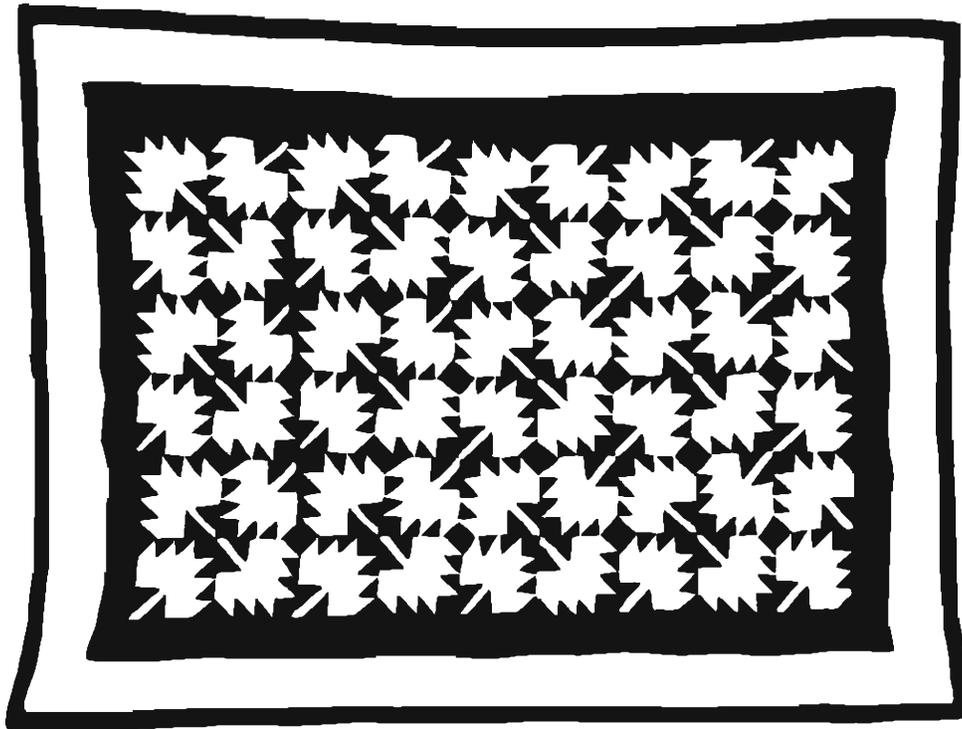


Phase 4 • September 2000



## 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.

Vermont Department of Health 863-7300 or 800-869-2871

First, we would like to ask a few questions about you and the time before you became pregnant with your new baby. Please check the box next to your answer.

1. **Just before you got pregnant, did you have health insurance?** (Do not count Medicaid.)

- No  
 Yes

2. **Just before you got pregnant, were you on Medicaid?**

- No  
 Yes

3. **In the month before you got pregnant with your new baby, how many times a week did you take a multivitamin (a pill that contains many different vitamins and minerals)?**

- I didn't take a multivitamin at all  
 1 to 3 times a week  
 4 to 6 times a week  
 Every day of the week

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

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

5. **Just before you got pregnant, how much did you weigh?**

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

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

\_\_\_\_ Feet \_\_\_\_ Inches

OR \_\_\_\_ Centimeters

7. **Before your new baby, did you ever have any other babies who were born alive?**

- No → Go to Question 10  
 Yes

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

- No  
 Yes

9. **Was the baby just before your new one born more than 3 weeks before its due date?**

- No  
 Yes

10. **Thinking back to just before you got pregnant, 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

**11. When you got pregnant with your new baby, were you trying to become pregnant?**

- No  
 Yes → Go to Question 14

**12. 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 [rhythm], and using birth control methods such as the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, having their tubes tied, or their partner having a vasectomy.)

- No  
 Yes → Go to Question 14

**13. What were your 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:
- 

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 a calendar when you answer these questions.)

**14. 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

**15. How many weeks or months pregnant were you when you had your first visit for prenatal care?** (Don't 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

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

- No  
 Yes → Go to Question 18  
 I didn't want prenatal care →

17. Did any of these things keep you from getting prenatal care as early as you wanted?

Check all that apply

- I couldn't get an appointment earlier in my pregnancy
- I didn't have enough money or insurance to pay for my visits
- I didn't know that I was pregnant
- I had no way to get to the clinic or doctor's office
- The doctor or my health plan would not start care earlier
- I didn't have my Medicaid card
- I had no one to take care of my children
- I had too many other things going on
- Other → Please tell us:

If you did not go for prenatal care, go to Page 4, Question 21.

18. Where did you go *most of the time* for your prenatal visits? (Don't include visits for WIC.)

Check one answer

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Community health center
- Rural health center
- Other → Please tell us:

19. How was your prenatal care paid for?

Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO
- Dr. Dynasaur
- Other → Please tell us:

20. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the items 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 your baby . . . . .	N	Y
b. Breastfeeding your baby . . . . .	N	Y
c. How drinking alcohol during pregnancy could affect your baby . . . . .	N	Y
d. Using a seat belt during your pregnancy . . . . .	N	Y
e. Birth control methods to use after your pregnancy . . . . .	N	Y
f. Medicines that are safe to take during your pregnancy . . . . .	N	Y
g. How using illegal drugs could affect your baby . . . . .	N	Y
h. Doing tests to screen for birth defects or diseases that run in your family . . . . .	N	Y
i. What to do if your labor starts early . . . . .	N	Y
j. Getting your blood tested for HIV (the virus that causes AIDS) . . . . .	N	Y
k. Physical abuse to women by their husbands or partners . . . . .	N	Y

**21. Some health experts recommend taking folic acid for which ONE of the following reasons?**

Check one answer

- To make strong bones  
 To prevent birth defects  
 To prevent high blood pressure  
 I don't know

**22. Which of the following things would cause you to take a multivitamin?**

Check all that apply

- I didn't usually eat the right foods  
 It prevented heart disease  
 It was good for my general health  
 It would help me have a healthy baby someday  
 My family or friends said it was a good idea  
 My doctor or nurse said it was a good idea

The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.

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

- No  
 Yes

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

- |                                                                                                            | No | Yes |
|------------------------------------------------------------------------------------------------------------|----|-----|
| a. Labor pains more than 3 weeks before your baby was due (preterm or early labor) . . . . .               | N  | Y   |
| b. High blood pressure (including preeclampsia or toxemia) or retained water (edema) . . . . .             | N  | Y   |
| c. Vaginal bleeding . . . . .                                                                              | N  | Y   |
| d. Problems with the placenta (such as abruptio placentae, placenta previa) . . . . .                      | N  | Y   |
| e. Severe nausea, vomiting, or dehydration . . . . .                                                       | N  | Y   |
| f. High blood sugar (diabetes) . . . . .                                                                   | N  | Y   |
| g. Kidney or bladder (urinary tract) infection . . . . .                                                   | N  | Y   |
| h. Water broke more than 3 weeks before your baby was due (premature rupture of membranes, PROM) . . . . . | N  | Y   |
| i. Cervix had to be sewn shut (incompetent cervix, cerclage) . . . . .                                     | N  | Y   |
| j. You were hurt in a car accident . . . . .                                                               | N  | Y   |

If you did not have any of these problems, go to Question 26.

25. Did you do any of the following things because of these problem(s)?

Check all that apply

- I went to the hospital or emergency room and stayed less than 1 day
- I went to the hospital and stayed 1 to 7 days
- I went to the hospital and stayed more than 7 days
- I stayed in bed at home more than 2 days because of my doctor's or nurse's advice

26. At any time during your most recent pregnancy, were you told to stay in bed for at least one week?

- No → Go to Question 29
- Yes

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

- Always → Go to Question 29
- Almost always →
- Sometimes
- Rarely
- Never

28. What types of support would have helped you to stay in bed for the recommended time?

Check all that apply

- Help with child care
  - Help with housework
  - Knowing I wouldn't lose my job
  - Money to make up for not working
  - Other → Please tell us:
- 

The next questions are about smoking cigarettes and drinking alcohol.

29. Have you smoked at least 100 cigarettes in the past 2 years? (A pack has 20 cigarettes.)

- No → Go to Page 6, Question 33
- Yes

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

\_\_\_\_\_ Cigarettes OR \_\_\_\_\_ Packs

- Less than 1 cigarette a day
- I didn't smoke
- I don't know

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

\_\_\_\_\_ Cigarettes OR \_\_\_\_\_ Packs

- Less than 1 cigarette a day  
 I didn't smoke  
 I don't know

32. How many cigarettes or packs of cigarettes do you smoke on an average day *now*?

\_\_\_\_\_ Cigarettes OR \_\_\_\_\_ Packs

- Less than 1 cigarette a day  
 I don't smoke  
 I don't know

33. 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 36  
 Yes

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

- I didn't drink then  
 Less than 1 drink a week  
 1 to 3 drinks a week  
 4 to 6 drinks a week  
 7 to 13 drinks a week  
 14 drinks or more a week  
 I don't know

- b. During the *3 months before* you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

\_\_\_\_\_ Times

- I didn't drink then  
 I don't know

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

- I didn't drink then  
 Less than 1 drink a week  
 1 to 3 drinks a week  
 4 to 6 drinks a week  
 7 to 13 drinks a week  
 14 drinks or more a week  
 I don't know

- b. During the *last 3 months* of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

\_\_\_\_\_ Times

- I didn't drink then  
 I don't know

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

**36. 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 use the calendar.)

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

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

- No  
 Yes

**b. During the 12 months before you got pregnant, did anyone else physically hurt you in any way?**

- No  
 Yes

**38. a. 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

**b. During your most recent pregnancy, did anyone else physically hurt you in any 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.)

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

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

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

\_\_\_\_\_  
Month      Day      Year

I didn't have my baby in a hospital

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

\_\_\_\_\_  
Month      Day      Year

**42. When were you discharged from the hospital after your baby was born?**  
(It may help to use the calendar.)

\_\_\_\_\_  
Month      Day      Year

I didn't have my baby in a hospital

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

- No  
 Yes  
 I don't know

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

- Less than 24 hours (Less than 1 day)  
 24-48 hours (1-2 days)  
 3 days  
 4 days  
 5 days  
 6 days or more  
 My baby was not born in a hospital  
 My baby is still in the hospital

**45. How was your delivery paid for?**

**Check all that apply**

- Medicaid  
 Personal income (cash, check, or credit card)  
 Health insurance or HMO  
 Dr. Dynasaur  
 Other → Please tell us:
- 

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

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

\_\_\_\_\_  
Month      Day      Year

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

- No  
 Yes → **Go to Question 49**

48. When did your baby die?

\_\_\_\_\_  
Month      Day      Year

Go to Page 10, Question 62

49. Is your baby living with you now?

No → Go to Page 10, Question 62  
 Yes

50. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

No → Go to Question 54  
 Yes

51. Are you still breastfeeding or feeding pumped milk to your new baby?

No  
 Yes → Go to Question 53

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

\_\_\_\_\_  
Weeks OR \_\_\_\_\_ Months

Less than 1 week

53. How old was your baby the first time you fed him or her anything besides breast milk? (Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.)

\_\_\_\_\_  
Weeks OR \_\_\_\_\_ Months

- My baby was less than one week old  
 I have not fed my baby anything besides breast milk

If your baby is still in the hospital, go to Page 10, Question 62

54. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

\_\_\_\_\_  
Hours

- Less than one hour a day  
 My baby is never in the same room with someone who is smoking

55. How 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

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

- Always
- Almost always
- Sometimes
- Rarely
- Never

57. Was your baby seen by a doctor, nurse, or other health care provider in the first week after he or she left the hospital?

- No → Go to Question 59
- Yes

58. Was your new baby seen at home or at a health care facility?

- At home
- At a doctor's office, clinic, or other health care facility

59. Has your baby had a well-baby checkup?

- No → Go to Question 62
- Yes

60. How many times has your baby been to a doctor or nurse for a well-baby checkup? (It may help to use the calendar.)

\_\_\_\_\_ Times

61. Where do you usually take your baby for well-baby checkups?

Check one answer

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Community health center
- Rural health center
- Other → Please tell us:

The next few questions are about the time after you gave birth to your new baby and things that may have happened after delivery.

62. 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 having their tubes tied or their partner having a vasectomy, using birth control methods like the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, and not having sex at certain times [rhythm].)

- No
- Yes → Go to Question 64

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

Check all that apply, then go to Question 65

- 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:
- 

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

Check all that apply

- Tubes tied (sterilization)
  - Vasectomy (sterilization)
  - Pill
  - Condoms
  - Foam, jelly, cream
  - Norplant®
  - Shots (Depo-Provera®)
  - Withdrawal
  - Other → Please tell us:
- 

**65. After your new baby was born, did a doctor, nurse, or other health care worker talk with you about using birth control?**

- No
- Yes

The next questions are about your family and the place where you live.

**66. Which rooms are in the house, apartment, or trailer where you live?**

Check all that apply

- Living room
- Separate dining room
- Kitchen
- Bathroom(s)
- Recreation room, den, or family room
- Finished basement
- Bedrooms → How many? \_\_\_\_\_

**67. Counting yourself, how many people live in your house, apartment, or trailer?**

\_\_\_\_\_ Adults (people aged 18 years or older)

\_\_\_\_\_ Babies, children, or teenagers (people aged 17 years or younger)

**68. What were the sources of your household's income during the past 12 months?**

Check all that apply

- Paycheck or money from a job
  - Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, general assistance, food stamps, or Supplemental Security Income
  - Unemployment benefits
  - Child support or alimony
  - Social security, workers' compensation, veteran benefits, or pensions
  - Money from a business, fees, dividends, or rental income
  - Money from family or friends
  - Other → Please tell us:
- 

**69. How many people, including yourself, depended on this income?**

\_\_\_\_\_ People

**70. Which of the following statements best describes you during the 3 months before you became pregnant?**

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

**71. Which of the following statements best describes your husband or partner during the 3 months before you became pregnant?**

- He wanted me to get pregnant
- He partly wanted me to get pregnant and partly wanted me not to get pregnant
- He didn't care one way or the other whether I got pregnant
- He didn't especially want me to get pregnant
- He wanted very much for me not to get pregnant

**72. During your most recent pregnancy, would you have had the kinds of help listed below if you needed them? For each thing, circle Y (Yes) if you would have had it or circle N (No) if not.**

- |                                                                                     | No | Yes |
|-------------------------------------------------------------------------------------|----|-----|
| a. Someone to loan me \$50 . . . . .                                                | N  | Y   |
| b. Someone to help me if I were sick and needed to be in bed . . . . .              | N  | Y   |
| c. Someone to take me to the clinic or doctor's office if I needed a ride . . . . . | N  | Y   |
| d. Someone to talk with about my problems . . . . .                                 | N  | Y   |

If your baby is not alive or is not living with you, go to Page 14, Question 79.

**73. Since you delivered your new baby, would you have the kinds of help listed below if you needed them? For each thing, circle Y (Yes) if you would have had it or circle N (No) if not.**

- |                                                                                         | No | Yes |
|-----------------------------------------------------------------------------------------|----|-----|
| a. Someone to loan me \$50 . . . . .                                                    | N  | Y   |
| b. Someone to help me if I were sick and needed to be in bed . . . . .                  | N  | Y   |
| c. Someone to talk with about my problems . . . . .                                     | N  | Y   |
| d. Someone to take care of my baby . . . . .                                            | N  | Y   |
| e. Someone to help me if I were tired and feeling frustrated with my new baby . . . . . | N  | Y   |

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

- No → **Go to Question 77**
- Yes

**75. Who usually takes care of your new baby when you go to work or school?**

**Check one answer**

- My husband or partner
- Baby's teenage (13 years or older) brother or sister
- Baby's preteen (12 years or younger) brother or sister
- Other close relative
- Friend or neighbor
- Babysitter, nanny, or other child care provider
- Staff at a day-care center
- Other → Please tell us:
- 

**76. When you leave your new baby to go to work or school, how often do you feel that she or he is well cared for?**

**Check one answer**

- Always
- Almost always
- Sometimes
- Rarely
- Never

**77. Listed below are some things about safety. For each thing, circle Y (Yes) if it applies to you or circle N (No) if it does not.**

- |                                                                                 | No | Yes |
|---------------------------------------------------------------------------------|----|-----|
| a. My infant was brought home from the hospital in an infant car seat . . . . . | N  | Y   |
| b. My baby always or almost always rides in an infant car seat . . . . .        | N  | Y   |
| c. My home has a working smoke alarm . . . . .                                  | N  | Y   |
| d. There are <b>loaded</b> guns, rifles, or other firearms in my home . . . . . | N  | Y   |

**78. Listed below are some statements about car seats. For each one, circle T (True) if you agree with the statement or circle F (False) if you do not agree.**

**True False**

- |                                                                    |   |   |
|--------------------------------------------------------------------|---|---|
| a. New babies should be in rear-facing car seats . . . . .         | T | F |
| b. Car seats should not be placed in front of an air bag . . . . . | T | F |

**79. During the last three months of your most recent pregnancy, how often did you wear a seat belt when you drove or rode in a car?**

Check one answer

- Always
- Almost always
- Sometimes
- Rarely
- Never

**80. Since you delivered your new baby, how often do you wear a seat belt when you drive or ride in a car?**

Check one answer

- Always
- Almost always
- Sometimes
- Rarely
- Never

**81. How long has it been since you had your teeth cleaned by a dentist or a dental hygienist?**

\_\_\_\_\_ Months

**82. What is your annual household income from all sources and before taxes?**

Check one answer

- Less than \$12,000  
(Less than \$1,000 monthly)
- \$12,000–\$15,999  
(\$1,000–\$1,333 monthly)
- \$16,000–\$19,999  
(\$1,334–\$1,666 monthly)
- \$20,000–\$24,999  
(\$1,667–\$2,083 monthly)
- \$25,000–\$29,999  
(\$2,084–\$2,499 monthly)
- \$30,000–\$39,999  
(\$2,500–\$3,333 monthly)
- \$40,000 or more  
(\$3,334 or more monthly)

**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.*