<input type="radio"/>
Air fresheners or plug-ins	<input type="radio"/>	<input type="radio"/>
Incense or scented candles	<input type="radio"/>	<input type="radio"/>
Perfume or nail polish	<input type="radio"/>	<input type="radio"/>
Permanent pressed (wrinkle-free) clothes or curtains	<input type="radio"/>	<input type="radio"/>

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**NN5**

**During any of your prenatal care visits, did a healthcare provider talk with you about any of the things listed below? Please count only discussions, not reading materials or videos.**

	No	Yes
How me being exposed to lead could affect my baby	<input type="radio"/>	<input type="radio"/>
How using pesticides, which are chemicals to kill insects, rodents or weeds during pregnancy, could affect my baby	<input type="radio"/>	<input type="radio"/>
How using water bottles or other bottles made of polycarbonate plastic (BPA, recycle #7) during pregnancy could affect my baby	<input type="radio"/>	<input type="radio"/>

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NN6

**During your most recent pregnancy, was a healthcare provider able to answer any questions about environmental exposures? (Environmental exposures include contact with chemicals, substances, or products inside or outside of your household such as bleach, household cleaning products, pesticides, or air pollution)**

*Check ONE answer*

- No
- Yes
- I didn't ask a healthcare provider any questions about environmental exposures
- I didn't have any concerns about environmental exposures

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Attachment 10i – PRAMS Livebirth Phase 9 Standard Web Module - English  
Environmental Exposure

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99%

NN1

During your most recent pregnancy, how often did you eat largemouth bass, tuna, shark, king mackerel or swordfish?

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