

Form Approved  
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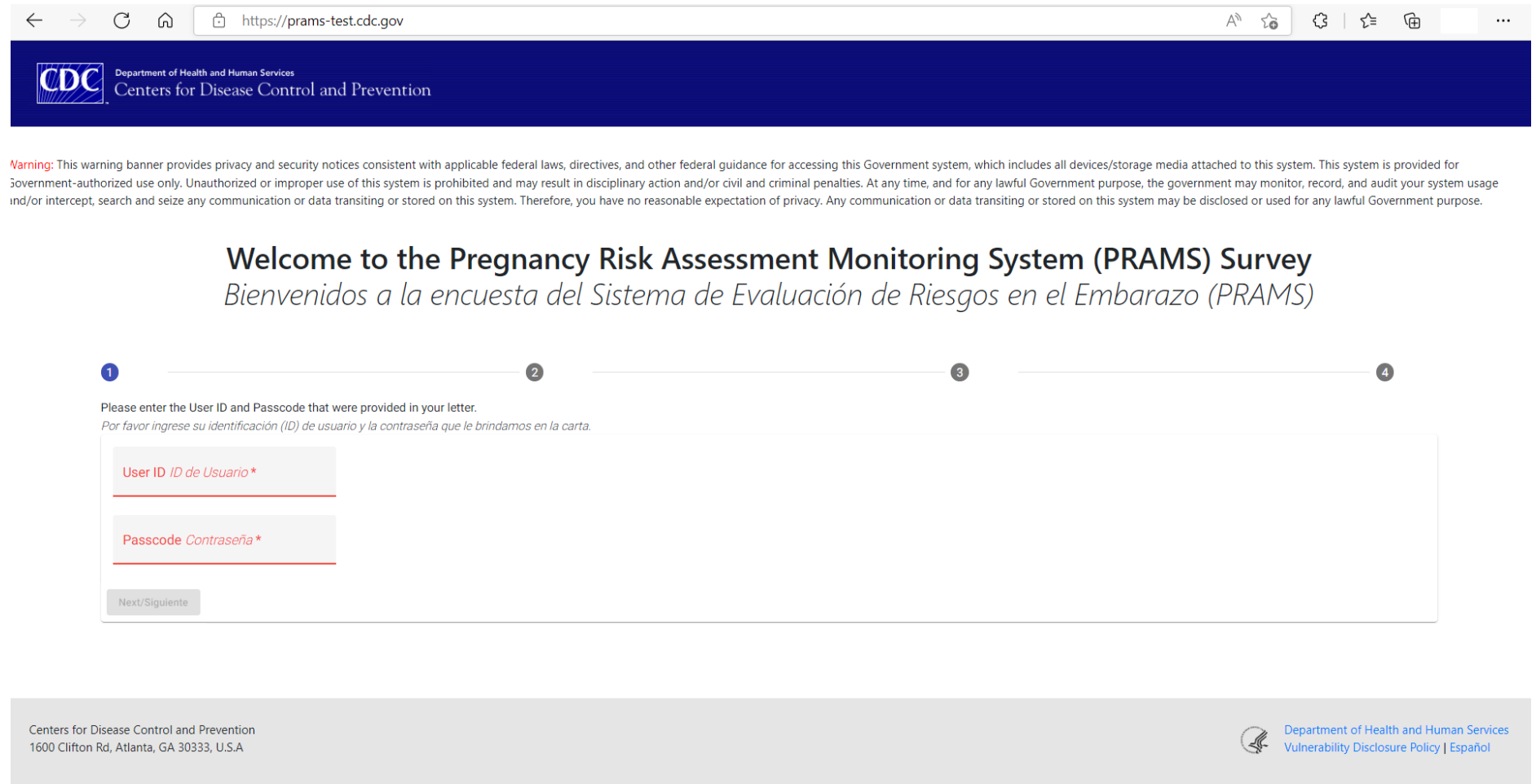
# Pregnancy Risk Assessment Monitoring System (PRAMS)

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## Phase 9 Core Web Questionnaire – English

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## Attachment 8i – PRAMS Livebirth Phase 9 Core Web Questionnaire - English



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# Welcome to the Ohio Pregnancy Risk Assessment Monitoring System (PRAMS) Survey



Confirm your year of birth.

Mother's Year Of Birt... ▾

Email Address (optional)

[Back](#)

[Next](#)

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## Welcome to the Ohio Pregnancy Risk Assessment Monitoring System (PRAMS) Survey



### Survey Instructions

The survey will begin on the next screen.

1. To log out of the survey, click the "Exit Survey" icon  on the top-right corner. You may return later to complete your survey.
2. To get the contact information for the PRAMS program, click on the envelope  or phone  icons in the top-right corner.

[Next](#)



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Core01

What is your date of birth?

Previous

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Core02

### Before you got pregnant, did you...?

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

|                                                                                                                                           | No                    | Yes                   |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| Have serious difficulty hearing, or are you deaf?                                                                                         | <input type="radio"/> | <input type="radio"/> |
| Have serious difficulty seeing, even when wearing glasses, or are you blind?                                                              | <input type="radio"/> | <input type="radio"/> |
| Have serious difficulty walking or climbing stairs?                                                                                       | <input type="radio"/> | <input type="radio"/> |
| Have serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition?            | <input type="radio"/> | <input type="radio"/> |
| Have difficulty with dressing or bathing yourself?                                                                                        | <input type="radio"/> | <input type="radio"/> |
| Have difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition? | <input type="radio"/> | <input type="radio"/> |

Previous

Next

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### Instruction3

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

Previous

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Core03

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

For each one, check **No** if you did not have the condition or **Yes** if you did.

|                                                                                                       | No                    | Yes                   |
|-------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| Type 1 or Type 2 diabetes ( <b>not</b> gestational diabetes or diabetes that starts during pregnancy) | <input type="radio"/> | <input type="radio"/> |
| High blood pressure or hypertension                                                                   | <input type="radio"/> | <input type="radio"/> |
| Depression                                                                                            | <input type="radio"/> | <input type="radio"/> |
| Anxiety                                                                                               | <input type="radio"/> | <input type="radio"/> |

Previous

Next

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Core04

In the *12 months before* you got pregnant with your new baby, did you have any of the following healthcare visits?

|                                                    | No                    | Yes                   |
|----------------------------------------------------|-----------------------|-----------------------|
| Regular checkup with a family doctor               | <input type="radio"/> | <input type="radio"/> |
| Regular checkup with an OB/GYN                     | <input type="radio"/> | <input type="radio"/> |
| Visit for an injury, illness, or chronic condition | <input type="radio"/> | <input type="radio"/> |
| Visit to urgent care or the emergency room         | <input type="radio"/> | <input type="radio"/> |
| Visit for family planning or to get birth control  | <input type="radio"/> | <input type="radio"/> |
| Visit for depression or anxiety                    | <input type="radio"/> | <input type="radio"/> |
| Visit to have my teeth cleaned                     | <input type="radio"/> | <input type="radio"/> |
| Other                                              | <input type="radio"/> | <input type="radio"/> |

Core04\_Other

Please tell us:

Previous

Next



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Core05\_Skip

If you didn't have any healthcare visits in the 12 months before you got pregnant, go to Question [Core 6].

Previous

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Core05

During any of your healthcare visits in the *12 months before you got pregnant*, did a healthcare provider do any of the following things?

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

|                     | No | Yes |
|---------------------|----|-----|
| Talk to me about... |    |     |
|                     |    |     |
|                     |    |     |
|                     |    |     |
|                     |    |     |
|                     |    |     |

|           |  |  |
|-----------|--|--|
| Ask me... |  |  |
|           |  |  |
|           |  |  |

Previous

Next



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### Instruction4

The next questions are about your *health insurance*.

Previous

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Core06

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

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 health care)
- ☐ Site-specific option (IHS or tribal)
- ☐ Other health insurance **Please tell us:**
- ☐ I didn't have any health insurance during the *month before* I got pregnant

Previous

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Core07

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

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 health care)
- ☐ Site-specific option (IHS or tribal)
- ☐ Other health insurance **Please tell us:**
- ☐ I didn't have health insurance *during my pregnancy*

Previous

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Core08

What kind of health insurance do you have ***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 health care)
- ☐ Site-specific option (IHS or tribal)
- ☐ Other health insurance **Please tell us:**
- ☐ I don't have health insurance ***now***

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Core09

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

- ☐ I wanted to be pregnant later
- ☐ I wanted to be pregnant sooner
- ☐ I wanted to be pregnant then
- ☐ I didn't want to be pregnant then or at any time in the future
- ☐ I wasn't sure what I wanted

Previous

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Core09

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

- ☐ I wanted to be pregnant later
- ☐ I wanted to be pregnant sooner
- ☐ I wanted to be pregnant then
- ☐ I didn't want to be pregnant then or at any time in the future
- ☐ I wasn't sure what I wanted

Previous

Next

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**DURING PREGNANCY**

Previous

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### Instruction 5

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

Previous

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Core10

Did you get prenatal care during your *most recent* pregnancy?

- ☐ No
- ☐ Yes

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Core11

**During any of your prenatal care visits, did a healthcare provider do any of the following things?**

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

|                                                                                          | No                    | Yes                   |
|------------------------------------------------------------------------------------------|-----------------------|-----------------------|
|                                                                                          | <input type="radio"/> | <input type="radio"/> |
| How much weight I should gain during pregnancy                                           | <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"/> |
| Talk to me about...                                                                      | <input type="radio"/> | <input type="radio"/> |
| The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due) | <input type="radio"/> | <input type="radio"/> |
| What to do if I feel depressed or anxious during my pregnancy or after my baby is born   | <input type="radio"/> | <input type="radio"/> |

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Ask me...

If I planned to breastfeed  
my new baby ☐ ☐

If I planned to use birth  
control after my baby was  
born ☐ ☐

If I was taking any  
prescription medication ☐ ☐

If I smoked cigarettes or  
used e-cigarettes ("vapes")  
or other smokeless tobacco ☐ ☐

If I was drinking alcohol ☐ ☐

If someone was hurting me  
emotionally or physically ☐ ☐

If I was using illegal drugs ☐ ☐

If I was using marijuana ☐ ☐

If I wanted to be tested for  
HIV ☐ ☐

Previous

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Core12

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

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

|                                                                                        | No                    | Yes                   |
|----------------------------------------------------------------------------------------|-----------------------|-----------------------|
| Flu shot                                                                               | <input type="radio"/> | <input type="radio"/> |
| Tdap shot (protects against tetanus, diphtheria, and pertussis (whooping cough))       | <input type="radio"/> | <input type="radio"/> |
| COVID-19 shot                                                                          | <input type="radio"/> | <input type="radio"/> |
| RSV shot (given during pregnancy to protect the baby from respiratory syncytial virus) | <input type="radio"/> | <input type="radio"/> |

Previous

Next

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Core13

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

*For each one, check:*

**B** for **3 months before** pregnancy

**D** for **During** pregnancy

**N** for **Did not** get the shot in the 3 months before or during pregnancy

|               | B                     | D                     | N                     |
|---------------|-----------------------|-----------------------|-----------------------|
| Flu shot      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tdap shot     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| COVID-19 shot | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| RSV shot      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Previous

Next

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Core14

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

- ☐ No
- ☐ Yes

Previous

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Core15

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

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

|                                                                                                     | No                    | Yes                   |
|-----------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| Gestational diabetes (diabetes that <b>started</b> during <i>this</i> pregnancy)                    | <input type="radio"/> | <input type="radio"/> |
| High blood pressure (that <b>started</b> during <i>this</i> pregnancy), pre-eclampsia, or eclampsia | <input type="radio"/> | <input type="radio"/> |
| Depression                                                                                          | <input type="radio"/> | <input type="radio"/> |
| Anxiety                                                                                             | <input type="radio"/> | <input type="radio"/> |

Previous

Next

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Core16\_Skip

If you had high blood pressure before or during your pregnancy, go to Question 16. If you didn't, go to Question 17.

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Core16

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

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

|                                                                                                                          | No                    | Yes                   |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| Refer me to a different healthcare provider                                                                              | <input type="radio"/> | <input type="radio"/> |
| Tell me to regularly check my blood pressure <b>during</b> pregnancy                                                     | <input type="radio"/> | <input type="radio"/> |
| Talk to me about getting to a healthy weight <b>after</b> pregnancy                                                      | <input type="radio"/> | <input type="radio"/> |
| Talk to me about regularly checking my blood pressure <b>after</b> pregnancy                                             | <input type="radio"/> | <input type="radio"/> |
| Talk to me about the risk for having high blood pressure (chronic hypertension) and heart disease <b>after</b> pregnancy | <input type="radio"/> | <input type="radio"/> |

Previous

Next

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Core17

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

- ☐ No
- ☐ Yes

Previous

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Core18

**During your most recent pregnancy, did you get information about warning signs 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

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### Instruction 6

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

Previous

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Core19

Have you smoked any cigarettes in the past 2 years?

- ☐ No
- ☐ Yes

Previous

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Core20

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

- ☐ More than one pack (21 or more cigarettes)
- ☐ One-half to one pack (11 to 20 cigarettes)
- ☐ Less than half a pack (1 to 10 cigarettes)
- ☐ I didn't smoke then

Previous

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Core21

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

- ☐ More than one pack (21 or more cigarettes)
- ☐ One-half to one pack (11 to 20 cigarettes)
- ☐ Less than half a pack (1 to 10 cigarettes)
- ☐ I didn't smoke then

Previous

Next

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Core22

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

- ☐ More than one pack (21 or more cigarettes)
- ☐ One-half to one pack (11 to 20 cigarettes)
- ☐ Less than half a pack (1 to 10 cigarettes)
- ☐ I don't smoke now

Previous

Next

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Core23

In the *past 2 years*, have you used e-cigarettes (“vapes”) or other electronic nicotine products?

- ☐ No
- ☐ Yes

Previous

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Core24

During the 3 months before you got pregnant, on average, how often did you use e-cigarettes (“vapes”) or other electronic nicotine products?

- ☐ Every day
- ☐ Some days
- ☐ I didn't use e-cigarettes or other electronic nicotine products then

Previous

Next

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Core25

During the *last 3 months* of your pregnancy, on average, how often did you use e-cigarettes ("vapes") or other electronic nicotine products?

- ☐ Every day
- ☐ Some days
- ☐ I didn't use e-cigarettes or other electronic nicotine products then

Previous

Next

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Core26

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

- ☐ No
- ☐ Yes

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### Instruction7

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

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## Attachment 8i – PRAMS Livebirth Phase 9 Core Web Questionnaire - English



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Core27

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

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

|                                                                                                                 | No                    | Yes                   |
|-----------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| The first 3 months of pregnancy (1st trimester)? <i>This includes the time before knowing you were pregnant</i> | <input type="radio"/> | <input type="radio"/> |
| The second 3 months of pregnancy (2nd trimester)?                                                               | <input type="radio"/> | <input type="radio"/> |
| The last 3 months of pregnancy (3rd trimester)?                                                                 | <input type="radio"/> | <input type="radio"/> |

Previous

Next

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Department of Health and Human Services  
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## Attachment 8i – PRAMS Livebirth Phase 9 Core Web Questionnaire - English



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Core28\_Skip

If you didn't have any alcoholic drinks *during* your pregnancy, go to Question [Core 29].

Previous

Next

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## Attachment 8i – PRAMS Livebirth Phase 9 Core Web Questionnaire - English



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Core28

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

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

|                                                                                                                 | No                    | Yes                   |
|-----------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| The first 3 months of pregnancy (1st trimester)? <i>This includes the time before knowing you were pregnant</i> | <input type="radio"/> | <input type="radio"/> |
| The second 3 months of pregnancy (2nd trimester)?                                                               | <input type="radio"/> | <input type="radio"/> |
| The last 3 months of pregnancy (3rd trimester)?                                                                 | <input type="radio"/> | <input type="radio"/> |

Previous

Next

Centers for Disease Control and Prevention  
1600 Clifton Rd, Atlanta, GA 30333, U.S.A



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[Vulnerability Disclosure Policy](#) | [Español](#)

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### Instruction 8

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

Previous

Next

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12%

Core29

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

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

|                                                                   | No                    | Yes                   |
|-------------------------------------------------------------------|-----------------------|-----------------------|
| I got separated or divorced                                       | <input type="radio"/> | <input type="radio"/> |
| I was evicted or forced to move                                   | <input type="radio"/> | <input type="radio"/> |
| I didn't have a regular place to sleep                            | <input type="radio"/> | <input type="radio"/> |
| I was homeless or had to sleep outside, in a car, or in a shelter | <input type="radio"/> | <input type="radio"/> |
| My spouse, partner, or I lost a job                               | <input type="radio"/> | <input type="radio"/> |
| My spouse, partner, or I had a cut in work hours or pay           | <input type="radio"/> | <input type="radio"/> |
| I had problems paying the rent, mortgage, or other bills          | <input type="radio"/> | <input type="radio"/> |
| My spouse or partner went to jail                                 | <input type="radio"/> | <input type="radio"/> |
| I went to jail                                                    | <input type="radio"/> | <input type="radio"/> |
| Someone close to me had a problem with drinking or drugs          | <input type="radio"/> | <input type="radio"/> |
| Someone close to me was very sick or died                         | <input type="radio"/> | <input type="radio"/> |

Previous

Next



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12%

Core30

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

For each one, 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 option (Another family member) | <input type="radio"/> | <input type="radio"/> |
| Site option (Someone else)          | <input type="radio"/> | <input type="radio"/> |

Previous

Next

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Department of Health and Human Services  
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## Attachment 8i – PRAMS Livebirth Phase 9 Core Web Questionnaire - English



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12%

Core31

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

For each one, 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 option (Another family member) | <input type="radio"/> | <input type="radio"/> |
| Site option (Someone else)          | <input type="radio"/> | <input type="radio"/> |

Previous

Next

Centers for Disease Control and Prevention  
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Department of Health and Human Services  
[Vulnerability Disclosure Policy](#) | [Español](#)

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Header3

**AFTER PREGNANCY**

Previous

Next

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### Instruction9

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

Previous

Next

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Core32

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

- ☐ Less than 3 days
- ☐ 3 to 5 days
- ☐ 6 to 14 days
- ☐ More than 14 days
- ☐ My baby was not born in a hospital
- ☐ My baby is still in the hospital

Previous

Next

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Core33

Is your baby alive now?

- ☐ No → We are very sorry for your loss.
- ☐ Yes

Previous

Next

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Core34

Is your baby living with you now?

- ☐ No
- ☐ Yes

Previous

Next

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14%

Core35

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

Write ONE answer

- ☐ I didn't breastfeed my baby
- ☐ I breastfed my baby for less than 1 week

I breastfed my baby for:

- ☐ week(s)
- ☐ months(s)
- ☐ I'm still breastfeeding or feeding pumped milk to my new baby

Previous

Next

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Department of Health and Human Services  
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Core36\_Skip

If your baby is still in the hospital, go to Question [Core 41].

Previous

Next

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Core36

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

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

|                  | No                    | Yes                   |
|------------------|-----------------------|-----------------------|
| On their side    | <input type="radio"/> | <input type="radio"/> |
| On their back    | <input type="radio"/> | <input type="radio"/> |
| On their stomach | <input type="radio"/> | <input type="radio"/> |

Previous

Next

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15%

Core37

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

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

Previous

Next

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15%

Core38

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

- ☐ No
- ☐ Yes

Previous

Next

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16%

Core39

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

|                                               | No                    | Yes                   |
|-----------------------------------------------|-----------------------|-----------------------|
| In a crib, portable crib, or bassinet         | <input type="radio"/> | <input type="radio"/> |
| On a twin or larger mattress or bed           | <input type="radio"/> | <input type="radio"/> |
| On a couch, sofa, or armchair                 | <input type="radio"/> | <input type="radio"/> |
| In an infant car seat                         | <input type="radio"/> | <input type="radio"/> |
| In a swing, rocker, or other inclined sleeper | <input type="radio"/> | <input type="radio"/> |
| In an in-bed sleeper                          | <input type="radio"/> | <input type="radio"/> |
| In a baby board or cradleboard                | <input type="radio"/> | <input type="radio"/> |
| Other                                         | <input type="radio"/> | <input type="radio"/> |

Core39\_Other

Please tell us:

Previous

Next



## Attachment 8i – PRAMS Livebirth Phase 9 Core Web Questionnaire - English



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16%

Core40

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

|                                                            | No                    | Yes                   |
|------------------------------------------------------------|-----------------------|-----------------------|
| In a sleeping sack or wearable blanket                     | <input type="radio"/> | <input type="radio"/> |
| In a swaddled blanket                                      | <input type="radio"/> | <input type="radio"/> |
| Comforters, quilts, blankets, or non-fitted sheets         | <input type="radio"/> | <input type="radio"/> |
| Soft toys, cushions, or pillows, including nursing pillows | <input type="radio"/> | <input type="radio"/> |
| Crib bumper pads (mesh or non-mesh)                        | <input type="radio"/> | <input type="radio"/> |
| Other                                                      | <input type="radio"/> | <input type="radio"/> |

Core40\_Other

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Previous

Next



## Attachment 8i – PRAMS Livebirth Phase 9 Core Web Questionnaire - English



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16%

Core41

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

- ☐ No
- ☐ Yes

Previous

Next

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Core42

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

Check ALL that apply

- ☐ I'm pregnant now
- ☐ I want to get pregnant or don't mind if I do
- ☐ I had my tubes tied or blocked
- ☐ My spouse or partner had a vasectomy
- ☐ I don't want to use birth control
- ☐ I'm worried about side effects from birth control
- ☐ My spouse or partner doesn't want to use condoms
- ☐ My spouse or partner doesn't want me to use birth control

- ☐ We are same-sex spouses/partners
- ☐ I have problems getting birth control I want
- ☐ I don't think I can get pregnant, because I'm breastfeeding
- ☐ I'm not having sex
- ☐ Other **Please tell us:**

Previous

Next



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Core43\_Skip

If you're not doing anything to keep from getting pregnant *now*, go to Question [Core 44].

Previous

Next

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Core43

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

*Check ALL that apply*

- ☐ Tubes tied or blocked
- ☐ My spouse or partner had a vasectomy
- ☐ 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



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17%

**Core44**

**Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is a regular health checkup you have up to 12 weeks after giving birth.**

☐ No

☐ Yes

Previous

Next

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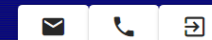


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Core45

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

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

|                                                                              | No                    | Yes                   |
|------------------------------------------------------------------------------|-----------------------|-----------------------|
| Talk to me about...                                                          |                       |                       |
| Healthy eating, exercise, and losing weight gained during pregnancy          | <input type="radio"/> | <input type="radio"/> |
| How long to wait before getting pregnant again                               | <input type="radio"/> | <input type="radio"/> |
| Birth control methods                                                        | <input type="radio"/> | <input type="radio"/> |
| Warning signs of medical problems I might be at risk for due to my pregnancy | <input type="radio"/> | <input type="radio"/> |
| Regularly checking my blood pressure                                         | <input type="radio"/> | <input type="radio"/> |
| What to do if I feel depressed or anxious                                    | <input type="radio"/> | <input type="radio"/> |

|                          |                                                                                        |                       |                       |
|--------------------------|----------------------------------------------------------------------------------------|-----------------------|-----------------------|
| Ask me...                | If I was smoking cigarettes or using e-cigarettes ("vapes") or other smokeless tobacco | <input type="radio"/> | <input type="radio"/> |
|                          | If someone was hurting me emotionally or physically                                    | <input type="radio"/> | <input type="radio"/> |
| A healthcare provider... | Tested me for diabetes                                                                 | <input type="radio"/> | <input type="radio"/> |
|                          | Prescribed me medication for depression or anxiety                                     | <input type="radio"/> | <input type="radio"/> |

Previous

Next



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18%

Core46

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

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

Previous

Next

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Department of Health and Human Services  
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18%

Core47

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

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

Previous

Next

Centers for Disease Control and Prevention  
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Department of Health and Human Services  
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Core48

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

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

Previous

Next

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Department of Health and Human Services  
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Core49

Since your new baby was born, how often have you not been able to stop or control worrying?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

Previous

Next

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Department of Health and Human Services  
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Core50

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

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

|                                 | No                    | Yes                   |
|---------------------------------|-----------------------|-----------------------|
| 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

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Department of Health and Human Services  
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19%

Header4

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Previous

Next

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### Instruction10

The next questions are on a variety of topics.

Previous

Next

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20%

Core51

Please tell us how often each of the following happened during the 12 months before your new baby was born.

|                                                                               | Often                 | Sometimes             | Never                 |
|-------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|
| I worried whether my food would run out before I got money to buy more.       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The food that I bought just didn't last, and I didn't have money to get more. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Previous

Next

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Core52\_GRID

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

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

|                                                      | Yes                   | No                    |
|------------------------------------------------------|-----------------------|-----------------------|
| Going to medical appointments                        | <input type="radio"/> | <input type="radio"/> |
| Going to non-medical appointments, meetings, or work | <input type="radio"/> | <input type="radio"/> |
| Doing errands                                        | <input type="radio"/> | <input type="radio"/> |

Previous

Next

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Core51\_Info

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

Core51A

I worried whether my food would run out before I got money to buy more.

- ☐ Often
- ☐ Sometimes
- ☐ Never

Core51B

The food that I bought just didn't last, and I didn't have money to get more.

- ☐ Often
- ☐ Sometimes
- ☐ Never

Previous

Next



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21%

Core52

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

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

- ☐ Going to medical appointments
- ☐ Going to non-medical appointments, meetings, or work
- ☐ Doing errands

Previous

Next

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Department of Health and Human Services  
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**Core93**

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

|                                   | 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>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"/> |

**Core93 Other**

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Previous

Next

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21%

Core54

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

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

Previous

Next

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Core55

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

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

|                                        | No                    | Yes                   |
|----------------------------------------|-----------------------|-----------------------|
| Job (hiring, promotion, firing)        | <input type="radio"/> | <input type="radio"/> |
| Housing (renting, buying mortgage)     | <input type="radio"/> | <input type="radio"/> |
| Police (stopped, searched, threatened) | <input type="radio"/> | <input type="radio"/> |
| In the courts                          | <input type="radio"/> | <input type="radio"/> |
| At school or my child's school         | <input type="radio"/> | <input type="radio"/> |
| Getting medical care                   | <input type="radio"/> | <input type="radio"/> |

Previous

Next

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### Instruction 11

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

Previous

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Core56

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

- ☐ \$0 to \$16,000
- ☐ \$16,001 to \$20,000
- ☐ \$20,001 to \$24,000
- ☐ \$24,001 to \$32,000
- ☐ \$32,001 to \$48,000
- ☐ \$48,001 to \$60,000
- ☐ \$60,001 to \$85,000
- ☐ \$85,001 or more

Previous

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Core57

During the 12 months before your new baby was born, how many people, *including yourself*, depended on this income?

Number of people:

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Core58

What is today's date?

Previous

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23%

### Comments

We would love to hear more about your story!

Is there anything else you would like to share with us about your experiences around the time of your pregnancy? Please use this space to tell us.

Thanks for answering our questions. Your answers will help us work to make mothers and babies healthier.

Previous

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