

OKLAHOMA PRAMS

Phase 8 Topic Reference Document



PRAMS

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

About this Document

This document includes all core and standard questions available for Oklahoma's Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 8 questionnaire and is organized by topic. Many questions contain response options that are related to more than one topic, but are listed under the primary topic. All questions are shown in English and are in the form used in the self-administered mail questionnaires.

Abuse

Physical

35. In the 12 months before you got pregnant with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check **No** if they did not hurt you during this time, or **Yes** if they did.

- | | No | Yes |
|--------------------------------|----|-----|
| a. My husband or partner | | |
| b. My ex-husband or ex-partner | | |

36. During your most recent pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check **No** if they did not hurt you during this time, or **Yes** if they did.

- | | No | Yes |
|--------------------------------|----|-----|
| a. My husband or partner | | |
| b. My ex-husband or ex-partner | | |

Alcohol Use

31. 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

32. 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

8 to 13 drinks a week

4 to 7 drinks a week

1 to 3 drinks a week

Less than 1 drink a week

I didn't drink then

33. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in a 2 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 a 2 hour time span

Breastfeeding

41. Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources? For each one, check **No** if you did not receive information from this source, or **Yes** if you did.

No **Yes**

- a. My doctor
- b. A nurse, midwife, or doula
- c. A breastfeeding or lactation specialist
- d. My baby's doctor or health care provider
- e. A breastfeeding support group
- f. A breastfeeding hotline or toll-free number
- g. Family or friends
- h. Other: please tell us

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

No
Yes

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

No
Yes

44. How many weeks or months did you breastfeed or feed pumped milk to your baby

Less than 1 week

Weeks **OR** Months

45. This question asks about things that may have happened at the hospital where your new baby was born. For each item, check **No** if it did not happen or **Yes** if it did happen.

No Yes

- a. My baby stayed in the same room with me at the hospital
- b. Hospital staff helped me learn how to breastfeed
- c. I breastfed in the first hour after my baby was born
- d. My baby was fed only breast milk at the hospital
- e. Hospital staff told me to breastfeed whenever my baby wanted
- f. The hospital gave me a gift pack with formula
- g. The hospital gave me a telephone number to call for help with breastfeeding

46. How old was your new baby the first time he or she had liquids other than breast milk (such as formula, water, juice, 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

Contraception

52. 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 having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

No

Yes

53. 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 want to get pregnant

I am pregnant now

I had my tubes tied or blocked

I don't want to use birth control

I am worried about side effects from birth control

I am not having sex

My husband or partner doesn't want to use anything

I have problems paying for birth control

Other: Please tell us:

54. 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 or Essure®)
- Vasectomy (male sterilization)
- Birth control pills
- Condoms
- Shots or injections (Depo-Provera®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- Contraceptive implant in the arm (Nexplanon® or Implanon®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other: Please tell us:

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

- No
- Yes

14. 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 having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- No
- Yes

Drug Use

61. During the *month* before you got pregnant, did you take or use any of the following pain relievers for any reason? For each item, check **No** if you did not use it or **Yes** if you did.

- Over-the-counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve®
- Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine

Health Insurance

Maternal

9. 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 or partner

Private health insurance from my parents

Private health insurance from the Health Insurance Marketplace or Healthcare.gov

Medicaid or SoonerCare

SoonerPlan

TRICARE or other military health care

Indian Health Service or tribal

Other health insurance: Please tell us:

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

10. During your most recent pregnancy, what kind of health insurance did you have for your *prenatal care*? Check ALL that apply

I did not go for prenatal care: **Go to Question 11**

Private health insurance from my job or the job of my husband or partner

Private health insurance from my parents

Private health insurance from the Health Insurance Marketplace or Healthcare.gov

Medicaid or SoonerCare

SoonerPlan

TRICARE or other military health care

Indian Health Service or tribal

Other health insurance: Please tell us:

I did not have any health insurance to pay for my *prenatal care*

11. 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 or partner

Private health insurance from my parents

Private health insurance from the Health Insurance Marketplace or Healthcare.gov

Medicaid or SoonerCare

SoonerPlan

TRICARE or other military health care

Indian Health Service or tribal

Other health insurance: Please tell us:

I do not have health insurance *now*

HIV and Sexually Transmitted Infections

8. During any of your health care visits in the *12 months before you got pregnant*, did a doctor, nurse or other health care worker do any of the following things? For each item, check **No** if they did not or **Yes** if they did.

No Yes

- k. Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis
l. Test me for HIV (the virus that causes AIDS)

17. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, check **No** if they did not ask you about it or **Yes** if they did.

No Yes

- h. If I wanted to be tested for HIV (the virus that causes AIDS)

Household Characteristics

Residents

40. Is your baby living with you now?

No
Yes

Income

66. 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 \$16,000
\$16,001 to \$20,000
\$20,001 to \$24,000
\$24,001 to \$28,000
\$28,001 to \$32,000
\$32,001 to \$40,000
\$40,001 to \$48,000
\$48,001 to \$57,000
\$57,001 to \$60,000
\$60,001 to \$73,000
\$73,001 to \$85,000
\$85,001 or more

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

People

Infant Health Care

Well Child Care

63. Do you have someone you think of as your baby's personal doctor or nurse? A personal doctor or nurse is a health professional who knows your baby well and is familiar with your baby's health history. (This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant.)

No

Yes

64. Can you contact your baby's personal doctor or nurse 24-hours a day, seven days a week? Please include after-hours paging service or other ways to reach your health care provider after hours.

No

Yes

Infant Morbidity and Mortality

38. 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

39. Is your baby alive now?

No

Yes

Infant Sleep Environment

47. 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

48. In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed?

- Always
- Often
- Sometimes
- Rarely
- Never

49. When your new baby sleeps alone, is his or her crib or bed in the same room where you sleep?

- No
- Yes

50. Listed below are some more things about how babies sleep. How did your new baby *usually* sleep in the past 2 weeks. For each item, check **No** if your baby did not *usually* sleep like this, or **Yes** if he or she did.

- | | No | Yes |
|---|-----------|------------|
| a. In a crib, bassinet, or pack and play | | |
| b. On a twin or larger mattress or bed | | |
| c. On a couch, sofa, or armchair | | |
| d. In an infant car seat or swing | | |
| e. In a sleeping sack or wearable blanket | | |
| f. With a blanket | | |
| g. With toys, cushions, or pillows, including nursing pillows | | |
| h. With crib bumper pads (mesh or non-mesh) | | |

51. Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check **No** if they did not tell you, or **Yes** if they did

- | | No | Yes |
|--|-----------|------------|
| a. Place my baby on his or her back to sleep | | |
| b. Place my baby to sleep in a crib, bassinet or pack and play | | |
| c. Place my baby's crib or bed in my room | | |
| d. What things should and should not go in bed with my baby | | |

Influenza and Maternal Vaccinations

18. 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

19. 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

20. *During your most recent pregnancy, did you get a Tdap shot or vaccination?* A Tdap vaccination is a tetanus booster shot that also protects against pertussis (whooping cough).

No

Yes

I don't know

Maternal Health – General

4. During the *3 months before you got pregnant with your **new** baby*, did you have any of the following **health conditions**? For each one, check **No** if you did not have the condition or **Yes** if you did.

No Yes

- a. Type 1 or Type 2 diabetes (**NOT** gestational diabetes or diabetes that starts during pregnancy)
- b. High blood pressure or hypertension
- c. Depression
- d. Asthma
- e. Anemia (poor blood, low iron)
- f. Heart problems
- g. Thyroid problems
- h. PCOS (polycystic ovarian syndrome)

Maternal Hospital Stay

37. When was your new baby born?

Month/Day/Year

Maternal Nutrition

Weight and Diet

1. How tall are *you* without shoes?

Feet and Inches

OR Centimeters

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

Pounds **OR** Kilos

Vitamin Use and Folic Acid

5. 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

Mental Health

4. During the *3 months before* you got pregnant with your *new* baby, did you have any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

No Yes

c. Depression

18. During *your most recent* pregnancy, did you have any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

No Yes

c. Depression

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

Always
Often
Sometimes
Rarely
Never

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

Always
Often
Sometimes
Rarely
Never

Maternal Morbidity

Preconception

4. During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

No Yes

- a. Type 1 or Type 2 diabetes (**not** gestational diabetes or diabetes that starts during pregnancy)
- b. High blood pressure or hypertension
- c. Depression
- d. Asthma
- e. Anemia (poor blood, low iron)
- f. Heart problems
- g. Epilepsy (seizures)
- h. Thyroid problems
- i. PCOS (polycystic ovarian syndrome)

Prenatal

22. During your most recent pregnancy, did you have any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

No Yes

- a. Gestational diabetes (diabetes that started during *this* pregnancy)
- b. High blood pressure (that started during *this* pregnancy), pre-eclampsia or eclampsia
- c. Depression

23. Did you have any of the following problems during your most recent pregnancy? For each item, check **No** if you did not have the problem or **Yes** if you did.

No Yes

- a. Vaginal bleeding
- b. Kidney or bladder (urinary tract) infection (UTI)
- c. **Severe** nausea, vomiting, or dehydration that sent me to the doctor or hospital
- d. Cervix had to be sewn shut (cerclage for incompetent cervix)
- e. Problems with the placenta (such as abruptio placentae or placenta previa)
- f. Labor pains more than 3 weeks before my baby was due (preterm or early labor)

Postpartum

57. **Since your new baby was born, have you had any medical problems that caused you to go to the hospital and stay overnight?**

No
Yes

58. **What kind of medical problem caused you to go into the hospital? Check ALL that apply**

Vaginal bleeding
Fever or infection
Other: Please tell us:

Oral Health

7. **What type of health care visit did you have in the 12 months before you got pregnant with your new baby? Check ALL that apply**

Regular checkup at my family doctor's office
Regular checkup at my OB/GYN's office
Visit for an illness or chronic condition
Visit for an injury
Visit for family planning or birth control
Visit for depression or anxiety
Visit to have my teeth cleaned by a dentist or dental hygienist

Parent and Infant Demographics

Infant

37. **When was your new baby born?**

Month/Day/Year

Maternal

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

Month/Day/Year

65. **When your first child was born, how old were you?**

_____ Years old

Preconception Care and Readiness

6. In the *12 months before* you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?

No
Yes

7. What type of health care visit did you have in the *12 months before* you got pregnant with your new baby? Check ALL that apply

Regular checkup at my family doctor's office
Regular checkup at my OB/GYN's office
Visit for an illness or chronic condition
Visit for an injury
Visit for family planning or birth control
Visit for depression or anxiety
Visit to have my teeth cleaned by a dentist or dental hygienist
Other: Please tell us:

8. During any of your health care visits in the *12 months before* you got pregnant, did a doctor, nurse or other health care worker do any of the following things? For each item, check **No** if they did not or **Yes** if they did.

No **Yes**

- a. Tell me to take a vitamin with folic acid
- b. Talk to me about maintaining a healthy weight
- c. Talk to me about controlling any medical conditions such as diabetes or high blood pressure
- d. Talk to me about my desire to have or not have children
- e. Talk to me about using birth control to prevent pregnancy
- f. Talk to me about how I could improve my health before a pregnancy
- g. Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis
- h. Ask me if I was smoking cigarettes
- i. Ask me if someone was hurting me emotionally or physically
- j. Ask me if I was feeling down or depressed
- k. Ask me about the kind of work I do
- l. Test me for HIV (the virus that causes AIDS)

Pregnancy Intention

Maternal

12. 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

Prenatal Care

16. How many weeks *or* months pregnant were you when you had your first visit for prenatal care?

Weeks **OR** Months

I didn't go for prenatal care

17. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, check **No** if they did not ask you about it or **Yes** if they did.

No Yes

- a. If I knew how much weight I should gain during pregnancy
- b. If I was taking any prescription medication
- c. If I was smoking cigarettes
- d. If I was drinking alcohol
- e. If someone was hurting me emotionally or physically
- f. If I was feeling down or depressed
- g. If I was using drugs such as marijuana, cocaine, crack, or meth
- h. If I wanted to be tested for HIV (the virus that causes AIDS)
- i. If I planned to breastfeed my new baby
- j. If I planned to use birth control after my baby was born

15. 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.

[BOX] Weeks **OR** **[BOX]** Months

I don't remember

Postpartum Care

55. 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

56. During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things? For each item, check **No** if they did not do it or **Yes** if they did.

No **Yes**

- a. Tell me to take a vitamin with folic acid
- b. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy
- c. Talk to me about how long to wait before getting pregnant again
- d. Talk to me about birth control methods I can use after giving birth
- e. Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®), NuvaRing® or condoms
- f. Insert an IUD (Mirena® ParaGard® or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®)
- g. Ask me if I was smoking cigarettes
- h. Ask me if someone was hurting me emotionally or physically
- i. Ask me if I was feeling down or depressed
- j. Test me for diabetes

Questionnaire Details

68. What is today's date?

Month/Day/Year

Social Support

62. Since you delivered your new baby, would you have the kinds of help listed below if you needed them? For each one, check **No** if you would not have it or **Yes** if you would.

No **Yes**

- a. Someone to loan me \$50
- b. Someone to help me if I were sick and needed to be in bed
- c. Someone to talk with about my problems
- d. Someone to take care of my baby
- e. Someone to help me if I were tired and feeling frustrated with my new baby

Stress

34. 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
- b. I got separated or divorced from my husband or partner
- c. I moved to a new address
- d. I was homeless or had to sleep outside, in a car, or in a shelter
- e. My husband or partner lost their job
- f. I lost my job even though I wanted to go on working
- g. My husband, partner, or I had a cut in work hours or pay
- h. I was apart from my husband or partner due to military deployment or extended work-related travel
- i. I argued with my husband or partner more than usual
- j. My husband or partner said they didn't want me to be pregnant
- k. I had problems paying the rent, mortgage, or other bills
- l. My husband, partner, or I went to jail
- m. Someone very close to me had a problem with drinking or drugs
- n. Someone very close to me died

Tobacco & Other Nicotine Products

Product Use

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

No

Yes

25. 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

26. 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

27. 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 using other tobacco products around the time of pregnancy.

E-cigarettes (electronic cigarettes) and other electronic nicotine vaping products (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.

A **hookah** is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

28. Have you used any of the following products in the *past 2 years*? For each item, check **No** if you did not use it, or **Yes** if you did.

No Yes

- a. E-cigarettes or other electronic nicotine products
- b. Hookah

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

More than once a day

Once a day

6 days a week

1 day a week or less

I did not use e-cigarettes or other nicotine-containing e-vaping products then

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

More than once a day

Once a day

6 days a week

1 day a week or less

I did not use e-cigarettes or other electronic nicotine products then