

A black silhouette of a pregnant woman is positioned on the left side of the image. She is facing right, with her left hand on her hip and her right hand resting on her belly. A small, solid pink heart is placed on her abdomen. The background is a solid, light pink color.

Pregnancy
Risk
Assessment
Monitoring
System

A Survey of the Health of Mothers and Babies in Ohio

1-800-755-GROW

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 1-800-755-GROW (4769).

Please mark your answers. Follow the directions included with the questions. If no directions are presented, check the box next to your answer or fill in the blanks. Because not all questions will apply to everyone, you may be asked to skip certain questions.

BEFORE PREGNANCY

First, we would like to ask a few questions about *you* and the time *before* you got pregnant with your new baby.

1. 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, circle **Y** (Yes) if you did it or circle **N** (No) if you did not.

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

2. During the *month before* you got pregnant with your new baby, were you covered by any of these health insurance plans?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid, CareSource, or Molina Healthcare of Ohio
- TRICARE or other military health care
- Other source(s) —————> Please tell us:
- _____
- I did not have any health insurance before I got pregnant

3. 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
- } Go to Page 2, Question 5

4. What were your reasons for not taking multivitamins, prenatal vitamins, or folic acid vitamins during the *month before* you got pregnant with your new baby?

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:
- _____

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

Pounds **OR** Kilos

6. *How tall are you without shoes?*

Feet Inches
OR Meters

7. *What is your date of birth?*

/ / 19
Month Day Year

8. *Would you say that, in general, your health is—*

- Excellent
 Very good
 Good
 Fair
 Poor

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

- No  **Go to Question 11**
 Yes 

Go to Question 10

10. *Before you got pregnant with your new baby, 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, circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.*

- | | No | Yes |
|--|----|-----|
| a. Taking vitamins with folic acid before pregnancy | N | Y |
| b. Being a healthy weight before pregnancy | N | Y |
| c. Getting my vaccines updated before pregnancy | N | Y |
| d. Visiting a dentist or dental hygienist before pregnancy | N | Y |
| e. Getting counseling for any genetic diseases that run in my family | N | Y |
| f. Controlling any medical conditions such as diabetes and high blood pressure | N | Y |
| g. Getting counseling or treatment for depression or anxiety | N | Y |
| h. The safety of using prescription or over-the-counter medicines during pregnancy | N | Y |
| i. How smoking during pregnancy can affect a baby | N | Y |
| j. How drinking alcohol during pregnancy can affect a baby | N | Y |
| k. How using illegal drugs during pregnancy can affect a baby | N | Y |

11. *Before you got pregnant with your new baby, were you ever told by a doctor, nurse, or other health care worker that you had Type 1 or Type 2 diabetes? This is not the same as gestational diabetes or diabetes that starts during pregnancy.*

- No
 Yes

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

No —————→ **Go to Question 15**

Yes

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

No

Yes

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

No

Yes

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

15. *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 at any time in the future

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

No

Yes —————→ **Go to Page 4, Question 20**

Go to Question 17

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 not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

No

Yes —————→ **Go to Page 4, Question 19**

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
- 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. When you got pregnant with your new baby, what were you or your husband or partner using to keep from getting pregnant?

Check all that apply

- Tubes tied or closed (female sterilization)
- Vasectomy (male sterilization)
- Pill
- Condoms
- Injection once every 3 months (Depo-Provera[®])
- Contraceptive implant (Implanon[®])
- Contraceptive patch (OrthoEvra[®])
- Diaphragm, cervical cap, or sponge
- Vaginal ring (NuvaRing[®])
- IUD (including Mirena[®])
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Emergency contraception (The “morning-after” pill)
- 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 were *sure* you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

Weeks OR Months

I don't remember

21. 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

Go to Question 22

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

- No
 Yes

Go to Question 24

23. Did any of these things keep you from getting prenatal care at all or as early as you wanted? For each item, circle T (True) if it was a reason that you didn't get prenatal care when you wanted or circle F (False) if it was not a reason for you or if something does not apply to you.

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

If you did not go for prenatal care, go to Page 6, Question 26.

24. Did any of these health insurance plans help you pay for your *prenatal care*?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid, CareSource, or Molina Healthcare of Ohio
- TRICARE or other military health care
- Other source(s) —————> Please tell us:
- _____
- I did not have health insurance to help pay for my prenatal care

25. 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, circle **Y** (Yes) if someone talked with you about it or circle **N** (No) if no one talked with you about it.

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

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

- No
 Yes → **Go to Question 30**
 I don't know

Go to Question 27

27. Were you offered an HIV test during your most recent pregnancy or delivery?

- No → **Go to Question 30**
 Yes
 ↓

28. Did you turn down the HIV test?

- No → **Go to Question 30**
 Yes
 ↓

29. Why did you turn down the HIV test?

Check all that apply

- I did not think I was at risk for HIV
 I did not want people to think I was at risk for HIV
 I was afraid of getting the result
 I was tested before this pregnancy, and did not think I needed to be tested again
 Other → Please tell us:

30. 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

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

- No → **Go to Question 33**
 Yes
 ↓

Go to Question 32

32. During your *most recent* pregnancy, when you went for your WIC visits, did you speak with a breastfeeding peer counselor or another WIC staff person about breastfeeding?

- No
 Yes

33. 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

34. Did you have any of the following 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.

	No	Yes
a. Vaginal bleeding	N	Y
b. Kidney or bladder (urinary tract) infection	N	Y
c. <i>Severe</i> nausea, vomiting, or dehydration	N	Y
d. Cervix had to be sewn shut (cerclage for incompetent cervix) . . .	N	Y
e. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia	N	Y
f. Problems with the placenta (such as abruption placenta or placenta previa) . .	N	Y
g. Labor pains more than 3 weeks before my baby was due (preterm or early labor)	N	Y
h. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM])	N	Y
i. I had to have a blood transfusion	N	Y
j. I was hurt in a car accident	N	Y

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

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

- No → **Go to Page 8, Question 39**
 Yes

36. 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

37. 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

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

39. Which of the following statements best describes the rules about smoking *inside* your home *now*?

Check one answer

- No one is allowed to smoke anywhere inside my home
- Smoking is allowed in some rooms or at some times
- Smoking is permitted anywhere inside my home

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

40. 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 43
- Yes

41a. 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 → Go to Question 42a

Go to Question 41b

41b. During the *3 months before* you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting?

A sitting is a two hour time span.

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

42a. 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 → Go to Question 43

42b. During the *last 3 months* of your pregnancy, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.

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

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.

43. This question is about things that may have happened during the 12 months before your new baby was born. For each item, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not. (It may help to 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 | N | Y |
| b. I got separated or divorced from my husband or partner | N | Y |
| c. I moved to a new address | N | Y |
| d. I was homeless | N | Y |
| e. My husband or partner lost his job . . . | N | Y |
| f. I lost my job even though I wanted to go on working | N | Y |
| g. I argued with my husband or partner more than usual | N | Y |
| h. My husband or partner said he didn't want me to be pregnant | N | Y |
| i. I had a lot of bills I couldn't pay | N | Y |
| j. I was in a physical fight | N | Y |
| k. My husband or partner or I went to jail | N | Y |
| l. Someone very close to me had a problem with drinking or drugs | N | Y |
| m. Someone very close to me died | N | Y |

44. 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

45. 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

46. 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. (It may help to look at the calendar when you answer these questions.)

47. When was your baby due?

<input type="text"/> Month	/	<input type="text"/> Day	/	<input type="text"/> 20 Year
-------------------------------	---	-----------------------------	---	---------------------------------

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

<input type="text"/> Month	/	<input type="text"/> Day	/	<input type="text"/> 20 Year
-------------------------------	---	-----------------------------	---	---------------------------------

I didn't have my baby in a hospital

49. When was your baby born?

<input type="text"/> Month	/	<input type="text"/> Day	/	<input type="text"/> 20 Year
-------------------------------	---	-----------------------------	---	---------------------------------

50. When were you discharged from the hospital after your baby was born?

/ / 20

Month Day Year

I didn't have my baby in a hospital

51. Did any of these health insurance plans help you pay for the *delivery* of your new baby?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid, CareSource, or Molina Healthcare of Ohio
- TRICARE or other military health care
- Other source(s) → Please tell us:

- I did not have health insurance to help pay for my delivery

AFTER PREGNANCY

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

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

- No
- Yes
- I don't know

53. After your baby was born, 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 56**

54. Is your baby alive now?

- No → **Go to Page 12, Question 66**
- Yes

55. Is your baby living with you now?

- No → **Go to Page 12, Question 66**
- Yes

56. During your *most recent* pregnancy, what did you think about breastfeeding your new baby?

Check one answer

- I knew I would breastfeed
- I thought I might breastfeed
- I knew I would *not* breastfeed
- I didn't know what to do about breastfeeding

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

- No → **Go to Question 61b**
- Yes

Go to Question 58

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

- No
 Yes

→ **Go to Question 61a**

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

_____ Weeks **OR** _____ Months

- Less than 1 week

60. 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
 I had too many other household duties
 I felt it was the right time to stop breastfeeding
 I got sick and was not able to breastfeed
 I went back to work or school
 My baby was jaundiced (yellowing of the skin or whites of the eyes)
 Other → Please tell us:

61a. How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)?

_____ Weeks **OR** _____ Months

- My baby was less than 1 week old
 My baby has not had any liquids other than breast milk

61b. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

_____ Weeks **OR** _____ Months

- My baby was less than 1 week old
 My baby has not eaten any foods

62. Did anyone suggest that you *not* breastfeed your new baby?

- No → **Go to Page 12, Question 64**
 Yes

63. Who suggested that you *not* breastfeed your new baby?

Check all that apply

- My husband or partner
 My mother, father, or in-laws
 Other family member or relative
 My friends
 My baby's doctor, nurse or other health care worker
 My doctor, nurse, or other health care worker
 Other → Please tell us:

If your baby is still in the hospital, go to Question 66.

64. 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

65. Was your new baby seen by a doctor, nurse, or other health care worker for a *one week check-up* after he or she was born?

- No
- Yes

66. 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 [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes

Go to Question 68

67. 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
- My husband or partner doesn't want to use anything
- I don't think I can get pregnant (sterile)
- I can't pay for birth control
- I am pregnant now
- Other —————> Please tell us:

If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Question 69.

68. 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 closed (female sterilization)
- Vasectomy (male sterilization)
- Pill
- Condoms
- Injection once every 3 months (Depo-Provera[®])
- Contraceptive implant (Implanon[®])
- Contraceptive patch (OrthoEvra[®])
- Diaphragm, cervical cap, or sponge
- Vaginal ring (NuvaRing[®])
- IUD (including Mirena[®])
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Emergency contraception (The "morning-after" pill)
- Other —————> Please tell us:

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

- No
- Yes

70. 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 6 weeks after she gives birth.)

- No
 Yes

71. Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced things this way *since your new baby was born*. Use the scale when answering:

1	2	3	4	5
Never	Rarely	Sometimes	Often	Always

- a. I felt down, depressed, or sad. . .
- b. I felt hopeless.
- c. I felt slowed down

OTHER EXPERIENCES

The next questions are on a variety of topics.

72. 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

73a. 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

73b. 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

74. During the *last 3 months* of your most recent pregnancy, how often did you participate in any physical activities or exercise for 30 minutes or more?

- 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

75. 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.

76. 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.)

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more

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

People

78. What is today's date?

/ / 20
Month Day Year

**Please use this space for any additional comments you would like to make
about 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

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