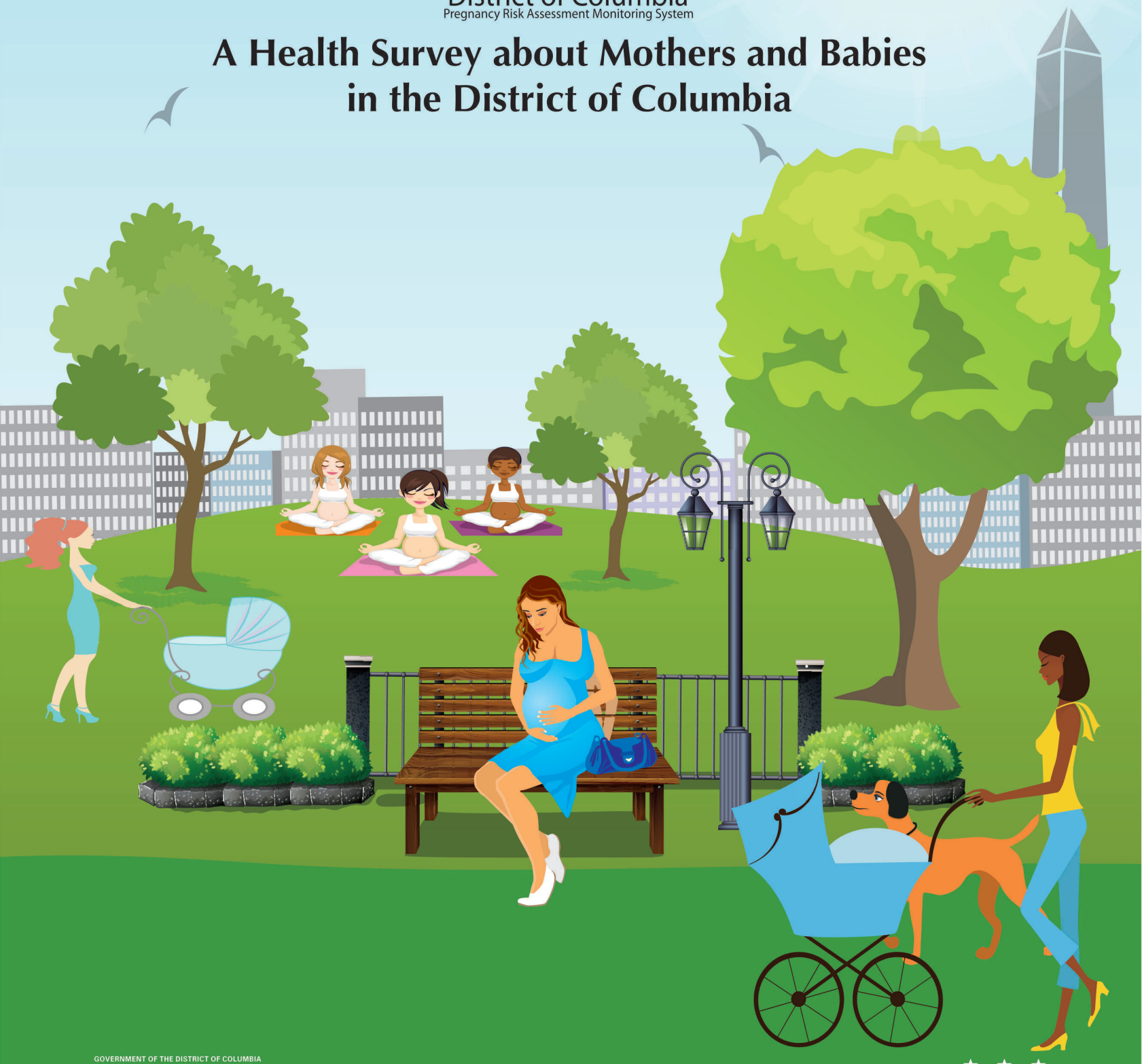
PRAMS

District of Columbia

Pregnancy Risk Assessment Monitoring System

A Health Survey about Mothers and Babies in the District of Columbia



GOVERNMENT OF THE DISTRICT OF COLUMBIA

DOH

DEPARTMENT OF HEALTH

Promote. Prevent. Protect.

With your help, more babies could be healthier

WE ARE WASHINGTON DC

Tear Hear

Important Information About PRAMS

Please Read Before Starting the Survey

- The Pregnancy Risk Assessment Monitoring System (PRAMS) is a research project sponsored by the Centers for Disease Control and Prevention and the DC Department of Health (DOH).
- The purpose of the study is to find out why some babies are born healthy and others are not.
- We are asking 1300 women in District of Columbia to answer the same questions. All of your names were picked by a computer from recent birth certificates.
- It takes about 15-20 minutes to answer all questions. Some questions may be sensitive, such as questions about smoking or drinking during pregnancy.
- You are free to do the survey or not. If you don't want to participate at all, or if you don't want to answer a particular question, that's okay. There is no penalty or loss of benefits for not participating or answering all questions.
- Your survey may be combined with information the health department has from other sources.
- If you choose to do the survey, your answers will be kept private to the extent allowed by law and will be used only for research. If you are currently in jail, your participation in the study will have no effect on parole.
- Your name will not be on any reports from PRAMS. The booklet has a number so we will know when it is returned.
- Your answers will be grouped with those from other women. What we learn from PRAMS will be used to plan programs to help mothers and babies in District of Columbia.
- If you have any questions about your rights in the project, please call Dr. Fern Johnson-Clarke at 1(855)-772-6732.

If you have questions about PRAMS, or if you want to answer the questions by telephone, please call Sandra Johnson, DC PRAMS Project Coordinator, at
855-PRAMSDC (855-772-6732)
The call is free.

District of Columbia
Pregnancy Risk Assessment Monitoring System

Questions Commonly Asked About PRAMS

What is PRAMS?

PRAMS (*P*regnancy *R*isk *A*ssessment *M*onitoring *S*ystem) is a joint research project between the DC Department of Health and the Centers for Disease Control and Prevention (CDC). Our purpose is to find out why some babies are born healthy and others are not. To do this, our questionnaire asks new mothers questions about their behaviors and experiences around the time of their pregnancy. Each year in DC there are hundreds of babies born with serious health problems. Many of these babies die. We need your help to find out why. No matter how your pregnancy went, your answers will help us learn more about ways to improve the chances for future mothers and babies in DC.

Will my answers be kept private?

Yes—all answers are kept completely private to the extent permitted by law. All answers given on the questionnaires will be grouped together to give us information on DC mothers of new babies. In reports from this survey, no woman will be identified by name.

How was I chosen to participate in PRAMS?

Your name was picked by chance, like in a lottery, from the state birth certificate registry. You are one of a small number of women who were chosen to help us in this study.

Is it really important that I answer these questions?

Yes! Because of the small number of mothers picked, it is important to have everyone's answers. Every pregnancy is different. To get a better overall picture of the health of mothers and babies in DC, we need each mother selected to answer the questions. From the information you give us, we may be able to improve health care for women and children in DC. We need to know what went *right* as well as what went wrong during your pregnancy. Your help is really important to the success of our program.

Some of the questions do not seem related to health care—why are they asked?

Many things in a mother's life may affect her pregnancy. These questions try to get the best picture of the new mother's health care and things that happened to her during pregnancy.

What if I want to ask more questions about PRAMS?

Please call us at our toll-free number 1(855) PRAMS-DC, and we will be happy to answer any other questions that you may have about PRAMS. If you prefer to complete the questionnaire over the telephone, please call us on the same number

Tear Hear

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

BEFORE PREGNANCY

The first questions are about *you*.

1. How tall are *you* without shoes?

_____ Feet _____ Inches

OR _____ Centimeters

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

_____ Pounds **OR** _____ Kilos

3. What is *your* date of birth?

_____ / _____ / _____

Month Day Year

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

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	❑	❑

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

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 → **Go to Page 2, Question 9**
- ❑ 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 <u>do</u> 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)	❑	❑

The next questions are about your *health insurance coverage* before, during, and after your pregnancy with your *new* baby.

9. During the *<u>month before</u>* 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
- ❑ DC Alliance
- ❑ Other health insurance → Please tell us: _____
- ❑ I did not have any health insurance during the *month before* I got pregnant

10. During your *<u>most recent pregnancy</u>*, 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
- ❑ DC Alliance
- ❑ Other health insurance → Please tell us: _____
- ❑ I did not have any health insurance 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
- ❑ DC Alliance
- ❑ Other health insurance → Please tell us:

  _____
- ❑ I do not have health insurance *now*

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

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.)

13. 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 → **Go to Question 15**

Go to Question 14

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

- ❑ No
- ❑ Yes → **Go to Page 4, Question 16**

15. Did any of these things keep you from getting prenatal care when you wanted it? For each item, check **No** if it did not keep you from getting prenatal care or **Yes** if it did.

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

If you did not get prenatal care, go to Page 4, Question 18.

16. *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	❑	❑

17. How did you feel about the prenatal care you got during *your most recent* pregnancy? If you went to more than one place for prenatal care, answer for the place where you got *most* of your care. For each item, check **No** if you were not satisfied or **Yes** if you were satisfied.

	No	Yes
a. The amount of time I had to wait	❑	❑
b. The amount of time the doctor, nurse, or midwife spent with me	❑	❑
c. The advice I got on how to take care of myself	❑	❑
d. The understanding and respect shown toward me as a person	❑	❑

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 have your teeth cleaned by a dentist or dental hygienist?

- ❑ No
- ❑ Yes

21. This question is about other care of your teeth *during your most recent* pregnancy. For each item, check **No** if it is not true or does not apply to you or **Yes** if it is true.

	No	Yes
a. I knew it was important to care for my teeth and gums during my pregnancy	❑	❑
b. A dental or other health care worker talked with me about how to care for my teeth and gums	❑	❑
c. I had insurance to cover dental care during my pregnancy	❑	❑
d. I needed to see a dentist for a **problem**	❑	❑
e. I went to a dentist or dental clinic about a **problem**	❑	❑

22. Did any of the following things make it hard for you to go to a dentist or dental clinic during *your most recent* pregnancy? For each item, check **No** if it was not something that made it hard for you or **Yes** if it was.

	No	Yes
a. I could not find a dentist or dental clinic that would take pregnant patients	❑	❑
b. I could not find a dentist or dental clinic that would take Medicaid patients	❑	❑
c. I did not think it was safe to go to the dentist during pregnancy	❑	❑
d. I could not afford to go to the dentist or dental clinic	❑	❑

23. 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	❑	❑

24. 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)	❑	❑
g. Water broke more than 3 weeks before my baby was due (preterm premature rupture of membranes [PPROM])	❑	❑
h. I had to have a blood transfusion	❑	❑
i. I was hurt in a car accident	❑	❑

25. During *your most recent* pregnancy, did a doctor, nurse, or other health care worker give you a series of weekly shots of a medicine called progesterone, Makena®, or 17P (17 alpha-hydroxyprogesterone) to try to keep your new baby from being born too early?

- ❑ No
- ❑ Yes
- ❑ I don't know

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

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

- ❑ No → **Go to Page 6, Question 30**
- ❑ Yes

27. 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

28. 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

29. 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

30. Does your husband or partner smoke inside your home?

- ❑ No
- ❑ Yes

31. Not including yourself or your husband or partner, does anyone else smoke cigarettes inside your home?

- ❑ No
- ❑ Yes

The next questions are about using other tobacco products around the time of pregnancy.

E-cigarettes (electronic cigarettes) and other electronic nicotine 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.

32. 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	❑	❑

If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 33. Otherwise, go to Question 35.

33. 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
- ❑ 2-6 days a week
- ❑ 1 day a week or less
- ❑ I did not use e-cigarettes or other electronic nicotine products then

34. 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
- ❑ 2-6 days a week
- ❑ 1 day a week or less
- ❑ I did not use e-cigarettes or other electronic nicotine products then

The next questions are about drinking alcohol around the time of pregnancy.

35. 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 37**
- ❑ Yes

36. 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

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

37. 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

38. 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	❑	❑
c. Another family member	❑	❑
d. Someone else	❑	❑

39. 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	❑	❑
c. Another family member	❑	❑
d. Someone else	❑	❑

40. During *your most recent* pregnancy, did any of the following things happen to you? For each thing, check **No** if it did not happen to you or **Yes** if it did.

	No	Yes
a. My husband or partner threatened me or made me feel unsafe in some way	❑	❑
b. I was frightened for my safety or my family's safety because of the anger or threats of my husband or partner	❑	❑
c. My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go	❑	❑
d. My husband or partner forced me to take part in touching or any sexual activity when I did not want to	❑	❑

AFTER PREGNANCY

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

41. When was your new baby born?

____ / ____ / 20____

Month Day Year

42. After your baby was delivered, how long did he or she stay in the hospital?

- ❑ Less than 24 hours (less than 1 day)
- ❑ 24 to 48 hours (1 to 2 days)
- ❑ 3 to 5 days
- ❑ 6 to 14 days
- ❑ More than 14 days
- ❑ My baby was not born in a hospital
- ❑ My baby is still in the hospital → **Go to Page 8, Question 45**

43. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 9, Question 54**
- ❑ Yes

Go to Page 8, Question 44

44. Is your baby living with you now?

- ❑ No → **Go to Question 54**
- ❑ Yes

45. *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:

_____

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

- ❑ No → **Go to Question 49**
- ❑ Yes

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

- ❑ No
- ❑ Yes → **Go to Question 49**

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

- ❑ Less than 1 week

_____ Weeks **OR** _____ Months

If your baby is still in the hospital, go to Question 54.

49. 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

50. 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 → **Go to Question 52**

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

- ❑ No
- ❑ Yes

52. 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)	❑	❑

53. 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	❑	❑

54. 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 → **Go to Question 56**

55. 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:

If you or your husband or partner is <u>not doing</u> anything to keep from getting pregnant *now*, go to Question 57.

56. 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:

57. *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 → **Go to Page 10, Question 59**
❑ Yes

Go to Page 10, Question 58

58. ***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®, Liletta®, 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	❑	❑

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

60. ***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

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

- ❑ No
- ❑ Yes

62. ***Since your new baby was born*, have any of the following things happened to you?** For each thing, check **No** if it did not happen to you or **Yes** if it did.

	No	Yes
a. My husband or partner threatened me or made me feel unsafe in some way	❑	❑
b. I was frightened for my safety or my family's safety because of the anger or threats of my husband or partner	❑	❑
c. My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go	❑	❑
d. My husband or partner forced me to take part in touching or any sexual activity when I did not want to	❑	❑

OTHER EXPERIENCES

The next questions are on a variety of topics.

63. Some of these things might happen to people during childhood. Childhood experiences may be important. Please tell us if any of these things ever happened to you from the time you were born through age 13.

	No	Yes
a. Most of the time, I had an adult who believed in me and who I could count on to help me	❑	❑
b. A parent or guardian I lived with got divorced or separated	❑	❑
c. We had to move because of problems paying the rent or mortgage	❑	❑
d. Someone in my family or I went hungry because we could not afford enough food	❑	❑
e. A parent or guardian got in trouble with the law or went to jail	❑	❑
f. A parent or guardian I lived with had a serious drinking or drug problem	❑	❑
g. I was in foster care (removed from my home by the court or child welfare agency)	❑	❑

64. Thinking back to your childhood through age 13, how often was it hard for your family to pay for basic needs like food or housing?

- ❑ Very often
- ❑ Somewhat often
- ❑ Not very often
- ❑ Never

65. *During the 12 months before your new baby was born,* how often did you experience discrimination, or harassment, or were made to feel inferior because of your race, ethnicity, or culture?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

66. During *your most recent* pregnancy, did you take or use any of the following drugs for any reason? Your answers are strictly confidential. For each item, check **No** if you did not use it or **Yes** if you did.

	No	Yes
a. Over-the-counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve®	❑	❑
b. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine	❑	❑
c. Adderall®, Ritalin® or another stimulant	❑	❑
d. Marijuana or hash	❑	❑
e. Synthetic marijuana (K2, Spice)	❑	❑
f. Methadone, naloxone, subutex, or Suboxone®	❑	❑
g. Heroin (smack, junk, black tar, *Chiva*)	❑	❑
h. Amphetamines (uppers, speed, crystal meth, crank, ice, *agua*)	❑	❑
i. Cocaine (crack, rock, coke, blow, snow, *nieve*)	❑	❑
j. Tranquilizers (downers, ludes)	❑	❑
k. Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts)	❑	❑
l. Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing)	❑	❑

67. How would you describe the time during *your most recent* pregnancy?

Check ONE answer

- ❑ One of the happiest times of my life
- ❑ A happy time with few problems
- ❑ A moderately hard time
- ❑ A very hard time
- ❑ One of the worst times of my life

68. During *your most recent* pregnancy, did you get any of these services? For each one, check **No** if you did not get the service and **Yes** if you did.

	No	Yes
a. Parenting classes	❑	❑
b. Counseling for depression or anxiety	❑	❑

69. *During* pregnancy, you probably had to get different kinds of health-related services. These may have included clinic visits, doctor's or nurse's office visits, applying for health insurance, applying for Medicaid, or getting help for a family problem.

Did you ever feel you were treated unfairly in getting these kinds of services because of any of the following? For each item, check **No** if you were not treated unfairly or **Yes** if you were treated unfairly.

		No	Yes
a.	My race, ethnicity, or culture	❑	❑
b.	My age	❑	❑
c.	The language I speak	❑	❑
d.	My citizenship	❑	❑
e.	My insurance or Medicaid status	❑	❑
f.	I felt unfairly treated for other reasons. Please tell us:	❑	❑

If your baby is not alive or is not living with you, go to Question 71.

70. *Since your new baby was born*, have you used any of these services? For each one, check **No** if you did not use the service or **Yes** if you did.

		No	Yes
a.	Parenting classes	❑	❑
b.	Counseling for depression or anxiety	❑	❑

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

72. Do you have one or more persons you think of as *your* personal doctor or nurse? A personal doctor or nurse is a health professional who is familiar with your health history. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

- ❑ No
- ❑ Yes

73. In what country were you born?

Check ONE answer

- ❑ United States → **Go to Question 75**
- ❑ Puerto Rico
- ❑ Other Country → Please tell us:

74. How old were you when you moved to the United States?

_____ Age in years

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

75. 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 to $100,000
- ❑ $100,001 to $120,000
- ❑ $120,001 or more

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

_____ People

77. What is today's date?

_____ / _____ / 20_____

Month Day Year

These next questions are about Zika virus. Zika virus infection is an illness that is most often spread by the bite of a mosquito but may also be spread by having sex with a man who has the Zika virus.

Z1. During *your most recent* pregnancy, how worried were you about getting infected with Zika virus? **Check ONE answer**

- ❑ Very worried
- ❑ Somewhat worried
- ❑ Not at all worried
- ❑ I had never heard of Zika virus during my most recent pregnancy → **Go to Page 14, Question Z5**

Z2. At any time during *your most recent* pregnancy, did you talk with a doctor, nurse, or other health care worker about Zika virus?

- ❑ No
- ❑ Yes, a health care worker talked with me without my asking about it
- ❑ Yes, a health care worker talked with me, but only AFTER I asked about it

Z3. During *your most recent* pregnancy, did you get a blood test for Zika virus?

- ❑ No
- ❑ Yes

The next questions are about travel during *your most recent* pregnancy.

Z4. During *your most recent* pregnancy, were you aware of recommendations that pregnant women should avoid travel to areas with Zika virus?

- ❑ No
- ❑ Yes

Z5. At any time during *your most recent* pregnancy, did you live or travel outside the 50 United States?

- ❑ No → **Go to Question Z9**
- ❑ Yes

Z6. When did you live or travel outside the 50 United States during *your most recent* pregnancy and for how long? It may help to use a calendar. If you can't remember the exact date, please just write down the month and year. If you took more than 2 trips, please fill in the information below for the FIRST two trips during your most recent pregnancy.

Trip Number 1

Location (country or territory): _____

First day of trip: ____ / ____ / 20____
Month Day Year

Length of stay (number of days): _____

Trip Number 2

Location (country or territory): _____

First day of trip: ____ / ____ / 20____
Month Day Year

Length of stay (number of days): _____

Z7. Did the place you lived in or travelled to have a tropical climate? These tend to be hot and humid places.

- ❑ No → **Go to Question Z9**
- ❑ Yes

Z8. How often did you do things to try to avoid mosquito bites while you were living in or traveling to the places you listed above? Some things that people do to avoid mosquito bites include wearing long-sleeved shirts and long pants, using mosquito repellant, and staying inside places with air conditioning or screened windows and doors.

- ❑ Every day
- ❑ Some days
- ❑ Never
- ❑ There were no mosquitoes

The last questions are about your husband or any male partner.

Z9. At any time in the *6 months before* your most recent pregnancy or *during* your pregnancy, did your husband or any male partner live or travel outside the 50 United States?

- ❑ No → **Go to Question Z11**
- ❑ Yes

Z10. Did the place your husband or any male partner lived in or travelled to have a tropical climate? These tend to be hot and humid places.

- ❑ No
- ❑ Yes
- ❑ I don't know

Z11. During *your most recent* pregnancy, how often did you use condoms when you had sex with your husband or any male partner?

- ❑ Every time → **Go to the end**
- ❑ Sometimes
- ❑ Never
- ❑ I didn't have sex during my pregnancy → **Go to the end**

Z12. What were your reasons for <u>not</u> using condoms during *your most recent* pregnancy?

Check ALL that apply

- ❑ I didn't think I needed to use condoms during pregnancy
- ❑ I didn't know you can get Zika virus from having sex
- ❑ I didn't think my husband or male partner had Zika virus
- ❑ I was not worried about getting Zika virus
- ❑ I didn't want to use condoms
- ❑ My husband or male partner didn't want to use condoms
- ❑ Other → Please tell us:

_____

Thank you for answering these questions! Your answers will help us learn more about how to keep pregnant women and their babies healthy.

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

Thanks for answering our questions!

Your answers will help us work to keep mothers and babies in the District of Columbia healthy.