

# A Survey of the Health of Mothers and Babies in Ohio



# PRAMS

Pregnancy  
Risk  
Assessment  
Monitoring  
System

1.888.PRAMS88 (772.6788)

Please complete the survey and mail it in the  
enclosed envelope.

Your help is voluntary and your answers are  
completely confidential.

Your answers will help us improve the health of  
mothers and babies in Ohio.

For further information, please call the PRAMS  
office at 1-888-PRAMS88 (772-6788).

Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

## BEFORE PREGNANCY

The first questions are about *you*.

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

\_\_\_\_ Feet    \_\_\_\_ Inches

OR    \_\_\_\_ Centimeters

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

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

### 3. What is *your* date of birth?

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

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

No    →    **Go to Question 7**

Yes

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

No  
 Yes

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

No  
 Yes

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

### 7. At any time during the 12 months before you got pregnant with your new baby, did you do any of the following things? For each item, check No if you did not do it or Yes if you did it.

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

8. 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, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid, CareSource, or Molina Healthcare of Ohio
- TRICARE or other military health care
- Some other kind of health insurance → Please tell us:

\_\_\_\_\_

- I did not have any health insurance during the *month before* I got pregnant

9. 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

Go to Question 11

Go to Question 10

10. 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
- The vitamins were too expensive
- The vitamins gave me side effects (such as constipation)
- Other \_\_\_\_\_ → Please tell us:

\_\_\_\_\_

11. *Before* you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about how to improve your health before pregnancy?

- No
- Yes

12. *Before* you got pregnant, would you say that, in general, your health was—

- Excellent
- Very good
- Good
- Fair
- Poor

13. *Before* you got pregnant with your new baby, did a doctor, nurse, or other health care worker tell you that you had 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 the same as gestational diabetes or diabetes that starts during pregnancy) ...
- b. High blood pressure or hypertension.....
- c. Depression .....

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

14. 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

Go to  
Question 16

15. How much longer did you want to wait to become pregnant?

- Less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to 5 years
- More than 5 years

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

- No
- Yes

Go to Page 4, Question 20

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

- No
- Yes

Go to Question 19

Go to Question 18

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

Check ALL that apply

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

If you or your husband or partner was **not doing anything to keep from getting pregnant**, go to Page 4, Question 20.

19. What method of birth control were you using when you got pregnant?

Check ALL that apply

- Birth control pill
- Condoms
- Injection (Depo-Provera®)
- Contraceptive implant (Implanon®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena® or ParaGard®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Other \_\_\_\_\_ → Please tell us:

**DURING PREGNANCY**

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

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

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

I didn't go for prenatal care → **Go to Question 23**

**21. During your most recent pregnancy, what kind of health insurance did you have to pay for your prenatal care?**

**Check ALL that apply**

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid, CareSource, or Molina Healthcare of Ohio
- TRICARE or other military health care
- Some other kind of health insurance → Please tell us:  
\_\_\_\_\_
- I did not have any health insurance to pay for my prenatal care

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

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

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

- No
- Yes
- I don't know

24. During the *last 3 months* of your most recent pregnancy, 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

25. During the 12 months *before the delivery* 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

26. During the 12 months *before the delivery* of your new baby, did you get a flu shot?

Check ONE answer

- No →
- Yes, before my pregnancy
- Yes, during my pregnancy

Go to Question 28

27. During what month and year did you get the flu shot?

\_\_\_\_ / \_\_\_\_ 20\_\_\_\_

Month            Year

- I don't remember

28. This question is about the 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 my teeth cleaned by a dentist or dental hygienist.....
- d. I had insurance to cover dental care during my pregnancy.....
- e. I needed to see a dentist for a **problem**.....
- f. I went to a dentist or dental clinic about a **problem**.....

29. During *your most recent pregnancy*, did you take a class or classes to prepare for childbirth and learn what to expect during labor and delivery?

- No
- Yes

30. During *your most recent pregnancy*, did a home visitor come to your home to help you prepare for your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps pregnant women.

- No
- Yes

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

- No
- Yes

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

- No  
 Yes

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

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

- No  **Go to Question 39**

Yes

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

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

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

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

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

36. Did you quit smoking around the time of *your most recent* pregnancy?

- No  
 No, but I cut back  
 Yes, I quit before I found out I was pregnant  
 Yes, I quit when I found out I was pregnant  
 Yes, I quit later in my pregnancy

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

- No  
 Yes  
 I didn't go for prenatal care

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

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

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

39. 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 42**

Yes

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

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

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

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

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

42. 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 ....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I got separated or divorced from my husband or partner .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I moved to a new address.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I was homeless or had to sleep outside, in a car, or in a shelter .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My husband or partner lost his job .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I lost my job even though I wanted to go on working.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My husband, partner, or I had a cut in work hours or pay .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I was apart from my husband or partner due to military deployment or extended work-related travel ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I argued with my husband or partner more than usual.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. My husband or partner said he didn't want me to be pregnant .....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I had problems paying the rent, mortgage, or other bills.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| l. My husband, partner, or I went to jail .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Someone very close to me had a problem with drinking or drugs .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Someone very close to me died .....   | <input type="checkbox"/> | <input type="checkbox"/> |

43. During the 12 months before your new baby was born, how often did you feel unsafe in the neighborhood where you lived?

- Always  
 Often  
 Sometimes  
 Rarely  
 Never

44. 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

45. During the 12 months before your new baby was born, did you miss any doctor appointments because you were worried about what your partner would do if you went?

- No  
 Yes

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

- No  
 Yes

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

- No  
 Yes

The next questions are about your labor and delivery.

48. When was your new baby born?

/  /  20  
 Month Day Year

49. By the end of *your most recent* pregnancy, how much weight had you gained?

Check ONE answer  
and fill in blank if needed

- I gained  pounds  
 I didn't gain any weight, but I lost  pounds  
 My weight didn't change during my pregnancy  
 I don't know

### AFTER PREGNANCY

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

50. After your baby was delivered, was he or she put in an intensive care unit (NICU)?

- No  
 Yes  
 I don't know

51. 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 → **Go to Question 54**

52. Is your baby alive now?

- No → *We are very sorry for your loss.*
- Yes → **Go to Page 10, Question 60**

53. Is your baby living with you now?

- No → **Go to Page 10, Question 59**
- Yes

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

- No → **Go to Question 58**
- Yes

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

- No
- Yes → **Go to Question 58**

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

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

- Less than 1 week

57. What were your reasons for stopping breastfeeding?

**Check ALL that apply**

- My baby had difficulty latching or nursing
- Breast milk alone did not satisfy my baby
- I thought my baby was not gaining enough weight
- My nipples were sore, cracked, or bleeding
- It was too hard, painful, or too time consuming
- I thought I was not producing enough milk, 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 or school
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other → Please tell us:

**If your baby is still in the hospital, go to Page 10, Question 59.**

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

**Check ONE answer**

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

**59. Since your new baby was born, has a home visitor come to your home to help you learn how to take care of yourself or your new baby?** A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps mothers of newborns.

- No  
 Yes

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

- No  
 Yes

Go to Question 62

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

Check ALL that apply

- I am not having sex  
 I want to get pregnant  
 I don't want to use birth control  
 I am worried about side effects from birth control  
 My husband or partner doesn't want to use anything  
 I have problems getting birth control when I need it  
 I had my tubes tied or blocked  
 My husband or partner had a vasectomy  
 I am pregnant now  
 Other → Please tell us:

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**If you or your husband or partner is not doing anything to keep from getting pregnant now, go to Question 63.**

**62. 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, Essure®, Adiana®)  
 Vasectomy (male sterilization)  
 Birth control pill  
 Condoms  
 Injection (Depo-Provera®)  
 Contraceptive implant (Implanon®)  
 Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)  
 IUD (including Mirena® or ParaGard®)  
 Natural family planning (including rhythm method)  
 Withdrawal (pulling out)  
 Not having sex (abstinence)  
 Other → Please tell us:

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

- No  
 Yes

**64. 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

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
- Often
- Sometimes
- Rarely
- Never

67. *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, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid, CareSource, or Molina Healthcare of Ohio
- TRICARE or other military health care
- Some other kind of health insurance —————> Please tell us:

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- I do not have health insurance *now*

## OTHER EXPERIENCES

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

68. *During the 3 months before you got pregnant with your new baby, how often did you participate in any physical activities or exercise for 30 minutes or more?* For example, walking for exercise, swimming, cycling, dancing, or gardening.

- Less than 1 day per week
- 1 to 2 days per week
- 3 to 4 days per week
- 5 or more days per week
- I was told by a doctor, nurse, or other health care worker not to exercise

69. *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 he hide your birth control, throw it away or do anything else to keep you from using it?

- No
- Yes

70. During the *last 3 months* of your most recent pregnancy, about how many servings of *fruit* did you have in a day?

Check ONE answer

- Zero servings (none)
- 1 or 2 servings per day
- 3 or 4 servings per day
- 5 or more servings per day

71. During the *last 3 months* of your most recent pregnancy, about how many servings of *vegetables* did you have in a day?

Check ONE answer

- Zero servings (none)
- 1 or 2 servings per day
- 3 or 4 servings per day
- 5 or more servings per day

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

- No → Go to Question 79
- Yes

73. During *your most recent* pregnancy, how many hours did you work per week at your *main* job?

- 40 or more hours per week
- 30 – 39 hours per week
- 20 – 29 hours per week
- 10 – 19 hours per week
- Less than 10 hours per week

74. Which of the following best describes your work schedule during the *last month* of your most recent pregnancy?

Check ONE answer

- I worked up to the time of delivery with no change in schedule
- I cut back on my work hours
- I took time off before the birth of my baby
- I stopped working due to doctor's orders
- I quit my job → Go to Question 79
- I was laid off or fired from my job → Go to Question 79

75. Have you returned to the job you had during *your most recent* pregnancy?

Check ONE answer

- No → Go to Question 79
- No, but I will be returning
- Yes

76. Which of the following describes the leave or time you took off from work *after* your new baby was born?

Check ALL that apply

- I took *paid* leave from my job
- I took *unpaid* leave from my job
- I did not take leave

77. How did you feel about the amount of time you were able to take off *after* the birth of your new baby?

Check ONE answer

- Too little time
- Just the right amount of time
- Too much time

**78. Did any of the things listed below affect your decision about how much leave to take from work *after* your new baby was born?** For each item, check **No** if it does not apply to you or **Yes** if it does.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. I could not financially afford to take a longer leave.....      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was afraid I'd lose my job if I stayed out longer.....        | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had too much work to do to stay out longer.....               | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My job does not have paid leave .....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My job does not offer a flexible work schedule.....             | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I had not built up enough leave time to take more time off..... | <input type="checkbox"/> | <input type="checkbox"/> |

**79. Did your baby's father take leave from work *after* your new baby was born?**

**Check ONE answer**

- No, he did not take leave from his job
- Yes, he took *paid* leave from his job
- Yes, he took *unpaid* leave from his job
- Yes, he took *paid and unpaid* leave from his job
- My baby's father was unemployed
- I don't know

**If your baby is not alive, is not living with you, or is still in the hospital, go to Question 83.**

**80. Are you currently in school or working?**

- No, I don't go to school or work → **Go to Question 83**
- Yes, I go to school or work outside the home
- Yes, I go to school or work from home

**Go to Question 81**

**81. Which *one* of the following people spends the most time taking care of your new baby when you are at school or work?**

**Check ONE answer**

- My husband or partner
- Baby's grandparent
- Other close family member or relative
- Friend or neighbor
- Babysitter, nanny, or other child care provider
- Staff at day care center
- Other → Please tell us:
- The baby is with me while I am at school or work → **Go to Question 83**

**82. While you are away from your new baby for school or work, how often do you feel that she or he is well cared for?**

**Check ONE answer**

- Always
- Often
- Sometimes
- Rarely
- Never

**83. Thinking about when you were growing up, would you say your family was well-off financially, average or poor?**

- Well-off financially
- Average
- Poor
- It varied
- I don't know

**84. Since your new baby was born, how often would you say you have been worried or stressed about having enough money to pay your bills?**

- Always  
 Usually  
 Sometimes  
 Rarely  
 Never

**85. Since your new baby was born, has a doctor, nurse, or other health care worker told you that you had depression?**

- No  
 Yes

**86. 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 .....

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

- I did not take a multivitamin, prenatal vitamin or folic acid vitamin at all  
 1 to 3 times a week  
 4 to 6 times a week  
 Every day of the week

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

**88. 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 \$15,000  
 \$15,001 to \$19,000  
 \$19,001 to \$22,000  
 \$22,001 to \$26,000  
 \$26,001 to \$29,000  
 \$29,001 to \$37,000  
 \$37,001 to \$44,000  
 \$44,001 to \$52,000  
 \$52,001 to \$56,000  
 \$56,001 to \$67,000  
 \$67,001 to \$79,000  
 \$79,001 or more

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

People

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

/  /  20  
 Month Day Year

**Please use this space for any additional comments you would like to make about your experiences around the time of your pregnancy or the health of mothers and babies in Ohio.**

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

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







# PRAMS

Pregnancy  
Risk  
Assessment  
Monitoring  
System

Ohio PRAMS Program  
Ohio Department of Health  
246 N. High Street  
Columbus, Ohio 43215

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