TOPIC REFERENCE GUIDE

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

Phase 9

Contents

About this Document

This document includes all core and standard questions that are currently being used by Indiana in the Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 9 questionnaire organized by topic. Questions that contain response options related to multiple topics are listed under the primary topic.

Within each topic or sub-topic, questions are organized into three categories: Core, Standard, and Site-developed Questions. Core and standard questions are listed sequentially and alpha-sequentially within topics by question number or name. 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

5. During any of your healthcare visits in the *12 months before* you got pregnant, did a healthcare provider <u>do</u> any of the following things? For each one, check **No** or **Yes**.

	No	**Yes**
Ask me…		
h. If someone was hurting me emotionally or physically		

11. *During any of your prenatal care visits*, did a healthcare provider <u>do</u> any of the following things? For each one, check **No** or **Yes**.

	No	**Yes**
Ask me…		
j. If someone was hurting me emotionally or physically		

30. In the *12 months <u>before</u> you got pregnant* with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each one, check **No** or **Yes**.

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

31. During your *<u>most recent pregnancy</u>*, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check **No** or **Yes**.

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

45. *During your postpartum checkup,* did a healthcare provider <u>do</u> any of the following things? For each one, check **No** or **Yes**.

	No	**Yes**
Ask me…		
h. If someone was hurting me emotionally or physically		

Standard Questions

Emotional/Sexual

Core Questions

5. During any of your healthcare visits in the *12 months before* you got pregnant, did a healthcare provider <u>do</u> any of the following things? For each one, check **No** or **Yes**.

	No	**Yes**
Ask me…		
i. If someone was hurting me emotionally or physically		

12. *During any of your prenatal care visits*, did a healthcare provider <u>do</u> any of the following things? For each one, check **No** or **Yes**.

	No	**Yes**
Ask me…		
j. If someone was hurting me emotionally or physically		

45. *During your postpartum checkup,* did a healthcare provider <u>do</u> any of the following things? For each one, check **No** or **Yes**.

	No	**Yes**
Ask me…		
i. If someone was hurting me emotionally or physically		

Standard Questions

Alcohol Use

Core Questions

11. ***During any of your prenatal care visits*, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

	No	**Yes**
Ask me…		
j. If I was drinking alcohol		

27. ***During* your most recent pregnancy, did you have any alcoholic drinks during…?** For each one, check **No** or **Yes.**

	No	**Yes**
a. The first 3 months of pregnancy (1st trimester)? *This includes the time before knowing you were pregnant*		
b. The second 3 months of pregnancy (2nd trimester)?		
c. The last 3 months of pregnancy (3rd trimester)?		

28. ***During* your most recent pregnancy, did you have 4 or more alcoholic drinks in a 2-hour time span during…?** For each one, check **No** or **Yes.**

	No	**Yes**
a. The first 3 months of pregnancy (1st trimester)? *This includes the time before knowing you were pregnant*		
b. The second 3 months of pregnancy (2nd trimester)?		
c. The last 3 months of pregnancy (3rd trimester)?		

Standard Questions

Breastfeeding

Core Questions

11. ***During any of your prenatal care visits*, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

	No	**Yes**
Ask me…		
e. If I planned to breastfeed my new baby		

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

I didn't breastfeed my baby
I breastfed my baby for less than 1 week
I breastfed my baby for:
_____ week(s) **OR** _____ month(s)
I'm still breastfeeding or feeding pumped milk to my new baby

Standard Questions

B2. What were your reasons for stopping breastfeeding? Check ALL that apply

My baby had difficulty latching or nursing
Breast milk alone didn't satisfy my baby
I thought my baby wasn't gaining enough weight
My nipples were sore, cracked, or bleeding, or it was too painful
I thought I wasn't producing enough milk, or my milk dried up
I had too many other things going on
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 spouse or partner didn't support breastfeeding
My baby was jaundiced (yellowing of the skin or whites of the eyes)
Other: Please tell us:

Used by: AK39, AL54, AZ44, DC42, IN44, KS42, ME41, MI50, MO45, MP46, ND43, NE45, NH41, NM48, NV39, PA43, PR44, SC47, SD46, UT48, VA54

B10. How old was your new baby the first time they had liquids other than breast milk (such as formula, water, juice, or cow's milk)? Check ONE answer

My baby has not had any liquids other than breast milk
My baby was less than 1 week old
My baby was:
_____ week(s) **OR** _____ month(s)

Used by: AK40, FL42, HI45, IL42, IN45, KS43, MA47, MN50, NYC45, NY45, OK36

Site-specific Question

Contraception

Core Questions

5. During any of your healthcare visits in the *12 months before* you got pregnant, did a healthcare provider do any of the following things? For each one, check **No** or **Yes**.

	No	**Yes**
Talk to me about…		
d. Birth control methods		

11. *During any of your prenatal care visits*, did a healthcare provider do any of the following things? For each one, check **No** or **Yes**.

	No	**Yes**
Ask me…		
e. If I planned to use birth control after my baby was born		

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

No

Yes
I'm pregnant now

42. What are your reasons for not doing anything to keep from getting pregnant *now*? Check ALL that apply

I want to get pregnant or don't mind if I do
I had my tubes tied or blocked
My spouse or partner had a vasectomy
I don't want to use birth control
I'm worried about side effects from birth control
My spouse or partner doesn't want to use condoms
My spouse or partner doesn't want me to use birth control
We are same-sex spouses/partners
I have problems getting birth control I want
I don't think I can get pregnant because I'm breastfeeding
I'm not having sex
Other: Please tell us:

43. What kind of birth control are you or your spouse or partner using *now* to keep from getting pregnant? Check ALL that apply

Tubes tied or blocked
My spouse or partner had a vasectomy
Birth control pills
Condoms
Shots or injections
Contraceptive patch or vaginal ring
IUD
Contraceptive implant in the arm
Withdrawal (pulling out)
Natural family planning or fertility awareness methods (such as rhythm or calendar method or fertility apps)
Breastfeeding for birth control (Lactational Amenorrhea Method or LAM)
Other: Please tell us:

46. *During your postpartum checkup,* did a healthcare provider <u>do</u> any of the following things? For each one, check **No** or **Yes**.

	No	**Yes**
Talk to me about…		
c. Birth control methods		

Standard Questions

Disability

2. Before you got pregnant, did you…? For each one, check **No** or **Yes**.

	No	**Yes**
a. Have serious difficulty hearing, or are you deaf?		
b. Have serious difficulty seeing, even when wearing glasses, or are you blind?		
c. Have serious difficulty walking or climbing stairs?		
d. Have serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition?		
e. Have difficulty with dressing or bathing yourself?		
f. Have difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition?		

Discrimination

Core Questions

53. *While <u>getting</u> healthcare* during your pregnancy, at delivery, or at postpartum care, did you experience discrimination or were you prevented from doing something, hassled, or made to feel inferior? For each one, check **No** if you did not experience discrimination because of it or **Yes** if you did.

	No	**Yes**
a. My race, ethnicity, or skin color		
b. My disability status		
c. My immigration status		
d. My age		
e. My weight		
f. My income		
g. My sex or gender		
h. My sexual orientation		
i. My religion		
j. My language or accent		
k. My type or lack of health insurance		
l. My use of substances (alcohol, tobacco, or other drugs)		
m. My involvement with the justice system (jail or prison)		
n. Another reason: Please tell us:		

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

Very often
Somewhat often
Not very often
Never

55. **Have you *ever* been treated unfairly due to your race, ethnicity, or skin color in any of the following situations?** For each one, check **No** or **Yes**.

	No	**Yes**
a. Job (hiring, promotion, firing)		
b. Housing (renting, buying, mortgage)		
c. Police (stopped, searched, threatened)		
d. In the courts		
e. At school or my child's school		
f. Getting medical care		

Standard Questions

Drug Use

Core Questions

11. ***During any of your prenatal care visits*, did a healthcare provider <u>do</u> any of the following things?** For each one, check **No** or **Yes**.

	No	**Yes**
Ask me…		
a. If I was taking any prescription medication		
b. If I was using illegal drugs		
c. If I was using marijuana		

Standard Questions

DRUG3. ***During*** **your most recent pregnancy, did you take or use any of the following medications or drugs for any reason?** Your answers are strictly confidential. For each one, check **No** or **Yes**.

	No	**Yes**
c. Prescription for depression		
d. Prescription for anxiety		
e. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine		
f. Adderall®, Ritalin®, or another stimulant		
g. Benzodiazepines (Valium®, Ativan®, Xanax®) or Tranquilizers (downers or ludes)		
h. Methadone, Subutex®, Suboxone®, or buprenorphine		
i. Naloxone		
j. Marijuana or cannabis in any form (not including hemp or CBD-only products)		
k. CBD products		
l. Synthetic marijuana (K2 or Spice)		
m. Kratom		
n. Fentanyl or heroin (smack, junk, Black Tar or *Chiva*)		
o. Amphetamines (uppers, speed, crystal meth, crank, ice or *agua*)		
p. Cocaine (crack, rock, coke, blow, snow or *nieve*)		
q. Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, or bath salts)		

Used by: AZ67, DC69, HI68, IN73, MA72, MO65, MP69, NH69, NM77, NV57, PA70, PR69, SD69, VT73, WI66, WV75

Site-specific Questions

Family Health History

Core Questions

11. *During any of your prenatal care visits*, did a healthcare provider <u>do</u> any of the following things? For each one, check **No** or **Yes**.

	No	**Yes**
Talk to me about…		
a. Doing tests to screen for birth defects or diseases that run in my family		

Standard Questions

Health Insurance

Maternal

Core Questions

6. During the *<u>month before</u>*** you got pregnant with your new baby, what kind of health insurance did you have?** Check ALL that apply

Private health insurance (paid for by me, someone else, or through a job)
Site-specific option (Private health insurance from the <Site> Health Insurance Marketplace or <Site website>, or Healthcare.gov)
Medicaid (*Site Medicaid name*)
Site-specific option (Other government plan or program such as SCHIP/CHIP)
Site-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)
Site-specific option (TRICARE or other military health care)
Site-specific option (IHS or tribal)
Other health insurance: Please tell us:
I didn't have any health insurance during the *month before* I got pregnant

7. *<u>During</u>*** **your most recent pregnancy, what kind of health insurance did you have?** Check ALL that apply

Private health insurance (paid for by me, someone else, or through a job)
Site-specific option (Private health insurance from the <Site> Health Insurance Marketplace or <Site website>, or Healthcare.gov)
Medicaid (*Site Medicaid name*)
Site-specific option (Other government plan or program such as SCHIP/CHIP)
Site-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)
Site-specific option (TRICARE or other military health care)
Site-specific option (IHS or tribal)
Other health insurance: Please tell us:
I didn't have any health insurance *during my pregnancy*

8. What kind of health insurance do you have *<u>now</u>*? Check ALL that apply

Private health insurance (paid for by me, someone else, or through a job)
Site-specific option (Private health insurance from the <Site> Health Insurance Marketplace or <Site website>, or Healthcare.gov)
Medicaid (*Site Medicaid name*)
Site-specific option (Other government plan or program such as SCHIP/CHIP)
Site-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)
Site-specific option (TRICARE or other military health care)
Site-specific option (IHS or tribal)
Other health insurance: Please tell us:
I don't have any health insurance *now*

Standard Questions

DD7. What was the reason that you did <u>not</u> have any health insurance during the *month before* you got pregnant with your new baby? Check ALL that apply

Health insurance was too expensive
I couldn't get health insurance from my job or the job of my spouse 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 was too high to qualify for a tax credit from the <*Site*> Health Insurance Marketplace or HealthCare.gov
I didn't know how to get health insurance
Site-specific option (I'm not a US citizen, or I didn't have the right residency documents)
Other: Please tell us:

<u>Used by</u>: IN11, NJ9, NM8, NYC9

HIV and Sexually Transmitted Infections

Core Questions

5. During any of your healthcare visits in the *12 months before* you got pregnant, did a healthcare provider <u>do</u> any of the following things? For each one, check **No** or **Yes**.

	No	**Yes**
Talk to me about…		

f. Sexually transmitted infections such as chlamydia, gonorrhea, syphilis, or HIV

11. *During any of your prenatal care visits*, did a healthcare provider do any of the following things? For each one, check **No** or **Yes**.

	No	Yes
Ask me…		
m. If I wanted to be tested for HIV		

Standard Questions

Site-specific Questions

Household Characteristics

Residents

Core Question

34. Is your baby living with you now?

No
Yes

Standard Question

Income

Core Questions

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

$0 to $18,000

$18,001 to $23,000
$23,001 to $27,000
$27,001 to $32,000
$32,001 to $37,000
$37,001 to $42,000
$42,001 to $48,000
$48,001 to $60,000
$60,001 to $85,000
$85,001 or more

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

Number of people _____

Infant Care

Well Child Care

Standard Questions

X2. Did any of these things keep your baby from having a well-baby checkup? Check ALL that apply

I didn't have enough money or insurance to pay for it
I had no way to get my baby to the clinic or doctor's office
I didn't have anyone to take care of my other children
I couldn't get an appointment
My baby was too sick to go for a well-baby checkup
Other: Please tell us:

Used by: AZ52, DC52, IN53, MN57, MS53, NH50, PR53, WY48

X9. Has your new baby had a well-baby checkup? A well-baby checkup is a regular health visit for your baby usually at 1, 2, 4, and 6 months of age.

No
Yes

Used by: AZ51, DC51, IN52, KS53, MN56, MS52, NH49, NH64, PR52, WY47

Sick Child Care

Standard Questions

T1. Have you taken your new baby for care when he or she was sick?

No
Yes
My baby has not been sick

Used by: IN54

T3. Has your new baby gone for care as many times as you wanted when he or she was sick?

No
Yes

Used by: IN55

Infant Morbidity and Mortality

Core Questions

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

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

13. Is your baby alive now?

No
Yes

Standard Questions

Infant Sleep Environment

Core Questions

36. In the *past 2 weeks*, how did you place your new baby to sleep at night and during naps? For each one, check **No** or **Yes**.

	No	Yes
a. On their side		
b. On their back		
c. On their stomach		

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

Always
Often
Sometimes
Rarely
Never

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

No
Yes

39. In the past 2 weeks, where have you placed your new baby to sleep at night or during naps? For each one, check **No** or **Yes**.

	No	Yes
a. In a crib, portable crib, or bassinet		
b. On a twin or larger mattress or bed		
c. On a couch, sofa, or armchair		
d. In an infant car seat		
e. In a swing, rocker, or other inclined sleeper		
f. In an in-bed sleeper		
g. In a baby board or cradleboard		
h. Other: Please tell us:		

40. In the past 2 weeks, has your new baby been placed to sleep with the following? For each one, check **No** or **Yes**.

	No	Yes

a. In a sleeping sack or wearable blanket
b. In a swaddled blanket
c. Comforters, quilts, blankets, or non-fitted sheets
d. Soft toys, cushions, or pillows, including nursing pillows
e. Crib bumper pads (mesh or non-mesh)
f. Other: Please tell us:

Standard Questions

F4. Who does your new baby *usually* sleep with when they are not sleeping alone? Check ALL that apply

Me
My spouse or partner
A grandparent
My baby's twin
An older sibling
Someone else: Please tell us:

Used by: IN48, KY49, MI54

Maternal Health – General

Core Question

6. 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 (**not** gestational diabetes or diabetes that starts during pregnancy)		
b. High blood pressure or hypertension		
c. Depression		
d. Anxiety		
e. *Site-added options from Standard L11*		

Standard Questions

Note: Response options for L11 are added directly to Core 4 and/or Core 15 if selected.

L10. *Before* you got pregnant, would you say that, in general, your health was…?

Excellent
Very good
Good
Fair
Poor

Used by: IN5, ND3, TX3

Maternal Nutrition

Weight and Diet

Core Question

5. During any of your healthcare visits in the *12 months before* you got pregnant, did a healthcare provider do any of the following things? For each one, check **No** or **Yes**.

	No	**Yes**
Talk to me about…		
a. My weight		

11. *During any of your prenatal care visits*, did a healthcare provider do any of the following things? For each one, check **No** or **Yes**.

	No	**Yes**
Talk to me about…		
d. How much weight I should gain during pregnancy		

45. *During your postpartum checkup,* did a healthcare provider do any of the following things? For each one, check **No** or **Yes**.

	No	**Yes**
Talk to me about…		
a. Healthy eating, exercise, and losing weight gained during pregnancy		

Standard Question

Site-specific Questions

Vitamin Use and Folic Acid

Standard Questions

G9. 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

Used by: AL4, AR4, AZ6, DE5, GA4, IN7, KS4, LA6, ME6, MN5, MO4, NJ4, OR6, SC5, TN4, TX5, UT5

Food Insufficiency

Core Questions

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

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

Often
Sometimes
Never

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

Often
Sometimes
Never

Standard Questions

Site-specific Questions

Mental Health

Core Questions

3. 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		
d. Anxiety		

4. In the *12 months before* you got pregnant with your new baby, did you have any of the following healthcare visits? For each one, check **No** or **Yes**.

	No	**Yes**
f. Visit for depression or anxiety		

5. During any of your healthcare visits in the *12 months before* you got pregnant, did a healthcare provider <u>do</u> any of the following things? For each one, check **No** or **Yes**.

	No	**Yes**
Ask me…		
i. If I felt depressed or anxious		

11. *During any of your prenatal care visits*, did a healthcare provider <u>do</u> any of the following things? For each one, check **No** or **Yes**.

	No	**Yes**
Talk to me about…		
d. What to do if I feel depressed or anxious during my pregnancy or after my baby is born		

15. During your most recent pregnancy, did a healthcare provider tell you that you had any of the following health conditions? For each one, check **No** or **Yes**.

	No	**Yes**
c. Depression		
d. Anxiety		

45. *During your postpartum checkup,* did a healthcare provider <u>do</u> any of the following things? For each one, check **No** or **Yes**.

	No	**Yes**
Talk to me about…		

f. What to do if I feel depressed or anxious

A healthcare provider…

e. Prescribed me medication for depression or anxiety

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

Always
Often
Sometimes
Rarely
Never

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

Always
Often
Sometimes
Rarely
Never

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

Always
Often
Sometimes
Rarely
Never

49. *Since your new baby was born*, how often have you <u>not</u> been able to stop or control worrying?

Always
Often
Sometimes
Rarely
Never

50. Has a healthcare provider asked you a series of questions, in person or on a form, to know if you were feeling down, depressed, anxious, or irritable during the following time periods? For each one, check **No** or **Yes**.

	No	**Yes**

a. During my most recent pregnancy
b. Since my new baby was born

Standard Questions

DRUG3. ***During*** **your most recent pregnancy, did you take or use any of the following medications or drugs for any reason?** Your answers are strictly confidential. For each one, check **No** or **Yes**.

No **Yes**

a. Medication for depression
b. Medication for anxiety

Used by: AZ67, DC69, HI68, IN73, MA72, MO65, MP69, NH69, NM77, NV57, PA70, PR69, SD69, VT73, WI66, WV75

M22. ***Since your new baby was born*****, have you felt that you've needed mental health services such as counseling, medications, or support groups to help with feelings of anxiety, depression, grief, or other issues?**

No
Yes

Used by: CT62, DC64, DE66, IN68, KS68, MD61, ME57, MP62, MT67, NE63, NH62, NYC65, NY68, OK53, OR57, RI74, SC67, SD63, TN69, TX67, VT61, WA61, WI61, WV70, WY62

M23. Were you able to get the mental health services that you needed?

No

Yes

Used by: CT63, DC65, DE67, IN69, KS69, MD62, ME58, MP63, MT68, NE64, NH63, NYC66, NY69, OK54, OR58, RI75, SC68, SD64, TN70, TX68, VT62, WA62, WI62, WV71, WY63

M24. Which of these statements explains why you did not get the mental health services you needed? Check ALL that apply

I couldn't afford the cost
I couldn't get an appointment as soon as I needed
My health insurance doesn't cover any type of mental health services
My health insurance doesn't pay enough for mental health services
I didn't know where to go to get services
I was concerned that the information I shared might not be kept confidential
I didn't want others to find out that I needed treatment
I was concerned that I might be committed to a psychiatric hospital
I was concerned that I might have to take medicine
I had no transportation, treatment was too far away, or the hours were not convenient
I didn't have time (because of a job, childcare, or other commitments)
Other: Please tell us:

Used by: DC66, DE68, IN70, KS70, NE65, NH64, NYC67, NY70, OK55, OR59, RI76, SD65, TN71, TX69, VT63, WA63, WI63, WV72, WY64

Site-specific Questions

Maternal Morbidity

Preconception

Core Question

3. 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 (**not** gestational diabetes or diabetes that starts during pregnancy)		
b. High blood pressure or hypertension		
c. Depression		
d. Anxiety		
e. *Site-added options from Standard L11*		

Standard Questions

Prenatal

Core Question

15. *During* your most recent pregnancy, did a healthcare provider tell you that you had any of the following health conditions? For each one, check **No** or **Yes**.

	No	**Yes**
a. Gestational diabetes (diabetes that started during this pregnancy)		
b. High blood pressure (that started during this pregnancy), pre-eclampsia, or eclampsia		
c. Depression		
d. Anxiety		
e. *Site-added options from Standard L11*		

16. *During* your most recent pregnancy, did a healthcare provider do any of the following things to help you manage your high blood pressure? For each one, check **No** or **Yes**.

	No	**Yes**
a. Refer me to a different healthcare provider		
b. Tell me to regularly check my blood pressure ***during*** pregnancy		
c. Talk to me about getting to a healthy weight ***after*** pregnancy		
d. Talk to me about regularly checking my blood pressure ***after*** pregnancy		
e. Talk to me about the risk for having high blood pressure (chronic hypertension) and heart disease ***after*** pregnancy		

Standard Questions

Site-specific Questions

Maternal Warning Signs

Core Questions

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

No
Yes

18. *During* your most recent pregnancy, did you get information about warning signs from any of the following sources? For each one, check **No** or **Yes**.

	No	**Yes**
a. A healthcare provider (such as a doctor, nurse, or midwife)		
b. Websites or social media (such as Facebook, Instagram, or Twitter)		
c. Any source of information that used the slogan "**Hear Her**" (such as websites, social media, or paper handouts)		
d. Family or friends		

45. *During your postpartum checkup,* did a healthcare provider <u>do</u> any of the following things? For each one, check **No** or **Yes**.

	No	**Yes**
Talk to me about…		
d. Warning signs of medical problems I might be at risk for due to my pregnancy		

Standard Questions

Occupational Status & Workplace Leave

Standard Questions

C4. At any time *during* your most recent pregnancy, did you work at a job for pay?

No
Yes

<u>Used by</u>: DC70, GA66, IN74, LA75, MA73, ME61, MN74, MP70, MT71, ND68, NE69, NH71, NM78, NYC70, NY73, RI82, UT72, VA75, WA73, WI69

C8. Did you take leave from work *after* your new baby was born? Check ALL that apply

Yes, I took *paid* leave from my job
Yes, I took *unpaid* leave from my job
Site-specific options (Leave or disability programs)
No, I didn't take any leave

Used by: DC71, IN75, LA76, MA74, ME62, MN75, MP71, MT72, ND69, NH72, NM79, NYC71, NY74, RI83, VA76, WA74, WI70

C10. Did any of the following things affect your decision about taking leave from work *after* your new baby was born? For each item, check **No** or **Yes**.

	No	**Yes**
a. I couldn't financially afford to take leave		
b. I was afraid I'd lose my job if I took leave or stayed out longer		
c. I had too much work to do to take leave or stay out longer		
d. My job doesn't have paid leave		
e. My job doesn't offer a flexible work schedule		
f. I hadn't built up enough leave time to take any or more time off		

Used by: DC73, IN76, LA77, MA76, ME64, MN77, ND72, NYC73, NY76, UT73, WA75

Oral Health

Core Questions

4. In the *12 months before* you got pregnant with your new baby, did you have any of the following healthcare visits? Fore each one, check **No** or **Yes**.

	No	**Yes**
g. Visit to have my teeth cleaned		

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

No
Yes

Parent and Infant Demographics

Infant

Standard Question

II4. When was your new baby born?

Month/Day/Year

Maternal

Core Question

1. What is *your* date of birth?

Month/Day/Year

Standard Questions

PP1. How would you describe your gender?

Female
Male
Transgender
Genderqueer or gender nonconforming
Prefer to self-describe: Please tell us:

Used by: CO2, IL2, IN2, MA2, ME2, MN2, NYC2, OR2, PA2, RI2, UT2, VA2, VT2, WI2

PP2. How would you describe your sexual orientation?

Heterosexual or "straight"
Lesbian or Gay
Bisexual
Prefer to self-describe: Please tell us:

Used by: AZ3, CO3, IL3, IN3, MA3, ME3, NM2, OR3, RI3, UT3, VA3, VT3, WI3

Site-specific Questions

Parental Relationship & Support

Standard Questions

W10. *Since your new baby was born*, how often does your baby's father or other parent contribute things such as money, food, clothing, shelter, or healthcare to provide for your new baby's basic needs?

Always
Often
Sometimes
Rarely
Never

Used by: IA74, IN77, NE70, NM80, OK60, OR65, VA82

Site-specific Questions

Preconception Care and Readiness

Core Questions

3. In the *12 months before* you got pregnant with your new baby, did you have any of the following healthcare visits? Fore each one, check **No** or **Yes**.

	No	**Yes**
a. Regular checkup with a family doctor		
b. Regular checkup with an OB/GYN		
c. Visit for an injury, illness, or chronic condition		
d. Visit to urgent care or the emergency room		
e. Visit for family planning or to get birth control		
f. Visit for depression or anxiety		
g. Visit to have my teeth cleaned		
h. Other: Please tell us:		

5. During any of your healthcare visits in the *12 months before* you got pregnant, did a healthcare provider do any of the following things? For each one, check **No** or **Yes**.

	No	**Yes**
Talk to me about…		
b. My weight		
c. Regularly checking my blood pressure		
d. My desire to have or not have children		
e. Birth control methods		
f. How I could improve my health before a pregnancy		
g. Sexually transmitted infections such as chlamydia, gonorrhea, syphilis, or HIV		
Ask me…		

h. If I smoked cigarettes or used e-cigarettes ("vapes") or other smokeless tobacco
i. If someone was hurting me emotionally or physically
j. If I felt depressed or anxious

Standard Questions

Site-specific Questions

Pregnancy Intention

Core Question

9. 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

Standard Questions

Prenatal Care

Core Questions

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

No
Yes

11. *During any of your prenatal care visits*, did a healthcare provider <u>do</u> any of the following things? For each one, check **No** or **Yes**.

	No	**Yes**
Talk to me about…		

a. How much weight I should gain during pregnancy
b. Doing tests to screen for birth defects or diseases that run in my family
c. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)
d. What to do if I feel depressed or anxious during my pregnancy or after my baby is born

Ask me…

e. If I planned to breastfeed my new baby
f. If I planned to use birth control after my baby was born
g. If I was taking any prescription medication
h. If I smoked cigarettes or used e-cigarettes ("vapes") or other smokeless tobacco
i. If I was drinking alcohol
j. If someone was hurting me emotionally or physically
k. If I was using illegal drugs
l. If I was using marijuana
m. If I wanted to be tested for HIV

Standard Questions

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

No
Yes

Used by: AK12, DC11, DE17, IN16, KS13, LA18, MD13, ME14, MN15, MO15, MS15, ND12, NJ17, NM13, NV12, RI15, SD15, TN16, TX14, UT19, WI13, WY12

R21. Did any of these things keep you from getting prenatal care when you wanted it? For each one, check **No** or **Yes**.

	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 wouldn't 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
l. The doctor's office was too far away

Used by: AK13, DC12, DE18, IN17, KS14, LA19, MD14, MN16, MO16, MS16, ND13, NJ18, NV13, SD16, TN17, WI14, WY13

Site-specific Questions

Postpartum Care

Core Questions

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

No
Yes

45. ***During your postpartum checkup,*** **did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

	No	**Yes**
Talk to me about…		
e. Healthy eating, exercise, and losing weight gained during pregnancy		
f. How long to wait before getting pregnant again		
g. Birth control methods		
h. Warning signs of medical problems I might be at risk for due to my pregnancy		
i. Regularly checking my blood pressure		
j. What to do if I feel depressed or anxious		
Ask me…		
k. If I was smoking cigarettes or using e-cigarettes ("vapes") or other smokeless tobacco		
l. If someone was hurting me emotionally or physically		
A healthcare provider…		
m. Tested me for diabetes		
n. Prescribed me medication for depression or anxiety		

Standard Questions

J3. Did any of these things keep you from having a postpartum checkup? Check ALL that apply

I didn't know I needed one
I didn't have enough money or insurance to pay for the visit
I felt fine and didn't think I needed to have a visit
I couldn't get an appointment when I wanted one
I didn't have any transportation to get to the clinic or doctor's office
I had too many other things going on
I couldn't take time off from work or school
I didn't have anyone to take care of my children
The doctor's office was too far away
Other: Please tell us:

Used by: AZ57, IL56, IA57, IN60, KS60, KY60, MD53, MI62, MN62, MO56, MS58, MT60, NE55, NY57, OR50, PA57, SC59, SD56, TN59, VA65, WI54, WY55

Site-specific Questions

Questionnaire Details

Core Question

58. What is today's date?

Month/Day/Year

Respectful Maternal Care

Standard Questions

J7. Overall, *since my new baby was born*, I have felt … For each one, check **No** or **Yes**.

	No	**Yes**
a. Comfortable asking questions about the *postpartum care* that I received		
b. Comfortable declining care if I didn't want it		
c. Comfortable accepting the options for care that my provider recommended		
d. I was able to choose the care options that I received		
e. My providers treated me with respect		
f. Satisfied with the *postpartum care* that I received		

Used by: DE69, FL59, IN67, MI69, MS66, NE66, PA64, RI77, SC69, WA64

R25. Overall, *during my pregnancy*, I felt… For each one, check **No** or **Yes**.

	No	**Yes**
a. Comfortable asking questions about the *prenatal care* that I received		
b. Comfortable declining care if I didn't want it		
c. Comfortable accepting the options for care that my provider recommended		
d. I was able to choose the care options that I received		
e. My providers treated me with respect		
f. Satisfied with the *prenatal care* that I received		

Used by: AZ21, CT17, DE25, IN22, MA22, MI23, MO22, OR18, PR17, SC20, TX21, WA20

Social Determinants of Health

Core Questions

52. During the *12 months before* your new baby was born, did lack of transportation keep you from any of the following? For each one, check **No** or **Yes**.

	No	**Yes**
a. Going to medical appointments		
b. Going to non-medical appointments, meetings, or work		
c. Doing errands		

Standard Questions

Stress

Core Questions

29. Did any of the following things happen during the 12 months before your new baby was born? For each one, check **No** or **Yes**.

	No	**Yes**
a. I got separated or divorced		
b. I was evicted or forced to move		
c. I didn't have a regular place to sleep		
d. I was homeless or had to sleep outside, in a car, or in a shelter		

e. My spouse, partner, or I lost a job
f. My spouse, partner, or I had a cut in work hours or pay
g. I had problems paying the rent, mortgage, or other bills
h. My spouse or partner went to jail/prison
i. I went to jail/prison
j. Someone close to me had a problem with drinking or drugs
k. Someone close to me was very sick or died

Standard Questions

Tobacco & Other Nicotine Products

Product Use

Core Questions

5. During any of your healthcare visits in the *12 months before* you got pregnant, did a healthcare provider <u>do</u> any of the following things? For each one, check **No** or **Yes**.

No Yes

Ask me…

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

11. *During any of your prenatal care visits*, did a healthcare provider <u>do</u> any of the following things? For each one, check **No** or **Yes**.

No Yes

Talk to me about…
Ask me…

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

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

No
Yes

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

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

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

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

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

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

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

No
Yes

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

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

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

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

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

No
Yes

45. *During your postpartum checkup,* did a healthcare provider do any of the following things? For each one, check **No** or **Yes**.

	No	**Yes**
Ask me…		
g. If I was smoking cigarettes or using e-cigarettes ("vapes") or other smokeless tobacco		

Standard Questions

Site-specific Questions

Vaccinations and Influenza

Maternal

Core Questions

12. During the *12 months before* your new baby was born, did a healthcare provider *offer* you the following shots or vaccinations? For each one, check **No** or **Yes**.

	No	**Yes**
a. Flu shot		
b. Tdap shot (protects against tetanus, diphtheria, and pertussis [whooping cough])		
c. COVID-19 shot		

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

For each shot, check ALL that apply:
B for **3 months before** pregnancy

D for **During** pregnancy
or check **N** if you **Did <u>not</u>** get the shot in the 3 months before or during pregnancy

	B	**D**	**N**
a. Flu shot			
b. Tdap shot			
c. COVID-19 shot			

Standard Questions