

Phase 2 Florida PRAMS

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

FLORIDA PRAMS

PHASE 2

YEARS 1993, 1994, 1995

First we would like to ask you about your pregnancies. Please check the box next to the best answer.

1. Not counting your most recent birth, did you have any other babies who were born alive?
 No → Go to Question 4
 Yes

2. Of these babies, did the one just before your new baby weigh *less* than 5 pounds, 8 ounces at birth?
 No
 Yes

3. Was that baby born *more* than 3 weeks before its due date?
 No
 Yes

Next are some questions about the pregnancy related to your most recent birth. You may want to use the calendar to help you answer the questions.

4. 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

5. How many weeks or months pregnant were you when you first thought you *might* be pregnant?
____ Weeks or ____ Months
 I don't remember

6. When you were sure you were pregnant, were you on Medicaid?
 No
 Yes

7. Thinking back to just before you were pregnant, how did you feel about becoming pregnant?
Check the best 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
 I don't know

The next questions are about prenatal care you got during the pregnancy that ended with your most recent birth. Prenatal care includes visits to a doctor or nurse before your baby was born to check your blood pressure or the baby's heart beat, tests of your blood and urine, examinations such as sonogram or ultrasound, and advice. It does not include WIC (Supplemental Food Program for Women, Infants, and Children), or delivery of the baby. You may want to use the calendar to help you answer the questions.

8. How many weeks or months pregnant were you when you had your first visit for prenatal care?
Don't count a visit that was only for a pregnancy test or a visit only for WIC.
- _____ Weeks or _____ Months
- I did not go for prenatal care
9. Did you get prenatal care as early in your pregnancy as you wanted?
- No
 Yes → **Go to Question 11**
 I did not want prenatal care → **Go to Question 11**
10. Did any of these things keep you from getting care as early as you wanted?
Check all that apply.
- I had no one to take care of my children
 I had no way to get to the clinic or office
 I couldn't get a doctor or nurse to take me as a patient
 I couldn't get an appointment earlier in my pregnancy
 I didn't think that I was pregnant
 I didn't have enough money or insurance to pay for my visits
 I didn't know where to go
 Other → Please tell us:
-
11. How many visits for prenatal care did you have?
Don't count visits for WIC.
- _____ Visits
- I did not go for prenatal care → **Go to Question 22**

12. Did you have as many visits for prenatal care as you wanted?

- Yes → **Go to Question 14**
- I did not want prenatal care → **Go to Question 14**
- I wanted to go for fewer visits → **Go to Question 14**
- I wanted to go for more visits

13. Did any of these things keep you from having as many visits as you wanted?
Check all that apply.

- I had no one to take care of my children
 - I had no way to get to the clinic or office
 - I didn't have enough money or insurance to pay for my visits
 - I didn't know where to go
 - Other → Please tell us:
-

If you did not go for prenatal care, go to Question 22 on Page 4.

14. Where did you go **most of the time** for your prenatal visits?
Don't include visits for WIC.
Check one answer.

- Hospital clinic
 - County Public Health Unit
 - Community Health Center
 - Private doctor's office or HMO
 - Military facility
 - Rural or Migrant Health Clinic
 - I did not go for prenatal care
 - Other → Please tell us:
-

15. How satisfied were you with the prenatal care you got? **For each of the things listed below, circle the best answer. If you went to more than one place for prenatal care, answer for the place where you got most of your care.**

How satisfied were you with . . .	Satisfied	Dissatisfied
a. The amount of time you had to wait after you arrived for your visits	S	D
b. The amount of time the doctor or nurse spent with you during your visits	S	D
c. The advice you got on how to take care of yourself	S	D
d. The hours the office or clinic was open	S	D
e. The understanding and respect that the staff showed toward you as a person	S	D

16. When you went for prenatal care, did a doctor, nurse, or other health worker ask you if you were smoking? No
 Yes
17. Did a doctor or nurse talk with you about how smoking during pregnancy could affect your baby? No
 Yes
18. When you went for prenatal care, did a doctor, nurse, or other health worker ask you if you were drinking alcoholic beverages (beer, wine, wine cooler, or liquor)? No
 Yes
19. Did a doctor or nurse talk with you about how drinking during pregnancy could affect your baby? No
 Yes
20. Did a doctor, nurse, or other health worker talk with you about what you should eat during your pregnancy? No
 Yes
21. How was your prenatal care paid for?
Check all that apply.
- Medicaid
 - Personal income (cash, check, or credit card)
 - Insurance or HMO
 - Military facility
 - County Public Health Unit
 - County Social Services
 - I still owe
 - Other → Please tell us:
-
22. During your pregnancy, were you on WIC? No
 Yes
23. How much did you weigh during the **3 months before** you became pregnant? _____ Pounds
 I don't know

24. How tall are you without shoes? _____ feet _____ inches
25. How much did *you* weigh *when you were born*?
 Less than 5 pounds, 8 ounces
 5 pounds, 8 ounces, or more
 I don't know
26. a. Not counting your hospital stay for delivery, did you have to stay overnight in a hospital for any kind of problem during your pregnancy?
 No → **Go to Question 27**
 Yes, I stayed _____ nights
- b. What was the date during your pregnancy when you went into the hospital?
 _____ / _____ / _____
 month day year
- c. Why did you stay in the hospital?
Check all that apply.
 Vaginal bleeding or placenta problems
 Diabetes (high blood sugar)
 High blood pressure or toxemia
 Kidney infection
 Nausea, vomiting, or dehydration
 Premature labor or contractions more than 3 weeks before my due date
 Other → Please tell us:

The next questions are about cigarette smoking and alcohol drinking.

27. Have you smoked at least 100 cigarettes in your entire life?
 No → **Go to Question 31**
 Yes
28. In the *3 months before* you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day?
 A pack has 20 cigarettes.
 _____ Cigarettes or _____ packs
 Less than 1 cigarette a day
 I didn't smoke
 I don't know

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

___ Cigarettes or ___ packs

- Less than 1 cigarette a day
- I didn't smoke
- I don't know

30. How many cigarettes or packs of cigarettes do you smoke on an average day *now*?

___ Cigarettes or ___ packs

- Less than 1 cigarette a day
- I don't smoke
- I don't know

31. In the *3 months before* you got pregnant, how many alcoholic drinks did you have in an average week?
(A drink is: One glass of wine.
One wine cooler.
One can or bottle of beer.
One shot of liquor.
One mixed drink.)

___ Number of drinks a week

- Less than 1 drink a week
- I didn't drink then
- I don't know

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

___ Number of drinks a week

- Less than 1 drink a week
- I didn't drink then
- I don't know

33. This question is about things that may have happened during the 12 months before your delivery. This includes the months before you got pregnant. **For each thing listed below, circle Y (Yes) if it happened to you or N (No) if it didn't. It may help to use the calendar.**

	No	Yes
a. A close family member was very sick and had to see a doctor	N	Y
b. Another close relative was very sick and had to see a doctor	N	Y
c. You got separated from your husband or partner.	N	Y
d. You got divorced	N	Y
e. You were homeless	N	Y
f. You were involved in a physical fight	N	Y
g. Your husband or partner physically hurt you	N	Y
h. You were arrested	N	Y
i. You were charged or convicted of an offense	N	Y
j. Your husband or partner was sent to jail	N	Y
k. Your husband or partner lost his job	N	Y
l. You got into debt over your head	N	Y
m. You lost your job even though you wanted to go on working	N	Y
n. Someone very close to you had a bad problem with drinking or drugs	N	Y
o. Your husband or partner died	N	Y
p. A close family member (other than your husband) died	N	Y
q. A close friend died	N	Y
r. A close family member tried to commit suicide	N	Y

The next questions are about your labor and delivery and the time right after you went home from the hospital after your baby was born.

34. When you went in the hospital to have your baby, how many nights did you stay? ___ Nights
 I did not stay in a hospital
35. When your baby was born, how many nights did he or she stay in the hospital? ___ Nights
 My baby did not stay in a hospital
 I don't know
36. When your baby was born, was he or she put in an intensive care unit or premature nursery? No
 Yes
 I don't know

37. Including the hospital costs,
how was your delivery paid for?
Check all that apply.

- Medicaid
 - Personal income (cash, check, or credit card)
 - Insurance or HMO
 - Military facility
 - County Public Health Unit
 - County Social Services
 - I still owe
 - Other → Please tell us:
-

38. For how many weeks or months did
you breastfeed your baby before
feeding him or her any other milk,
formula, or food?
Check all that apply.

___ Weeks or ___ Months

- I didn't breastfeed
- I breastfed less than 1 week
- I'm still breastfeeding and have started some formula or food, too (put number of weeks or months you fed breastmilk only, then **Go to Question 40**)
- I'm still breastfeeding and haven't fed my baby any other milk, formula, or food yet → **Go to Question 40**

39. Did any of these things stop you
from breastfeeding?
Check all that apply.

- I didn't want to
 - I was planning to go to work or school
 - I tried but my baby didn't breastfeed very well
 - My baby was not with me
 - I think it's better for my baby to be bottle fed
 - I was taking medicine
 - I felt it was the right time to stop
 - Other → Please tell us:
-

40. In the *week after* you went home
from the hospital, did you see
a doctor or nurse for yourself?

- No → **Go to Question 42**
- Yes

41. Why did you see a doctor or nurse?
Check all that apply.

- Vaginal bleeding
 - Fever or infection
 - Other → Please tell us:
-

47. When your baby goes for baby shots or other *routine* well baby care, where do you take him or her most of the time?
Check all that apply.

- Hospital clinic
 - County Public Health Unit
 - Community Health Center
 - Private doctor's office or HMO
 - Military facility
 - Rural or Migrant Health Clinic
 - My baby has not had a visit for shots or routine care
 - Other → Please tell us:
-

The next questions are about your family and the place where you live.

48. Which rooms are in the house, trailer, or apartment where you live?
Check all that you have.

- Bedrooms → how many? ____
- Living room
- Separate dining room
- Kitchen
- Bathroom(s)
- Recreation room, den, or family room
- Finished basement

49. a. How many babies, children, or teens who are 17 years or younger live with you?
Count your new baby. Don't count yourself.

____ Person(s)

- None

- b. How many people who are 18 years or older live with you?
Don't count yourself.

____ Person(s)

- None

50. What were the sources of your family income during the past 12 months?

Check all that apply.

- Wages or pay from a job
 - Aid such as AFDC, Welfare, Public Assistance, General Assistance, Food Stamps, or SSI
 - Unemployment benefits
 - Child support or alimony
 - Fees, rental income, commissions, interest, dividends, or income from business or farm
 - Social Security, Workers' Compensation, Veterans benefits, or pensions
 - Other → Please tell us:
-

51. What is today's date?

___/___/___
month day year

52. When were *you* born?

___/___/___
month day year

53. What was your due date?

___/___/___
month day year

I don't know

54. When was your baby born?

___/___/___
month day year

The next questions are about ways of preventing pregnancy. In these questions, birth control means the pill, IUD, condoms, diaphragm, and other ways to keep from getting pregnant.

55. During the 12 months before you got pregnant, did any of these things keep you from getting birth control when you wanted it?

Check all that apply.

- I had no way to get to the clinic or doctor's office
 - I couldn't get a doctor or nurse to take me as a patient
 - I didn't have enough money to pay for it
 - My partner did not want to use birth control
 - I did not want to use birth control
 - I got birth control when I wanted it
 - Other → Please tell us:
-

56. Are you *now* using any method to keep from getting pregnant?
- No
 Yes → Go to Question 58
57. Why are you not using any birth control method *now*?
Please check all that apply, then go to Question 59.
- I am not having sex with anyone
 I want to get pregnant
 I can't pay for birth control
 I don't like to use birth control
 I don't know where to get birth control
 I am pregnant
 If I get pregnant, I can have an abortion
 Other → Please tell us:
-

58. What method are you and your partner now using to keep from getting pregnant?
Check all that apply.
- I am using birth control pills, diaphragm, Norplant, or an IUD
 I have had my tubes tied or my partner has had a vasectomy
 We are using condoms, foam, jelly, or a sponge
 We are using a natural method such as the rhythm method
 Other → Please tell us:
-

59. During your most recent pregnancy or since your new baby was born, have you used any of these services?
Circle Y (Yes) if you used the service or N (No) if you did not use the service.

	No	Yes
a. Childbirth education classes	N	Y
b. Parenting classes	N	Y
c. Visits to your home by a nurse or other health worker	N	Y
d. Rides arranged by clinic to clinic visits, classes, or services	N	Y
e. Counseling about stress, family problems, or mental problems	N	Y
f. Development of a Family Support Plan	N	Y
g. Training about what fluids to give your baby in case of diarrhea	N	Y

60. When you went for prenatal care during your most recent pregnancy, did a health care worker ask you questions to find out if you were eligible for Healthy Start?
- No → Go to Question 63
 Yes
 I don't know
 I did not go for prenatal care → Go to Question 63
61. Did you qualify for Healthy Start during your most recent pregnancy?
- No → Go to Question 63
 Yes
 I don't know
62. During your most recent pregnancy, did you use any services as a result of qualifying for Healthy Start?
- No
 Yes
 I don't know
63. At the place where your new baby was born, did a health care worker ask you if you wanted your baby to participate in Healthy Start?
- No
 Yes
 I don't know

If your baby is not alive or is not living with you now, go to Question 68 on Page 14.

64. Did your new baby use any services as a result of qualifying for Healthy Start?
- No
 Yes
 I don't know
65. Since your new baby was born, have you used these services for your baby?
Circle Y (Yes) if your baby has used the service or N (No) if your baby has not used the service.

	<i>No</i>	<i>Yes</i>
a. WIC for your baby	N	Y
b. Baby shots for your baby	N	Y

The next question is about breastfeeding. Please answer even if you did not breastfeed your new baby.

66. At the place where your new baby was born, which of the following were offered to you? **Circle Y (Yes) if it applies to you or N (No) if it does not.**

	No	Yes
a. I was given information about why and how to breastfeed	N	Y
b. I began breastfeeding at the hospital	N	Y
c. Hospital staff helped me learn how to breastfeed	N	Y
d. Breastmilk was the only food or drink given to my baby at the hospital	N	Y
e. Hospital staff told me to breastfeed my baby on demand	N	Y
f. My baby was given a pacifier at the hospital	N	Y
g. I got a gift pack containing formula from the hospital.....	N	Y
h. The hospital gave me a telephone number to call for help about breastfeeding.....	N	Y

67. Listed below are some things about safety. **Circle Y (Yes) if it applies to you and N (No) if it does not.**

	No	Yes
a. My baby rode home from the hospital in an infant car seat	N	Y
b. I am now always or almost always using an infant car seat for my baby	N	Y
c. My home has at least 1 working smoke alarm	N	Y
d. My hot water heater temperature is 130 °F or below.....	N	Y

68. What was your family's **monthly** income from all sources during the 12 months before your new baby was born? **Include your income, your husband's or partner's income, and any other income you used. All information you give us will be kept private.**

- Under \$650 monthly
- \$651 to \$1,300 monthly
- \$1,301 to \$2,100 monthly
- \$2,101 to \$3,300 monthly
- \$3,301 to \$4,200 monthly
- \$4,201 or more monthly
- I don't know

Please use this space for any additional comments you would like to make about the health of mothers and babies in Florida.

Thanks for answering our questions!

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