



Vermont PRAMS

Pregnancy Risk Assessment Monitoring System

We really want to know how Vermont mothers
feel about the health issues in this survey.

Thank you for your help.

Your answers are very important to us.

With your help, we can improve the health
of mothers and babies in Vermont.

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
- VHAP
- Dr. Dynasaur
- 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

Go to Page 2, Question 5

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

Check all that apply

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

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

____ Pounds OR ____ Kilos

6. *How tall are you without shoes?*

____ Feet ____ Inches

OR ____ Meters

7. *What is your date of birth?*

____ / ____ / 19____
Month Day Year

8. *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

9. *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

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

- No
 Yes

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

- No
 Yes

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 Question 19**

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

- No
- Yes → **Go to Page 4, 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 24.

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
- VHAP
- Dr. Dynasaur
- 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. During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you not to drink alcohol while you were pregnant?

- No
- Yes

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

	No	Yes
a. Foods that are good to eat during pregnancy	N	Y
b. How much weight to gain during pregnancy	N	Y
c. Exercise during pregnancy	N	Y
d. Programs or resources to help me gain the right amount of weight during pregnancy	N	Y
e. Programs or resources to help me lose weight after pregnancy	N	Y

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

- No
- Yes → **Go to Question 30**
- I don't know

25. Were you offered an HIV test during your most recent pregnancy or delivery?

- No → **Go to Question 28**
- Yes

26. Did you turn down the HIV test?

- No → **Go to Question 28**
- Yes

Go to Question 27

27. Why did you turn down the HIV test?

Check all that apply

- I did not think I was at risk for HIV
- I did not want people to think I was at risk for HIV
- I was afraid of getting the result
- I was tested before this pregnancy, and did not think I needed to be tested again → **Go to Question 29**
- Other → Please tell us:

28. Had you been tested for HIV before this pregnancy?

- No → **Go to Question 30**
- Yes
- I don't know → **Go to Question 30**

29. When were you tested before this pregnancy?

Check one answer

- Less than 6 months before I got pregnant
- 6 months to 1 year before I got pregnant
- More than 1 year before I got pregnant

30. Have you ever heard or read that taking a vitamin with folic acid can help prevent some birth defects?

- No
- Yes

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

- No
 Yes

32. 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

33. 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. Severe 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 abruptio 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

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

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

- No —————→ **Go to Question 39**
 Yes

35. 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

36. 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

If you did not smoke during the 3 months before you got pregnant with your new baby, go to Question 38.

37. During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you to quit smoking?

- No
- Yes
- I had quit smoking before my first prenatal care visit
- I didn't go for prenatal care

38. 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

39. 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).

40. 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 Page 8, Question 43
- Yes

Go to Question 41a

41a. 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 42a

41b. 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

42a. 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 Page 8, Question 43

42b. 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.

43. 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 |

44. 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

45. 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

46. 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.)

47. When was your baby due?

/ / 20
 Month Day Year

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

/ / 20
 Month Day Year

- I didn't have my baby in a hospital

49. When was your baby born?

/ / 20
 Month Day Year

50. 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

51. 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
- VHAP
- Dr. Dynasaur
- 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.

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

- No
- Yes
- I don't know

53. 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 56**

54. Is your baby alive now?

- No → **Go to Page 11, Question 67**
- Yes

55. Is your baby living with you now?

- No → **Go to Page 11, Question 67**
- Yes

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

- No
- Yes → **Go to Page 10, Question 58**

57. What were your reasons for not breastfeeding your new baby?

Check all that apply

- My baby was sick and was not able to breastfeed
- I was sick or on medicine
- I had other children to take care of
- I had too many household duties
- I didn't like breastfeeding
- I tried but it was too hard
- I didn't want to
- I was embarrassed to breastfeed
- I went back to work or school
- I wanted my body back to myself
- Other → Please tell us:

If you did not breastfeed your new baby, go to Question 62b.

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

- No
 Yes → **Go to Question 61**

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

_____ Weeks **OR** _____ Months

- Less than 1 week

60. What were your reasons for stopping breastfeeding?

Check all that apply

- My baby had difficulty latching or nursing
 Breast milk alone did not satisfy my baby
 I thought my baby was not gaining enough weight
 My nipples were sore, cracked, or bleeding
 It was too hard, painful, or too time consuming
 I thought I was not producing enough milk
 I had too many other household duties
 I felt it was the right time to stop breastfeeding
 I got sick and was not able to breastfeed
 I went back to work or school
 My baby was jaundiced (yellowing of the skin or whites of the eyes)
 Other → Please tell us:

If your baby was not born in a hospital, go to Question 62a.

61. This question asks about things that may have happened at the hospital where your new baby was born. For each item, circle **Y** (Yes) if it happened or circle **N** (No) if it did not happen.

- | | No | Yes |
|--|----|-----|
| a. Hospital staff gave me information about breastfeeding | N | Y |
| b. My baby stayed in the same room with me at the hospital | N | Y |
| c. I breastfed my baby in the hospital | N | Y |
| d. I breastfed in the first hour after my baby was born | N | Y |
| e. Hospital staff helped me learn how to breastfeed | N | Y |
| f. My baby was fed only breast milk at the hospital | N | Y |
| g. Hospital staff told me to breastfeed whenever my baby wanted | N | Y |
| h. The hospital gave me a breast pump to use | N | Y |
| i. The hospital gave me a gift pack with formula | N | Y |
| j. The hospital gave me a telephone number to call for help with breastfeeding | N | Y |
| k. My baby used a pacifier in the hospital | N | Y |

62a. 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

62b. 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 Question 67.

63. 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

64. How often does your new baby sleep in the same bed with you or anyone else?

- Always
- Often
- Sometimes
- Rarely
- Never

65. Listed below are some things that describe how your new baby *usually* sleeps. For each item, circle **T** (True) if it usually applies to your baby or circle **F** (False) if it doesn't usually apply to your baby.

- | | True | False |
|--|------|-------|
| a. My new baby sleeps in a crib or portable crib | T | F |
| b. My new baby sleeps on a firm or hard mattress | T | F |
| c. My new baby sleeps with pillows | T | F |
| d. My new baby sleeps with bumper pads | T | F |
| e. My new baby sleeps with plush blankets | T | F |
| f. My new baby sleeps with stuffed toys | T | F |

66. 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

67. 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 Page 12, Question 69

Go to Page 12, Question 68

68. 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:

69. 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:

1 2 3 4 5
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.

70. 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 3 days after unprotected sex.

- No
- Yes

71. Which of the following statements best describes the rules about smoking *inside* your home *during* your most recent pregnancy?

Check one answer

- 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

72. During your most recent pregnancy, did your husband or partner threaten you or make you feel unsafe in some way?

- No
- Yes

73. 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 needed to see a dentist for a problem | N | Y |
| b. I went to a dentist or dental clinic . . . | N | Y |
| c. A dental or other health care worker talked with me about how to care for my teeth and gums | N | Y |

74. During any of the following time periods, did you smoke marijuana or hash? For each time period, circle **Y** (Yes) if you smoked then or **N** (No) if you did not smoke then.

- | | No | Yes |
|---|----|-----|
| a. During the 12 months before I got pregnant | N | Y |
| b. During my most recent pregnancy . . . | N | Y |
| c. Since my new baby was born | N | Y |

If your baby is not alive or is not living with you, go to Page 14, Question 82.

75. During your most recent pregnancy or after your new baby was born, did you receive any information or advice on the following?

Check all that apply

- Placing your baby in a crib or portable crib to sleep
- Placing your baby on his or her back to sleep
- Placing your baby on a firm mattress
- Placing your baby to sleep without pillows, bumper pads, plush blankets, or stuffed toys
- I did not receive any information on where, how, or on what my new baby should sleep

Go to Question 76

Go to Question 77

76. From whom or where did you get the information or advice that you received?

Check all that apply

- My mother
- My grandmother
- Other family member or friend
- TV or radio
- A home health visitor
- My hospital nurse
- My obstetrician or midwife
- My baby's doctor
- Other _____ → Please tell us:

77. Are you currently in school or working outside the home?

- No, I don't work or go to school → **Go to Page 14, Question 79**

- No, I'm on maternity leave, but plan to return to work
- Yes

78. At your workplace or school, what happens when a mother wants to breastfeed?

Check all that apply

- She can keep her baby and the baby can breastfeed as needed
- She can use break time to breastfeed the baby
- She can use break time to pump milk
- It is hard to use breaks or find a place to pump or breastfeed
- She is not allowed to breastfeed the baby at work or school
- I don't know

79. Since your new baby was born, did any 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. Help with or information about breastfeeding	N	Y
b. How long to wait before getting pregnant again.	N	Y
c. Birth control methods that I can use after giving birth	N	Y
d. Postpartum depression	N	Y
e. Support groups for new parents	N	Y
f. Resources in my community such as nurse home visitation programs, telephone hotlines, counseling, etc.	N	Y
g. Getting to and staying at a healthy weight after delivery	N	Y

80. After your new baby was born, did a doctor, nurse, or other health care worker talk with you about how to prevent your baby from getting tooth decay?

- No
- Yes

81. In general, how easy is it to calm your baby when he or she is crying or fussing?

Check one answer

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult

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

- I did not 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

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

83. 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 to \$74,999
- \$75,000 or more

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

People

85. 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 Vermont.

Thanks for answering our questions!

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