



# appendix



## Technical Notes

### General:

- ✿ For purposes of this descriptive report, variables were examined independently without control for covariates and/or potential confounders. It is possible that application of methods to statistically control for covariates would alter the prevalence measures reported here.
- ✿ 95 percent confidence intervals (CI) have been reported to assist the interested user in interpretation of these data. However, no formal statistical tests were conducted for this report and only point estimates have been compared and contrasted in describing these results.
- ✿ A 95 percent CI is a range that conveys information about the precision of a survey estimate. Specifically, if the sampling was repeated numerous times and the CI was recalculated from each sample by the same method, 95 percent of the CIs would contain the true population value. A wide CI suggests that the estimate is unstable.
- ✿ County types for all indicators are as defined by the 2010 Ohio Family Health Survey and are grouped as follows:

County Type	Counties
Metropolitan	Allen, Butler, Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Mahoning, Montgomery, Richland, Summit, Stark
Suburban	Auglaize, Clark, Delaware, Fairfield, Fulton, Geauga, Greene, Madison, Medina, Miami, Lake, Licking, Pickaway, Portage, Union, Wood
Rural, non-Appalachian	Ashland, Champaign, Clinton, Crawford, Darke, Defiance, Erie, Fayette, Hancock, Hardin, Henry, Huron, Knox, Logan, Marion, Mercer, Morrow, Ottawa, Paulding, Preble, Putnam, Sandusky, Seneca, Shelby, Van Wert, Warren, Wayne, Williams, Wyandot
Appalachian	Adams, Ashtabula, Athens, Brown, Belmont, Carroll, Clermont, Columbiana, Coshocton, Gallia, Guernsey, Harrison, Highland, Hocking, Holmes, Jackson, Jefferson, Lawrence, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Pike, Ross, Scioto, Trumbull, Tuscarawas, Vinton, Washington

### For PRAMS:

- ✿ Data collected from PRAMS represents mothers who have recently delivered a live infant and therefore do not represent all pregnancies. The data are self-reported and are subject to recall and social desirability biases. Data from BRFSS are also self-reported and limited by the same potential biases.
- ✿ For PRAMS analyses, Medicaid status was defined as mother’s report of having Medicaid before pregnancy, Medicaid paying for prenatal care, or Medicaid paying for delivery.

- ✿ The data source recommended for indicator C7 will be available from Ohio PRAMS beginning with 2009 data. Data from this survey year were unavailable at the time of publication. For indicator C7, the PRAMS question, “Before you got pregnant with your new baby, did you talk with a doctor, nurse or other health care worker to prepare for a healthy pregnancy and baby?” was used instead.
- ✿ Ohio PRAMS does not collect the data element used to report indicator D3. No other data source was available with a similar data element.
- ✿ Ohio PRAMS does not collect the data element used to report indicator D8. In lieu of the PRAMS data source, Ohio Vital Statistics was used to report the percentage of women who gave birth during the reported years who also used fertility drugs or procedures.
- ✿ The data element used to report indicator E7 will be available from Ohio PRAMS with 2009 data; this data set was unavailable at the time of publication. The Ohio PRAMS question, “About how many hours a day, on average, is your new baby in the same room with someone who is smoking?” was used instead. When any amount of time greater than zero was reported, that proportion was used for indicator E7.
- ✿ The data element used to report indicator G2 will not be available from Ohio PRAMS until the 2009 data set becomes available. No other data source was available with a similar data element.
- ✿ Ohio PRAMS does not collect the data element used to report indicator H2. No other data source was available with a similar data element.
- ✿ The data element from Ohio PRAMS reported for indicator J1 asks mothers if they were tested for HIV during their most recent pregnancy or at delivery, not within a year prior to their most recent pregnancy.

### For BRFSS:

- ✿ The weighted percentages were adjusted to:
  - 1) Probability of selection, i.e., the number of different phone numbers that reach the household, the number of adults in each household, and the number of completed interviews in each cluster.
  - 2) Demographic distribution, i.e., age and gender. “Don’t know” and “Refused” were excluded from the denominator. This can cause an artificially high percentage.

For more details about the definitions of indicators and limitations of each recommended data element, please see the “Core State Preconception Health Indicators.”

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Broussard DL, Sappenfield WB, Fussman C, Kroelinger CD, Grigorescu V. Core State Preconception Health Indicators: A Voluntary, Multi-state Selection Process. *Matern Child Health J.* 2010. DOI: 10.1007/s10995-010-0575-x.

## Ohio Behavioral Risk Factor Surveillance System Survey Questions Used to Assess Preconception Care

### General Health

**Data Book Indicator:** A1

**Description:** Would you say that in general your health is:

Value	Value Label
1	Excellent
2	Very good
3	Good
4	Fair
5	Poor
7	Don't know/Not sure
9	Refused
Blank	Not asked or Missing

### Education Level

**Data Book Indicator:** B1

**Description:** What is the highest grade or year of school you completed?

Value	Value Label
1	Never attended school or only kindergarten
2	Grades 1 through 8 (Elementary)
3	Grades 9 through 11 (Some high school)
4	Grade 12 or GED (High school graduate)
5	College 1 year to 3 years (Some college or technical school)
6	College 4 years or more (College graduate)
9	Refused

### Health Care Coverage

**Data Book Indicator:** C1

**Description:** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

Value	Value Label
1	Yes
2	No
7	Don't know/Not sure
9	Refused

### Last Checkup

**Data Book Indicator:** C3

**Description:** About how long has it been since you last visited a doctor for a routine checkup? [A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.]

Value	Value Label
1	Within the past year (anytime less than 12 months ago)
2	Within past 2 years (1 year but less than 2 years ago)
3	Within past 5 years (2 years but less than 5 years ago)
4	5 or more years ago
7	Don't know/Not sure
8	Never
9	Refused

### Pap Test in Past 3 Years

**Data Book Indicator:** C6

**Description:** A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

Value	Value Label
1	Yes
2	No
7	Don't know/Not sure
9	Refused
Blank	Not asked or Missing

**Description:** How long has it been since you had your last Pap test?

Value	Value Label
1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years ago)
3	Within the past 3 years (2 years but less than 3 years ago)
4	Within the past 5 years (3 years but less than 5 years ago)
5	5 or more years ago
7	Don't know/Not sure
9	Refused
Blank	Not asked or Missing

## Current Smoker

**Data Book Indicator:** E1

**Description:** Have you smoked at least 100 cigarettes in your entire life?  
[Note: 5 packs = 100 cigarettes]

Value	Value Label
1	Yes
2	No
7	Don't know/Not sure
9	Refused

**Description:** Do you now smoke cigarettes every day, some days, or not at all?

Value	Value Label
1	Every day
2	Some days
3	Not at all
7	Don't know/Not sure
9	Refused
Blank	Not asked or Missing

## Heavy Drinking

**Data Book Indicator:** E3

**Description:** During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

Value	Value Label
1	Yes
2	No
7	Don't know/Not sure
9	Refused
Blank	Not asked or Missing

**Description:** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

Value	Value Label
101-199	Days per week [Notes: 1__ = Days per week]
201-299	Days in past 30 days [Notes: 2__ = Days in past 30]
777	Don't know/Not sure
888	No drinks in past 30 days
999	Refused
Blank	Not asked or Missing

**Description:** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? [A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.]

Value	Value Label
1-76	Number of drinks
77	Don't know/Not sure
99	Refused
Blank	Not asked or Missing

### Binge Drinking

**Data Book Indicator:** E4

**Description:** Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks for men or 4 or more drinks for women on an occasion?

Value	Value Label
1-76	Number of times
88	None
77	Don't know/Not sure
99	Refused
Blank	Not asked or Missing

### Fruit and Vegetable Servings

**Data Book Indicator:** F1

**Description:** Fruit juice servings per day

**Calculated variable**

Value	Value Label
0-989	Times per day
990	Don't know/Not sure or Refused/Missing

**Description:** Fruit servings per day

**Calculated variable**

Value	Value Label
0-989	Times per day
990	Don't know/Not sure or Refused/Missing

**Description:** Green salad servings per day

**Calculated variable**

Value	Value Label
0-989	Times per day
990	Don't know/Not sure or Refused/Missing

**Description:** Potato servings per day

**Calculated variable**

Value	Value Label
0-989	Times per day
990	Don't know/Not sure or Refused/Missing

**Description:** Carrot servings per day

**Calculated variable**

Value	Value Label
0-989	Times per day
990	Don't know/Not sure or Refused/Missing

**Description:** Vegetable servings per day

**Calculated variable**

Value	Value Label
0-989	Times per day
990	Don't know/Not sure or Refused/Missing

**Description:** Fruit and vegetable servings per day

**Calculated variable**

Value	Value Label
0-99,998	Times per day
99999	Don't know/Not sure or Refused/Missing

**Description:** Summary index for fruits and vegetables calculated variable

**Calculated variable**

Value	Value Label
1	Less than once per day or never
2	Once but less than 3 times per day
3	3 but less than 5 times per day
4	5 or more times per day
9	Don't know/Refused/Missing



**Description:** Consumed 5 or more servings of fruits or vegetables per day

**Calculated variable**

Value	Value Label
1	Consume <5 times per day
2	Consume 5 or more times per day
9	Don't know/Not sure/Missing



### Weight Status

**Data Book Indicator:** F2

**Description:** Reported height in inches

**Calculated variable**

Value	Value Label
1-998	Height in inches
999	Don't know/Refused/Missing

**Description:** Reported weight in kilograms

**Calculated variable**

Value	Value Label
1-99,998	Weight in kilograms
99,999	Don't know/Refused/Missing

**Description:** Three-categories of Body Mass Index (BMI)

**Calculated variable**

Value	Value Label
1	Neither overweight nor obese
2	Overweight
3	Obese
9	Don't know/Refused/Missing

### Recommended Physical Activity Level

**Data Book Indicator:** F5

**Description:** Total minutes of moderate physical activity

**Calculated variable**

Value	Value Label
0-599	Minutes of moderate physical activity
Blank	Don't know/Not sure/Refused/Missing

**Description:** Total minutes of vigorous physical activity

**Calculated variable**

Value	Value Label
0-599	Minutes of vigorous physical activity
Blank	Don't know/Not sure/Refused/Missing

**Description:** 3 level moderate physical activity category

**Calculated variable**

Value	Value Label
1	Meets recommendations for moderate physical activity
2	Insufficient activity to meet moderate recommendations
3	No moderate physical activity
9	Don't know/Not sure/Refused/Missing

**Description:** 3 level vigorous activity category

**Calculated variable**

Value	Value Label
1	Meet recommendations for vigorous physical activity
2	Insufficient activity to meet vigorous recommendations
3	No vigorous physical activity
9	Don't know/Not sure/Refused/Missing

**Description:** 5 level physical activity category

**Calculated variable**

Value	Value Label
1	Meet recommendations for moderate and vigorous physical activity
2	Meet recommendations for vigorous physical activity
3	Meet recommendations for moderate physical activity
4	Insufficient activity to meet moderate or vigorous recommendations
5	No moderate or vigorous physical activity
9	Don't know/Not sure/Refused/Missing



**Description:** Adults that have reported participating in either moderate physical activity defined as 30 or more minutes per day for 5 or more days per week, or vigorous activity for 20 or more minutes per day on 3 or more days

**Calculated variable**

Value	Value Label
1	Yes
2	No
9	Don't know/Not sure/Refused/Missing

**Description:** Adults that have reported participating in vigorous activity for 20 or more minutes per day on 3 or more days

**Calculated variable**

Value	Value Label
1	Yes
2	No
9	Don't know/Not sure/Refused/Missing

**Description:** Adults self reported physical activity level status

**Calculated variable**

Value	Value Label
1	Meet physical activity recommendations
2	Insufficient physical activity
3	No physical activity
9	Don't know/Not sure/Refused/Missing

**Mental Health Days**

**Data Book Indicator:** G1

**Description:** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Value	Value Label
1-30	Number of days
88	None
77	Don't know/Not sure
99	Refused

## Emotional Support

**Data Book Indicator:** H3

**Description:** How often do you get the social and emotional support you need?

Value	Value Label
1	Always
2	Usually
3	Sometimes
4	Rarely
5	Never
7	Don't know/Not sure
9	Refused
Blank	Not asked or Missing

## Diabetes

**Data Book Indicator:** I1

**Description:** Have you ever been told by a doctor that you have diabetes? (If "Yes" and respondent is female, ask "Was this only when you were pregnant?" If respondent says pre-diabetes or borderline diabetes, use response code 4.)

Value	Value Label
1	Yes
2	Yes, but female told only during pregnancy
3	No
4	No, pre-diabetes or borderline diabetes
7	Don't know/Not sure
9	Refused

## Hypertension

**Data Book Indicator:** I3

**Description:** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (If "Yes" and respondent is female, ask "Was this only when you were pregnant?")

Value	Value Label
1	Yes
2	Yes, but female told only during pregnancy
3	No
4	Told borderline high or pre-hypertensive
7	Don't know/Not sure
9	Refused

### Asthma

**Data Book Indicator:** I5

**Description:** Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

Value	Value Label
1	Yes
2	No
7	Don't know/Not sure
9	Refused

**Description:** Do you still have asthma?

Value	Value Label
1	Yes
2	No
7	Don't know/Not sure
Blank	Not asked or Missing

### Flu Vaccine

**Data Book Indicator:** J3

**Description:** A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?

Value	Value Label
1	Yes
2	No
7	Don't know/Not sure
9	Refused
Blank	Not asked or Missing

**Description:** During the past 12 months, have you had a flu vaccine that was sprayed in your nose?  
The flu vaccine sprayed in the nose is also called FluMist™.

Value	Value Label
1	Yes
2	No
7	Don't know/Not sure
9	Refused
Blank	Not asked or Missing

# Ohio Pregnancy Risk Assessment Monitoring System Survey Questions Used to Assess Preconception Care

## Health Care Coverage

**Data Book Indicator:** C2

**Question:** Just before you got pregnant, did you have health insurance?  
Do not count Medicaid.

 No

 Yes

**Question:** Just before you got pregnant, were you on Medicaid?

 No

 Yes

## Postpartum Checkup

**Data Book Indicator:** C4

**Question:** Since your new baby was born, have you had a postpartum checkup for yourself? (A postpartum checkup is the regular checkup a woman has after she give birth.)

 No

 Yes

## Dental Care

**Data Book Indicator:** C5

**Question:** Have you ever had your teeth cleaned by a dentist or dental hygienist?

 No

 Yes

**Question:** When did you have your teeth cleaned by a dentist or dental hygienist? For each of the three time periods, circle Y (Yes) if you had your teeth cleaned then or circle N (No) if you did not have your teeth cleaned then.

 Before my most recent pregnancy      **N**      **Y**

 During my most recent pregnancy      **N**      **Y**

 After my most recent pregnancy      **N**      **Y**

## Preconception Counseling

**Data Book Indicator:** C7

**Question:** Before you got pregnant with your new baby, did you talk with a doctor, nurse, or other health care worker to prepare for a healthy pregnancy and baby?

 No

 Yes

### Previous Preterm Birth

**Data Book Indicator:** D2

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

- No
- Yes

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

- No
- Yes

### Pregnancy Intention

**Data Book Indicator:** D5

**Question:** Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant? (Check one answer)

- I wanted to be pregnant sooner
- I wanted to be pregnant later
- I wanted to be pregnant then
- I didn't want to be pregnant then or any time in the future

### Contraception Use At Time of Conception

**Data Book Indicator:** D6

**Question:** When you got pregnant with your new baby, were you trying to get pregnant?

- No
- Yes

**Question:** When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes

## Current Contraception Use

**Data Book Indicator:** D7

**Question:** Are you or your husband or partner doing anything now to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

-  No
-  Yes

## Cigarette Smoking Before Pregnancy

**Data Book Indicator:** E2

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

-  No
-  Yes

**Question:** 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
-  None (0 cigarettes)

## Alcohol Use Before Pregnancy

**Data Book Indicator:** E5

**Question:** 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

**Question:** 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

### Binge Drinking Before Pregnancy

**Data Book Indicator:** E6

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

-  6 or more times
-  4 to 5 times
-  2 to 3 times
-  1 time
-  I didn't have 5 drinks or more in one sitting
-  I didn't drink then

### Secondhand Smoke Exposure

**Data Book Indicator:** E7

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

-  \_\_\_ Hours
-  Less than 1 hour a day
-  My baby is never in the same room with someone who is smoking

### Pre-pregnancy Overweight and Obesity

**Data Book Indicator:** F3

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

\_\_\_\_Pounds or \_\_\_\_Kilos

**Question:** How tall are you without shoes?

\_\_\_\_Feet \_\_\_\_Inches or \_\_\_\_Centimeters

### Folic Acid Supplementation

**Data Book Indicator:** F4

**Question:** During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin? These are pills that contain many different vitamins and minerals.

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

## Postpartum Depression

**Data Book Indicator:** G3

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

-  Always
-  Often
-  Sometimes
-  Rarely
-  Never

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

-  Always
-  Often
-  Sometimes
-  Rarely
-  Never

## Physical Abuse Before Pregnancy

**Data Book Indicator:** H1

**Question:** During the 12 months before you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

-  No
-  Yes

**Question:** During the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner?

-  No
-  Yes

## Diabetes

**Data Book Indicator:** I2

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

- |  | N                     | Y                     |
|--|-----------------------|-----------------------|
|  High blood sugar (diabetes) that started before this pregnancy   | <input type="radio"/> | <input type="radio"/> |
|  High blood sugar (diabetes) that started during this pregnancy   | <input type="radio"/> | <input type="radio"/> |
|  Vaginal bleeding   | <input type="radio"/> | <input type="radio"/> |
|  Kidney or bladder (urinary tract) infection  | <input type="radio"/> | <input type="radio"/> |
|  Severe nausea, vomiting, or dehydration  | <input type="radio"/> | <input type="radio"/> |
|  Cervix had to be sewn shut (incompetent cervix)  | <input type="radio"/> | <input type="radio"/> |
|  High blood pressure, hypertension (including pregnancy-induced hypertension [PIH], preeclampsia, or toxemia) | <input type="radio"/> | <input type="radio"/> |
|  Problems with the placenta (such as abruptio placentae or placenta previa)                                   | <input type="radio"/> | <input type="radio"/> |
|  Labor pains more than 3 weeks before my baby was due (preterm or early labor)                                | <input type="radio"/> | <input type="radio"/> |
|  Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM])                 | <input type="radio"/> | <input type="radio"/> |
|  I had to have a blood transfusion  | <input type="radio"/> | <input type="radio"/> |
|  I was hurt in a car accident   | <input type="radio"/> | <input type="radio"/> |





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