PRAMS Phase 8 Topic Reference Document

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About this Document

This document includes all core and standard questions available for the Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 8 questionnaire that are currently being used by Indiana, and organized by topic. Many questions contain response options that are related to more than one topic, but are listed under the primary topic. Additional questions on a topic that are not in current use can be found in the Phase 8 Standard Document.

Within each topic or sub-topic, questions are organized into two categories: Core and Standard. Core questions are listed sequentially within a topic, with the question number from the basic core questionnaire. Likewise, standard questions are listed sequentially within a topic, with the number of the standard question cited. All questions are shown in English and are in the form used in the self-administered mail questionnaires. Interviewer-administered versions and Spanish translations are also available.

Abuse

Physical

Core Questions

28. 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 person, check **No** if they did not hurt you during this time, or **Yes** if they did.

	No	**Yes**
a. My husband or partner		
b. My ex-husband or ex-partner		
c. State option (Another family member)		
d. *State option (Someone else)*		

29. 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 person, check **No** if they did not hurt you during this time, or **Yes** if they did.

	No	**Yes**
a. My husband or partner		
b. My ex-husband or ex-partner		
c. *State option (Another family member)*		
d. *State option (Someone else)*		

Standard Questions

Z9. During any of the following time periods, did your husband or partner threaten you, limit your activities against your will, or make you feel unsafe in any other way? For each time period, check **No** if it did not happen then or **Yes** if it did.

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

Emotional/Sexual

Standard Questions

Z1. During *your most recent* pregnancy, did any of the following things happen to you? For each thing, check **No** if it did not happen to you or **Yes** if it did.

	No	Yes
a. My husband or partner threatened me or made me feel unsafe in some way		
b. I was frightened for my safety or my family's safety because of the anger or threats of my husband or partner		
c. My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go		
d. My husband or partner forced me to take part in touching or any sexual activity when I did not want to		

Z8. ***Before*** **you got pregnant with your new baby, did your husband or partner ever try to keep you from using your birth control so that you would get pregnant when you didn't want to?** For example, did they hide your birth control, throw it away or do anything else to keep you from using it?

No
Yes

Alcohol Use

Core Questions

26. 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
Yes

27. 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
8 to 13 drinks a week
4 to 7 drinks a week
1 to 3 drinks a week
Less than 1 drink a week
I didn't drink then

Breastfeeding

Core Questions

34. *Before or after your new baby was born*, did you receive information about breastfeeding from any of the following sources? For each one, check **No** if you did not receive information from this source, or **Yes** if you did.

	No	**Yes**
a. My doctor		
b. A nurse, midwife, or doula		
c. A breastfeeding or lactation specialist		
d. My baby's doctor or health care provider		
e. A breastfeeding support group		
f. A breastfeeding hotline or toll-free number		
g. Family or friends		
h. Other: please tell us		

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

No
Yes

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

No
Yes

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

Less than 1 week

Weeks **OR** Months

Standard Questions

B2. 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 or it was too painful
I thought I was not producing enough milk, or my milk dried up
I had too many other household duties
I felt it was the right time to stop breastfeeding
I got sick or I had to stop for medical reasons
I went back to work
I went back to school
My partner did not support breastfeeding
My baby was jaundiced (yellowing of the skin or whites of the eyes)
Other: Please tell us:

B3. This question asks about things that may have happened at the hospital where your new baby was born. For each item, check **No** if it did not happen or **Yes** if it did happen.

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

Contraception

Core Questions

43. 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, using birth control pills, condoms, withdrawal, or natural family planning.

No
Yes

44. 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 want to get pregnant
I am pregnant now
I had my tubes tied or blocked
I don't want to use birth control
I am worried about side effects from birth control
I am not having sex
My husband or partner doesn't want to use anything
I have problems paying for birth control
Other: Please tell us:

45. 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 or blocked (female sterilization or Essure®)
Vasectomy (male sterilization)
Birth control pills
Condoms
Shots or injections (Depo-Provera®)
Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
IUD (including Mirena®, ParaGard®, Liletta®,or Skyla®)
Contraceptive implant in the arm (Nexplanon® or Implanon®)
Natural family planning (including rhythm method)
Withdrawal (pulling out)
Not having sex (abstinence)
Other: Please tell us:

Drug Use

DRUG3

During your most recent pregnancy, did you take or use any of the following drugs for any reason? For each item, check **No** if you did not use it or **Yes** if you did.

Over-the-counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve®
Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine
Adderall®, Ritalin® or another stimulant
Marijuana or hash
Synthetic marijuana (K2, Spice)
Methadone, naloxone, subutex, or Suboxone®
Heroin (smack, junk, black tar)
Amphetamines (uppers, speed, crystal meth, crank, ice, agua)
Cocaine (crack, rock, coke, blow, snow, nieve)
Tranquilizers (downers, ludes)
Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts)

Health Insurance

Maternal

Core Questions

9. **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 from my job or the job of my husband or partner
Private health insurance from my parents
Private health insurance from the <*State*> Health Insurance Market Place *or <statewebsite>*, or Healthcare.gov
Medicaid (required: *state Medicaid name*)
State-specific option (Other government plan or program such as SCHIP/CHIP)
State-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)
State-specific option (TRICARE or other military health care)
State-specific option (IHS or tribal)
Other health insurance: Please tell us:
I did not have any health insurance during the *month before* I got pregnant

10. **During your *most recent pregnancy*, what kind of health insurance did you have for your *prenatal care*?** Check ALL that apply

I did not go for prenatal care: **Go to Question 11**
Private health insurance from my job or the job of my husband or partner

Private health insurance from my parents
Private health insurance from the <*State*> Health Insurance Market Place *or* <*statewebsite*>, or Healthcare.gov
Medicaid (required: *state Medicaid name*)
State-specific option (Other government plan or program such as SCHIP/CHIP)
State-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)
State-specific option (TRICARE or other military health care)
State-specific option (IHS or tribal)
Other health insurance: Please tell us:
I did not have any health insurance to pay for my *prenatal care*

11. What kind of health insurance do you have *now*? Check ALL that apply

Private health insurance from my job or the job of my husband or partner
Private health insurance from my parents
Private health insurance from the <*State*> Health Insurance Market Place *or* <*statewebsite*>, or Healthcare.gov
Medicaid (required: *state Medicaid name*)
State-specific option (Other government plan or program such as SCHIP/CHIP)
State-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)
State-specific option (TRICARE or other military health care)
State-specific option (IHS or tribal)
Other health insurance: Please tell us:
I do not have health insurance *now*

Standard Questions

DD11. What was the reason that you did not have any health insurance to pay for your *prenatal care*? Check ALL that apply

Health insurance was too expensive
I could not get health insurance from my job or the job of my husband or partner
I applied for health insurance, but was waiting to get it
I had problems with the health insurance application or website
My income was too high to qualify for Medicaid
My income is too high to qualify for a tax credit from Healthcare.gov or the <*State*> Health Care Market Place
I didn't know how to get health insurance
State-specific (I am not a US citizen or I don't have the right residency documents)
Other: Please tell us

HIV and Sexually Transmitted Infections

Core Questions

8. During any of your health care visits in the *12 months before* you got pregnant, did a doctor, nurse or other health care worker do any of the following things? For each item, check **No** if they did not or **Yes** if they did.

	No	**Yes**
k. Test me for sexually transmitted infections such as chlamydia, gonorrhea, or syphilis		
l. Test me for HIV (the virus that causes AIDS)		

14. *During any of your prenatal care visits*, did a doctor, nurse, or other health care worker ask you—

	No	**Yes**
h. If you wanted to be tested for HIV (the virus that causes AIDS)		

Household Characteristics

Residents

Core Question

33. Is your baby living with you now?

No
Yes

Income

Core Questions

50. 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.

$0 to $16,000
$16,001 to $20,000
$20,001 to $24,000
$24,001 to $28,000
$28,001 to $32,000
$32,001 to $40,000
$40,001 to $48,000
$48,001 to $57,000
$57,001 to $60,000
$60,001 to $73,000
$73,001 to $85,000
$85,001 or more

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

People

Infant Morbidity and Mortality

Core Questions

31. After your baby was delivered, 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

32. Is your baby alive now?

No
Yes

Infant Sleep Environment

Core Questions

38. 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 m
On his or her stomach

39. In the *past 2 weeks*, how often has your new baby slept alone in his or her own crib or bed?

Always
Often
Sometimes
Rarely
Never

40. When your new baby sleeps alone, is his or her crib or bed in the same room where *you* sleep?

No
Yes

41. Listed below are some more things about how babies sleep. How did your new baby *usually* sleep in the *past 2 weeks*. For each item, check **No** if your baby did not *usually* sleep like this, or **Yes** if he or she did.

No **Yes**

a. In a crib, bassinet, or pack and play
b. On a twin or larger mattress or bed
c. On a couch, sofa, or armchair
d. In an infant car seat or swing
e. In a sleeping sack or wearable blanket
f. With a blanket
g. With toys, cushions, or pillows, including nursing pillows
h. With crib bumper pads (mesh or non-mesh)

42. Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check **No** if they did not tell you, or **Yes** if they did

No **Yes**

a. Place my baby on his or her back to sleep
b. Place my baby to sleep in a crib, bassinet or pack and play
c. Place my baby's crib or bed in my room
d. What things should and should not go in bed with my baby

Influenza and Maternal Vaccinations

Core Questions

15. During the 12 months *before the <u>delivery</u>* of your new baby, did a doctor, nurse, or other health care worker *offer* you a flu shot or *tell* you to get one?

No
Yes

16. During the 12 months *before the <u>delivery</u>* of your new baby, did you *get* a flu shot? Check ONE answer

No
Yes, before my pregnancy
Yes, during my pregnancy

Maternal Health – General

Core Question

4. 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**

a. Type 1 or Type 2 diabetes (**<u>NOT</u>** gestational diabetes or diabetes that starts during pregnancy)
b. High blood pressure or hypertension
c. Depression
d. *State-added options from Standard L11*

Maternal Hospital Stay

Core Question

30. When was your new baby born?

Month/Day/Year

Maternal Nutrition

Weight and Diet

Core Questions

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

   Feet and Inches
   OR Centimeters

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

   Pounds **OR** Kilos

Vitamin Use and Folic Acid

Core Question

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

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

Standard Questions

G1. Have you ever heard or read that taking a vitamin with folic acid can help prevent some birth defects?

No
Yes

G2. Have you ever heard about folic acid from any of the following? Check ALL that apply

Magazine or newspaper article
Radio or television
Doctor, nurse, or other health care worker
Book
Family or friends
Other: Please tell us:

G6. 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

G8. During the *month before* you got pregnant with your new baby, what were your reasons for not taking multivitamins, prenatal vitamins, or folic acid vitamins? Check ALL that apply.

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

Mental Health

Core Questions

4. 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**
c. Depression		

7.What type of health care visit did you have in the *12 months before* you got pregnant with your new baby? Check ALL that apply

Regular checkup at my family doctor or general practitioner's office
Regular checkup at my OB/GYN's office
Visit for an illness or chronic condition
Visit for an injury
Visit for family planning or birth control
Visit for depression or anxiety
Visit to have my teeth cleaned by a dentist or dental hygienist

18. During *your most recent* pregnancy, were you told by a doctor, nurse, or other health care worker that you had any of the following conditions? For each one, check, **No** if you did not have the condition during your pregnancy, or **Yes** if you did.

	No	**Yes**
c. Depression		

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

Always
Often
Sometimes
Rarely
Never

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

Always
Often
Sometimes
Rarely

Never

Standard Questions

IA69. The following questions ask about your emotional well-being <u>during your most recent</u> pregnancy. For each item, check **No** if it did not happen to you or **Yes** if it did.

a. I answered written questions asking me to rate my mood
b. A doctor, nurse, or other health care worker talked to me about postpartum depression
c. A doctor, nurse, or other health care worker told me I had depression
d. A doctor, nurse, or other health care worker recommended that I take a prescription medication for depression
e. I took medication for depression
f. A doctor nurse, or other health care worker recommended that I get counseling for depression
g. I received counseling for depression

IA70. The following questions ask about your emotional well-being <u>since your new baby was born</u>. For each item, check **No** if it did not happen to you or **Yes** if it did.

a. I answered written questions asking me to rate my mood
b. A doctor, nurse, or other health care worker told me I had depression
c. A doctor, nurse, or other health care worker recommended that I take a prescription medication for depression
d. I took medication for depression
e. A doctor nurse, or other health care worker recommended that I get counseling for depression
f. I received counseling for depression

Maternal Morbidity

Preconception

Core Question

4. 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**
a. Type 1 or Type 2 diabetes (**<u>NOT</u>** gestational diabetes or diabetes that starts during pregnancy)		
b. High blood pressure or hypertension		
c. Depression		

Prenatal

Core Question

18. **During *your most recent* pregnancy, were you told by a doctor, nurse, or other health care worker that you had any of the following conditions?** For each one, check, **No** if you did not have the condition during your pregnancy, or **Yes** if you did.

	No	**Yes**
a. Gestational diabetes (diabetes that started during *this* pregnancy)		
b. High blood pressure (that started during *this* pregnancy), pre-eclampsia or eclampsia		
c. Depression		

Oral Health

Core Questions

7. What type of health care visit did you have in the *12 months before* you got pregnant with your new baby? Check ALL that apply

Regular checkup at my family doctor or general practitioner's office
Regular checkup at my OB/GYN's office
Visit for an illness or chronic condition
Visit for an injury
Visit for family planning or birth control
Visit for depression or anxiety
Visit to have my teeth cleaned by a dentist or dental hygienist

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

No
Yes

Standard Questions

Y3. *Since your new baby was born*, have you had your teeth cleaned by a dentist or dental hygienist?

No
Yes

Y6. Did any of the following things make it hard for you to go to a dentist or dental clinic during *your most recent* pregnancy? For each item, check **No** if it was not something that made it hard for you to go to a dentist during pregnancy or **Yes** if it was.

	No	**Yes**
a. I could not find a dentist or dental clinic that would take pregnant patients		
b. I could not find a dentist or dental clinic that would take Medicaid patients		
c. I did not think it was safe to go to the dentist during pregnancy		
d. I could not afford to go to the dentist or dental clinic		

Y7. This question is about the other care of your teeth *during your most recent* pregnancy. For each item, check **No** if it is not true or does not apply to you or **Yes** if it is true.

	No	**Yes**
a. I knew it was important to care for my teeth and gums during my pregnancy		
b. A dental or other health care worker talked with me about how to care for my teeth and gums		
c. I had insurance to cover dental care during my pregnancy		
d. I needed to see a dentist for a **problem**		
e. I went to a dentist or dental clinic about a **problem**		

Parent and Infant Demographics

Infant

Core Question

30. When was your new baby born?

Month/Day/Year

Maternal

Core Question

3. What is *<u>your</u>* date of birth?

Month/Day/Year

Preconception Care and Readiness

Core Questions

6. In the *12 months before* you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental worker?

No
Yes

7. What type of health care visit did you have in the *12 months before* you got pregnant with your new baby? Check ALL that apply

Regular checkup at my family doctor or general practitioner's office
Regular checkup at my OB/GYN's office
Visit for an illness or chronic condition
Visit for an injury
Visit for family planning or birth control
Visit for depression or anxiety
Visit to have my teeth cleaned by a dentist or dental hygienist
Other: Please tell us:

8. During any of your health care visits in the *12 months before* you got pregnant, did a doctor, nurse or other health care worker do any of the following things? For each item, check **No** if they did not or **Yes** if they did.

	No	**Yes**
a. Tell me to take a vitamin with folic acid		
b. Talk to me about maintaining a healthy weight		
c. Talk to me about controlling any medical conditions such as diabetes or high blood pressure		
d. Talk to me about my desire to have or not have children		
e. Talk to me about using birth control to prevent pregnancy		
f. Talk to me about how I could improve my health before a pregnancy		
g. Ask me if I was smoking cigarettes		
h. Ask me if someone was hurting me emotionally or physically		
i. Ask me if I was feeling down or depressed		
j. Ask me about the kind of work I do		
k. Test me for sexually transmitted infections such as chlamydia, gonorrhea, or syphilis		
l. Test me for HIV (the virus that causes AIDS)		

Pregnancy Intention

Maternal

Core Question

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 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

Maternal

Standard Questions

Q6. How did you feel when you found out you were pregnant with your new baby? Were you—

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

Prenatal Care

Core Questions

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

Weeks **OR** Months

I didn't go for prenatal care

14. *During any of your prenatal care visits*, did a doctor, nurse, or other health care worker ask you—

	No	**Yes**
a. If you knew how much weight you should gain during pregnancy		
b. If you were taking any prescription medication		
c. If you were smoking cigarettes		
d. If you were drinking alcohol		

e. If someone was hurting you emotionally or physically
f. If you were feeling down or depressed
g. If you were using drugs such as marijuana, cocaine, crack, or meth
h. If you wanted to be tested for HIV (the virus that causes AIDS)
i. If you planned to breastfeed your new baby
j. If you planned to use birth control after your baby was born

Standard Questions

R20. Did you get prenatal care as early in your pregnancy as you wanted?

No
Yes

R21. Did any of these things keep you from getting prenatal care when you wanted it? For each item, check **No** if it did not keep you from getting prenatal care or **Yes** if it did.

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

Postpartum Care

Core Questions

46. ***Since your new baby was born,*** **have you had a postpartum checkup for yourself?** A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.

No
Yes

47. ***During your postpartum checkup,*** **did a doctor, nurse, or other health care worker <u>do</u> any of the following things?** For each item, check **No** if they did not do it or **Yes** if they did.

	No	**Yes**
a. Tell me to take a vitamin with folic acid		
b. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy		
c. Talk to me about how long to wait before getting pregnant again		
d. Talk to me about birth control methods I can use after giving birth		
e. Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®), NuvaRing® or condoms		
f. Insert an IUD (Mirena®, ParaGard®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®)		
g. Ask me if I was smoking cigarettes		
h. Ask me if someone was hurting me emotionally or physically		
i. Ask me if I was feeling down or depressed		
j. Test me for diabetes		

Questionnaire Details

Core Question

52. What is today's date?

Month/Day/Year

Stress & Discrimination

Standard Questions

P19. This question is about things that may have happened during the *12 months before your new baby was born*. For each item, check **No** if it did not happen to you or **Yes** if it did. (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		
b. I got separated or divorced from my husband or partner		
c. I moved to a new address		
d. I was homeless or had to sleep outside, in a car, or in a shelter		
e. My husband or partner lost their job		
f. I lost my job even though I wanted to go on working		
g. My husband, partner, or I had a cut in work hours or pay		
h. I was apart from my husband or partner due to military deployment or extended work-related travel		
i. I argued with my husband or partner more than usual		
j. My husband or partner said they didn't want me to be pregnant		
k. I had problems paying the rent, mortgage, or other bills		
l. My husband, partner, or I went to jail		
m. Someone very close to me had a problem with drinking or drugs		
n. Someone very close to me died		

BB1. During the 12 months before your new baby was born, did you feel emotionally upset (for example, angry, sad, or frustrated) as a result of how you were treated *based on your race*?

No
Yes

Tobacco & Other Nicotine Products

Product Use

Core Questions

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

No
Yes

20. In the *3 months <u>before</u>* 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

21. 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

22. 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

The next questions are about using other tobacco products around the time of pregnancy.

E-cigarettes (electronic cigarettes) and other electronic nicotine vaping products (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.

Hookahs are water pipes used to smoke tobacco. These are not e-hookahs or hookah pens.

23. Have you used any of the following products in the *past 2 years*? For each item, check **No** if you did not use it, or **Yes** if you did.

	No	**Yes**
a. E-cigarettes or other nicotine-containing e-vaping products		
b. Hookah		
c. *State added option (Chewing tobacco, snuff, snus, or dip)*		
d. *State added option (Cigars, cigarillos, or little filtered cigars)*		

24. During the *3 months <u>before</u>* you got pregnant, on average how often did you use e-cigarettes or other electronic nicotine products?

More than once a day
Once a day
2-6 days a week
1 day a week or less
I did not use e-cigarettes or other nicotine-containing e-vaping products then

25. During the *<u>last 3</u> months* of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?

More than once a day
Once a day
2-6 days a week
1 day a week or less
I did not use e-cigarettes or other nicotine-containing e-vaping products then

Secondhand Exposure

Standard Question

AA5. Which of the following statements best describes the rules about smoking *inside* your home during *your most recent* pregnancy, even if no one who lived in your home was a smoker? 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

AA7. Which of the following statements best describes the rules about smoking *inside* your home *now*, even if no one who lives in your home is a smoker? 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