

# PRAMS

Your answers on this survey will help us improve the health of mothers and babies in Mississippi

Pregnancy  
Risk  
Assessment  
Monitoring  
System



MISSISSIPPI STATE DEPARTMENT OF HEALTH

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**Please mark your answers. Follow the directions included with the questions. If no directions are presented, check the box next to your answer or fill in the blanks. Because not all questions will apply to everyone, you may be asked to skip certain questions.**

**BEFORE PREGNANCY**

**First, we would like to ask a few questions about you and the time *before* you got pregnant with your new baby.**

**1. 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 item, circle Y (Yes) if you did it or circle N (No) if you did not.

	No	Yes
a. I was dieting (changing my eating habits) to lose weight . . . . .	N	Y
b. I was exercising 3 or more days of the week . . . . .	N	Y
c. I was regularly taking prescription medicines other than birth control . . .	N	Y
d. I visited a health care worker to be checked or treated for diabetes. . . .	N	Y
e. I visited a health care worker to be checked or treated for high blood pressure. . . . .	N	Y
f. I visited a health care worker to be checked or treated for depression or anxiety . . . . .	N	Y
g. I talked to a health care worker about my family medical history . . . .	N	Y
h. I had my teeth cleaned by a dentist or dental hygienist. . . . .	N	Y

**2. During the *month before* you got pregnant with your new baby, were you covered by any of these health insurance plans?**

**Check all that apply**

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid
- TRICARE or other military health care
- Indian Health Service
- SCHIP
- Other source(s) —————> Please tell us:

\_\_\_\_\_

- I did not have any health insurance before I got pregnant

**3. 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 at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

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

\_\_\_\_\_ Pounds **OR** \_\_\_\_\_ Kilos

**5. How tall are you without shoes?**

\_\_\_\_\_ Feet \_\_\_\_\_ Inches  
**OR** \_\_\_\_\_ Meters

**6. What is your date of birth?**

/  / 19   
 Month Day Year

**7. Before you got pregnant with your new baby, were you ever told by a doctor, nurse, or other health care worker that you had Type 1 or Type 2 diabetes? This is not the same as gestational diabetes or diabetes that starts during pregnancy.**

- No  
 Yes

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

- No → **Go to Question 12**  
 Yes

**9. Did the baby born *just before* your new one weigh *more than 5 pounds, 8 ounces (2.5 kilos)* at birth?**

- No  
 Yes

**10. Was the baby *just before* your new one born *more than 3 weeks* before his or her due date?**

- No  
 Yes

**11. When your new baby was born, how old was the child born *just before* your new baby?**

- 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

**The next questions are about the time when you got pregnant with your *new* baby.**

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

**Check one answer**

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

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

- No  
 Yes → **Go to Question 16**

**14. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)**

- No  
 Yes → **Go to Question 16**

**Go to Question 15**

**15. What were your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant?**

**Check all that apply**

- I didn't mind if I got pregnant
- I thought I could not get pregnant at that time
- I had side effects from the birth control method I was using
- I had problems getting birth control when I needed it
- I thought my husband or partner or I was sterile (could not get pregnant at all)
- My husband or partner didn't want to use anything
- Other —————> Please tell us:

**DURING PREGNANCY**

**The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy.** (It may help to look at the calendar when you answer these questions.)

**16. How many weeks or months pregnant were you when you were *sure* you were pregnant?** (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

Weeks **OR**  Months

- I don't remember

**17. How many weeks or months pregnant were you when you had your first visit for prenatal care?** Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

{  Weeks **OR**  Months

- I didn't go for prenatal care —————>

**Go to Page 4, Question 19**

**Go to Page 4, Question 18**

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

No  
 Yes → **Go to Question 20**

**19. Did any of these things keep you from getting prenatal care at all or as early as you wanted?** For each item, circle **T** (True) if it was a reason that you didn't get prenatal care when you wanted or circle **F** (False) if it was not a reason for you or if something does not apply to you.

	True	False
a. I couldn't get an appointment when I wanted one . . . . .	T	F
b. I didn't have enough money or insurance to pay for my visits . . . . .	T	F
c. I had no transportation to get to the clinic or doctor's office . . . . .	T	F
d. The doctor or my health plan would not start care as early as I wanted . . . . .	T	F
e. I had too many other things going on . . . . .	T	F
f. I couldn't take time off from work or school . . . . .	T	F
g. I didn't have my Medicaid card . . . . .	T	F
h. I had no one to take care of my children. . . . .	T	F
i. I didn't know that I was pregnant . . . . .	T	F
j. I didn't want anyone else to know I was pregnant . . . . .	T	F
k. I didn't want prenatal care . . . . .	T	F

**If you did not go for prenatal care, go to Question 22.**

**20. Did any of these health insurance plans help you pay for your prenatal care?**

**Check all that apply**

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid
- TRICARE or other military health care
- Indian Health Service
- SCHIP
- Other source(s) → Please tell us:
- I did not have health insurance to help pay for my prenatal care

**21. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.**

	No	Yes
a. How smoking during pregnancy could affect my baby. . . . .	N	Y
b. Breastfeeding my baby . . . . .	N	Y
c. How drinking alcohol during pregnancy could affect my baby. . . . .	N	Y
d. Using a seat belt during my pregnancy . . . . .	N	Y
e. Medicines that are safe to take during my pregnancy . . . . .	N	Y
f. How using illegal drugs could affect my baby. . . . .	N	Y
g. Doing tests to screen for birth defects or diseases that run in my family . . . . .	N	Y
h. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due). . . . .	N	Y
i. What to do if my labor starts early . . . . .	N	Y
j. Getting tested for HIV (the virus that causes AIDS) . . . . .	N	Y
k. What to do if I feel depressed during my pregnancy or after my baby is born . . . . .	N	Y
l. Physical abuse to women by their husbands or partners . . . . .	N	Y

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

- No
- Yes
- I don't know

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

- No
- Yes

**24. During your most recent pregnancy, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during this pregnancy)?**

- No
- Yes

**25. Did you have any of the following problems during your most recent pregnancy? For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not.**

	No	Yes
a. Vaginal bleeding . . . . .	N	Y
b. Kidney or bladder (urinary tract) infection . . . . .	N	Y
c. <i>Severe</i> nausea, vomiting, or dehydration . . . . .	N	Y
d. Cervix had to be sewn shut (cerclage for incompetent cervix) . . . . .	N	Y
e. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia . . . . .	N	Y
f. Problems with the placenta (such as abruption placentae or placenta previa). . . . .	N	Y
g. Labor pains more than 3 weeks before my baby was due (preterm or early labor) . . . . .	N	Y
h. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]). . . . .	N	Y
i. I had to have a blood transfusion . . . . .	N	Y
j. I was hurt in a car accident . . . . .	N	Y

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The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).

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

- No → **Go to Question 30**
- Yes

27. In the *3 months before* you got pregnant, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- I didn't smoke then

28. In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- I didn't smoke then

29. How many cigarettes do you smoke on an average day *now*? (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- I don't smoke now

30. Which of the following statements best describes the rules about smoking *inside* your home *now*?

**Check one answer**

- 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

The next questions are about drinking alcohol around the time of pregnancy (before, during, and after).

31. Have you had any alcoholic drinks in the *past 2 years*? A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

- No → **Go to Question 34**
- Yes

**Go to Question 32a**

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

- 14 drinks or more a week
  - 7 to 13 drinks a week
  - 4 to 6 drinks a week
  - 1 to 3 drinks a week
  - Less than 1 drink a week
  - I didn't drink then
- Go to Question 33a**

**32b. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.**

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

**33a. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?**

- 14 drinks or more a week
  - 7 to 13 drinks a week
  - 4 to 6 drinks a week
  - 1 to 3 drinks a week
  - Less than 1 drink a week
  - I didn't drink then
- Go to Question 34**

**33b. During the last 3 months of your pregnancy, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.**

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

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

**34. This question is about things that may have happened during the 12 months before your new baby was born.** For each item, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not. (It may help to look at the calendar when you answer these questions.)

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

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

- No  
 Yes

**36. During your most recent pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?**

- No  
 Yes

**The next questions are about your labor and delivery.** (It may help to look at the calendar when you answer these questions.)

**37. When was your baby due?**

/  / 20  
 Month Day Year

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

/  / 20  
 Month Day Year

- I didn't have my baby in a hospital

**39. When was your baby born?**

/  / 20  
 Month Day Year

**40. When were you discharged from the hospital after your baby was born?**

/  / 20  
 Month Day Year

- I didn't have my baby in a hospital

**41. Did any of these health insurance plans help you pay for the *delivery* of your new baby?**

**Check all that apply**

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid
- TRICARE or other military health care
- Indian Health Service
- SCHIP
- Other source(s) → Please tell us:
- 
- I did not have health insurance to help pay for my delivery

## AFTER PREGNANCY

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

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

- No  
 Yes  
 I don't know

**43. After your baby was born, how long did he or she stay in the hospital?**

- Less than 24 hours (less than 1 day)  
 24 to 48 hours (1 to 2 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 → **Go to Question 46**

**44. Is your baby alive now?**

- No → **Go to Page 10, Question 52**  
 Yes

**45. Is your baby living with you now?**

- No → **Go to Page 10, Question 52**  
 Yes

**46. Did you ever breastfeed or pump breast milk to feed your new baby after delivery, even for a short period of time?**

- No → **Go to Question 49b**  
 Yes

**Go to Question 47**

**47. Are you currently breastfeeding or feeding pumped milk to your new baby?**

- No  
 Yes → **Go to Question 49a**

**48. How many weeks or months did you breastfeed or pump milk to feed your baby?**

Weeks **OR**  Months

- Less than 1 week

**49a. How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)?**

Weeks **OR**  Months

- My baby was less than 1 week old  
 My baby has not had any liquids other than breast milk

**49b. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?**

Weeks **OR**  Months

- My baby was less than 1 week old  
 My baby has not eaten any foods

**If your baby is still in the hospital, go to Page 10, Question 52.**

**50. In which *one* position do you *most often* lay your baby down to sleep now?**

**Check one answer**

- On his or her side
- On his or her back
- On his or her stomach

**51. Was your new baby seen by a doctor, nurse, or other health care worker for a *one week* check-up after he or she was born?**

- No
- Yes

**52. Are you or your husband or partner doing anything *now* to keep from getting pregnant?** (Some things people do to keep from getting pregnant include not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes

**Go to Question 54**

**53. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?**

**Check all that apply**

- I am not having sex
- I want to get pregnant
- I don't want to use birth control
- My husband or partner doesn't want to use anything
- I don't think I can get pregnant (sterile)
- I can't pay for birth control
- I am pregnant now
- Other → Please tell us:

**54. Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced things this way *since your new baby was born*. Use the scale when answering:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Never	Rarely	Sometimes	Often	Always

- a. I felt down, depressed, or sad. . . . .
- b. I felt hopeless. . . . .
- c. I felt slowed down. . . . .

**OTHER EXPERIENCES**

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

**55. During the 12 months before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk with you about any of the things listed below?**

Please circle **Y** (Yes) if someone talked with you about it or circle **N** (No) if no one talked with you about it.

	<b>No</b>	<b>Yes</b>
a. Taking a multivitamin with folic acid . . . . .	N	Y
b. Maintaining or being a healthy weight . . . . .	N	Y
c. Getting a yearly checkup . . . . .	N	Y
d. Eating healthy and drinking water everyday . . . . .	N	Y
e. Quitting smoking . . . . .	N	Y
f. Quitting drinking alcohol . . . . .	N	Y
g. Using birth control . . . . .	N	Y

**If you did not go for prenatal care, go to Question 59.**

**56. During any of your prenatal care visits, did you have any tests for birth defects?**

- No
- Yes
- I don't know

Go to Question 58

**57. What were your reasons for not having tests for birth defects during your most recent pregnancy?**

Check all that apply

- I was not told about any tests for birth defects
- I did not understand the reason for the test
- I do not like having my blood drawn
- I heard the tests were unreliable
- I did not want to know if my baby had birth defects
- The cost of the blood test was too high
- Other —————> Please tell us:

\_\_\_\_\_

**58. During your prenatal care visits, did you have any of the following problems with a doctor, nurse, or other health care worker?**

Check all that apply

- My doctor or nurse did not understand my concerns
- My doctor or nurse did not answer my questions
- I did not understand what my doctor or nurse was telling me
- My doctor or nurse seemed not to care about me or my pregnancy

**59. During your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had a urinary tract infection (UTI), a sexually transmitted disease (STD), or any vaginal infection, including bacterial vaginosis or Group B Strep (Beta Strep)?**

- No
- Yes

Go to Page 12, Question 61

**60. What infection or disease were you told that you had?**

Check all that apply

- Genital warts (HPV)
- Herpes
- Chlamydia
- Gonorrhea
- Pelvic inflammatory disease (PID)
- Syphilis
- Group B Strep (Beta Strep)
- Bacterial vaginosis
- Trichomoniasis (Trich)
- Yeast infections
- Urinary tract infection (UTI)
- Other —————> Please tell us:

\_\_\_\_\_

**61. During your most recent pregnancy, which one of the following things do you feel would have helped you during your pregnancy?**

**Check all that apply**

- A pregnancy support group
- A 1-800 Toll Free Help Line
- Assistance with finding a daycare or child care provider
- Better health insurance
- A more supportive husband or partner
- Home visits from a social worker or other health care worker to give me advice
- Other —————> Please tell us:
- None of these things would have helped me

**62. This question is about the care of your teeth during your most recent pregnancy. For each item, circle Y (Yes) if it is true or circle N (No) if it is not true.**

- |   | No | Yes |
|---|----|-----|
| a. I went to a dentist or dental clinic for a checkup. . . . .  | N  | Y   |
| b. I went to a dentist or dental clinic to have my teeth cleaned. . . . .                                 | N  | Y   |
| c. I had painful, red, or swollen gums . . .  | N  | Y   |
| d. I had to have a tooth pulled. . . . .  | N  | Y   |
| e. I had cavities that needed to be filled . . . . .  | N  | Y   |
| f. I needed to see a dentist for an abscess (infection surrounded by inflamed tissue). . . . .            | N  | Y   |
| g. A dental or other health care provider talked with me about how to care for my teeth and gums. . . . . | N  | Y   |

**If your baby is still in the hospital, go to Question 64.**

**63. Before you were discharged from the hospital after having your new baby, did a doctor, nurse, social worker, or other health care worker talk with you about any of the following?** For each item, circle **Y** (Yes) if someone talked with you about it or circle **N** (No) if no one talked with you about it.

	<b>No</b>	<b>Yes</b>
a. Having a car seat ready for my new baby . . . . .	N	Y
b. Having a crib ready for my new baby . . . . .	N	Y
c. How or where to lay my baby down to sleep . . . . .	N	Y
d. How to prepare my baby's bed for sleeping . . . . .	N	Y
e. How to dress my baby in cold or hot weather . . . . .	N	Y
f. How to position my baby for feeding . . . . .	N	Y
g. How often and how much to feed my baby . . . . .	N	Y
h. How to get help if I need it when breastfeeding the baby . . . . .	N	Y
i. How smoking near my baby could affect him or her . . . . .	N	Y
j. How often to take my baby to the doctor for shots or checkups . . . . .	N	Y
k. How to watch my baby for signs of possible illness . . . . .	N	Y
l. How to take care of my baby while at home . . . . .	N	Y

**64. Have any of your close family members who are related to you by blood (mother, father, sisters, or brothers) had any of the conditions listed below?** For each item, circle **Y** (Yes) if someone in your family has the condition, circle **N** (No) if no one in your family has the condition, or circle **DK** (Don't Know) if you don't know if anyone in your family has the condition.

	<b>No</b>	<b>Yes</b>	<b>DK</b>
a. Diabetes . . . . .	N	Y	DK
b. Heart problems . . . . .	N	Y	DK
c. High blood pressure (hypertension) . . . . .	N	Y	DK
d. Depression . . . . .	N	Y	DK
e. Postpartum depression . . . . .	N	Y	DK
f. Anxiety . . . . .	N	Y	DK

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**65. Did you ever have a miscarriage or baby that died?** No → **Go to Question 67** Yes**66. Please check the primary reason for death.**

If you had more than one baby who died, select the primary reason for each baby.

- SIDS or Sudden Infant Death Syndrome (Crib Death)
- Birth defect
- Premature birth (born too early)
- Miscarriage
- Birth weight was too low
- Pregnancy complications
- Accident → Please tell us:  
\_\_\_\_\_
- Other → Please tell us:  
\_\_\_\_\_
- I don't know the cause of death

**67. Have you ever been told by a doctor, nurse, or other health care worker that you have asthma?**

- No
- Yes

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

**68. During the 12 months before your new baby was born, what was your yearly total household income before taxes?** Include your income, your husband's 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 now getting.)

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more

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

\_\_\_\_\_ People

**70. What is today's date?**

\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
Month Day Year

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

***Thanks for answering our questions!***

***Your answers will help us work to make Mississippi  
mothers and babies healthier.***