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## Application for Access to New Hampshire PRAMS Data

### Overview:

The Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing population-based surveillance system that collects information on maternal characteristics, behaviors, and experiences that occur several months prior to conception, during pregnancy, and immediately following delivery. New Hampshire began collecting data using the PRAMS survey in 2013. Each month approximately 1 out of 12 New Hampshire resident women who have had a live birth in the preceding 2-6 months are randomly sampled from birth certificate records. Out of state births to New Hampshire residents are included in the sampling in order to assure that the sample is representative of our New Hampshire resident population. Questions on the survey include core questions developed by the CDC which are used on surveys in all participating states as well as some state-specific questions. For more information on methods: <https://www.dhhs.nh.gov/dphs/bchs/mch/prams.htm>

New Hampshire PRAMS de-identified data are released under a process governed by state statute RSA 91-A:10.

### Application Requirements:

- Submission of completed Application for Access to New Hampshire PRAMS Data Form including variables and years of data requested.
- Upon notification of approval of request by the NH PRAMS PI, applicants will be required to sign the [NH DHHS Data Use Agreement](#).

### Section A: Individual and Organization Requestor Information

Contact Person's Name and Title (name of person who will receive the data):
Organization:
Address:
Telephone Number:
Fax Number:
E-mail Address:
Principal Investigator or Overall Responsible Party's Name and Title:

Principal Investigator or Overall Responsible Party's Telephone Number:
Application Date:

**Section B: Summary of Research Study Protocol or Project Activities:**

Please submit a copy of your research/study/project protocol. Use as much space as you need below to answer the questions. If you are not using this electronic document, attach a separate document with numbered answers.

- 1. Title of study or project:**
  
- 2. Purpose of the study or project.** What is the hypothesis? How will this study benefit New Hampshire residents and/or contribute to general knowledge?
  
- 3. Requestor and Principal Investigator's professional qualifications and affiliation** (*briefly describe and attach resumes*)
  
- 4. Professional qualifications and affiliations of personnel.** Please describe all research and other staff who will have access to the confidential data. These include personnel, subcontractors, and affiliated agencies. (*briefly describe and attach resumes*)
  
- 5. Source of funds.** Please describe the source(s) and duration of all funding for the study (including in-kind contributions). Identification should include the name, address, and a contact number for the agency directly responsible for the funding, as well as identifying links to any umbrella organization.
  
- 6. Study background and design.** Please address the following points. Please note, an attached protocol shall not serve as a replacement for providing answers to the questions below:
  - Summarize the background, purposes, and origin of the research. What is the general problem or issue to be addressed by the research?
  
  - Based on the study goal(s) and design of the information to be collected, provide an outline of the study, topics of exploratory research or specific hypotheses to be tested, intended start and completion dates, and sampling or data collection methodology.

- Describe the study's case definition (demographics, medical criteria, geographic location, and other appropriate descriptions).

**7. Datasets request time period.** Please indicate the time period you require to retain the data for your project.

<i>Years Required for Project</i>

*Note: if your study anticipates requesting records into the future, please indicate final year that will be requested.*

- 8. Records requested.** You shall also refer to and complete a variable/element list form (**Section D.**) for each dataset requested.
- 9.**  Please indicate here if you intend to use PRAMS data linked to Vital Records data. Requests for Vital Records Data must be submitted separately through Health Statistics and Data Management: <http://www.dhhs.nh.gov/dphs/hsdm/requests.htm>
- 10. Data will be provided in a password-protected encrypted file that will be uploaded to a secure site on the NH sFTP site. Please indicate how you would like to receive the data (delimited text file, MS Access, SPSS, SAS, etc.):**
- 11. Data management and security.** Please describe, in detail, the methods used to store the confidential data, how privacy and confidentiality of the data will be maintained, and how the data will be destroyed at the end of the project. Data Recipients will be required to return the accompanying form with notarized signatures confirming that the data has been destroyed at the end of the period that data is required for your project

### Section C: Data Use Agreement

Please review the New Hampshire DHHS Data Use Agreement (DUA) which can be found at <http://www.dhhs.nh.gov/dphs/hsdm/documents/datauseagreement.pdf> . You will be asked to sign this document once your data request has been approved. By signing the DUA, you agree to the terms and conditions related to using protected health information for health related research purposes and any other terms the Vital Records Privacy Board for Health Related Research (Privacy Board) and the PRAMS Principal Investigator imposes as part of release of the data.

**Section D. Variables Requested for:**

**PRAMS Phase 7 Survey-2013-2015 birth years**  
**PRAMS Phase 8 Survey- 2016, 2017 birth years**

Q# refers to the corresponding survey question number for each survey phase. For copies of the NH PRAMS Survey with complete survey questions as well as information on years of data available visit the NH PRAMS Publication Page:  
<http://www.dhhs.nh.gov/dphs/bchs/mch/prams/prams-pubs.htm>

**Codebooks for each survey phase are available online:**  
<https://www.dhhs.nh.gov/dphs/hsdm/requests.htm>

**Please indicate years of data requested and check each variable requested for each survey phase in the tables below.**

**Note: There are separate variable tables for the Phase 7 and Phase 8 surveys.**

**Years of data requested:**

Phase 7:      2013               2014               2015   
 Phase 8:      2016               2017

<b>PHASE 7 SURVEY VARIABLE LIST- for birth years 2013, 2014, 2015</b>			
<b>Selection</b>	<b>Phase 7 (2013-2015) Q#</b>	<b>Variable</b>	<b>Description</b>
<input type="checkbox"/>	From 01, 02	MOM_BMIG_QX_REV	Moms Pre-pregnancy BMI
<input type="checkbox"/>	From 03	MAT_AGE_NAPHSIS	Maternal Age Group
<input type="checkbox"/>	04	PREV_LB	Previous -- live birth
<input type="checkbox"/>	05	PREV_LBW	Previous infant-- low birth weight
<input type="checkbox"/>	06	PREV_PRE	Previous infant-- premature
<input type="checkbox"/>	07a	PRE_DIET	Preconception dieting to lose weight
<input type="checkbox"/>	07b	PRE_EXER	Preconception physical activity 3x per week
<input type="checkbox"/>	07c	PRE_RX	Preconception taking prescription meds
<input type="checkbox"/>	07d	PRE_CKD	Preconception screened for diabetes
<input type="checkbox"/>	07e	PRE_CKBP	Preconception screened for high blood pressure
<input type="checkbox"/>	07f	PRE_DEPR	Preconception screened for depression/anxiety
<input type="checkbox"/>	07g	PRE_HIST	Preconception talked with HCW about family medical history
<input type="checkbox"/>	07h	PRE_DDS	Preconception had teeth cleaned
<input type="checkbox"/>	08a	INSWORK	Pre-pregnancy Insurance paid by -- job
<input type="checkbox"/>	08b	INSCOMP	Pre-pregnancy Insurance paid by -- purchase from company
<input type="checkbox"/>	08c	INSMED	Pre-pregnancy Insurance paid by -- Medicaid
<input type="checkbox"/>	08d	INSGOV	Pre-pregnancy Insurance paid by -- state specific other government

<b>PHASE 7 SURVEY VARIABLE LIST- for birth years 2013, 2014, 2015</b>			
<b>Selection</b>	<b>Phase 7 (2013-2015) Q#</b>	<b>Variable</b>	<b>Description</b>
<input type="checkbox"/>	08e	INSMIL	Pre-pregnancy Insurance paid by -- state specific TRICARE or military
<input type="checkbox"/>	08f	INSOTH	Pre-pregnancy Insurance paid by -- other
<input type="checkbox"/>	08g	INSTYPE	Pre-pregnancy Insurance paid by -- Other specified
<input type="checkbox"/>	08h	INSNONE	Pre-pregnancy Insurance paid by -- No insurance
<input type="checkbox"/>	From 8	INS_NUMB	The number of pre-pregnancy insurance options indicated by mother
<input type="checkbox"/>	09	VITAMIN	Preconception - vitamins or folic acid- # of times /wk
<input type="checkbox"/>	10	BPG_HLTH	Before pregnancy- advise about improving health
<input type="checkbox"/>	11a	BPG_DIAB	Before pregnancy-diagnosed with Type 1or 2 Diabetes
<input type="checkbox"/>	11b	BPG_HBP	Before pregnancy-diagnosed with Hypertension
<input type="checkbox"/>	11c	BPG_DEPRS	Before pregnancy- diagnosed with Depression
<input type="checkbox"/>	12	PGINTENT	Pregnancy -- intention
<input type="checkbox"/>	13	PGWAIT	Pregnancy -- when wanted
<input type="checkbox"/>	14	PREG_TRY	Pregnancy – trying
<input type="checkbox"/>	15	BC_WHEN4	Birth Control -- use when got pregnant
<input type="checkbox"/>	16a	NBC_MIND	No Birth Control -- didn't mind getting pregnant
<input type="checkbox"/>	16b	NBC_TIME	No Birth Control – though couldn't get pregnant at time
<input type="checkbox"/>	16c	NBC_SIDE	No Birth Control -- side effects
<input type="checkbox"/>	16d	NBC_GET	No Birth Control -- couldn't get
<input type="checkbox"/>	16e	NBC_STER	No Birth Control – thought husband/partner or self sterile
<input type="checkbox"/>	16f	NBC_HUSB	No Birth Control -- husband/partner didn't want
<input type="checkbox"/>	16g	NBC_MEM	No Birth Control – forgot to use
<input type="checkbox"/>	16h	NBC_OTH	No Birth Control -- other
<input type="checkbox"/>	16i	NBC_WHY	No Birth Control -- other specified
<input type="checkbox"/>	17a	PBC_PILL	Birth Control used when became pregnant -- pill
<input type="checkbox"/>	17b	PBC_COND	Birth Control used when became pregnant -- condoms
<input type="checkbox"/>	17c	PBC_SHT3	Birth Control used when became pregnant -- shots every 3 months
<input type="checkbox"/>	17d	PBC_IMPL	Birth Control used when became pregnant -- contraceptive implant
<input type="checkbox"/>	17e	PBC_PTRG	Birth Control used when became pregnant -- contraceptive patch/ring
<input type="checkbox"/>	17f	PBC_IUD	Birth Control used when became pregnant -- IUD
<input type="checkbox"/>	17g	PBC_RHYT	Birth Control used when became pregnant --rhythm
<input type="checkbox"/>	17h	PBC_PULL	Birth Control used when became pregnant -- withdrawal
<input type="checkbox"/>	17i	PBC_OTH	Birth Control used when became pregnant --other

<b>PHASE 7 SURVEY VARIABLE LIST- for birth years 2013, 2014, 2015</b>			
<b>Selection</b>	<b>Phase 7 (2013-2015) Q#</b>	<b>Variable</b>	<b>Description</b>
<input type="checkbox"/>	17j	PBC_WHAT	Birth Control used when became pregnant -- other specified
<input type="checkbox"/>	18	PNC_WKS	1st Prenatal Care visit --# weeks pregnant at first PNC visit
<input type="checkbox"/>	From 18	PNC_1TRM	Started Prenatal Care in 1 <sup>st</sup> trimester
<input type="checkbox"/>	From 18	PNCNO	Did not have prenatal care
<input type="checkbox"/>	19	ERLY6PNC	Prenatal Care – as early as wanted
<input type="checkbox"/>	20a	EP6APPT	Prenatal Care not early as desired – unable to get appt.
<input type="checkbox"/>	20b	EP6MONY	Prenatal Care not early as desired -- no insurance or unable to pay
<input type="checkbox"/>	20c	EP6TRAN	Prenatal Care not early as desired -- no transportation
<input type="checkbox"/>	20d	EP6START	Prenatal Care not early as desired – MD or health plan would not start when desired
<input type="checkbox"/>	20e	EP6BUSY	Prenatal Care not early as desired -- too busy
<input type="checkbox"/>	20f	EP6LEAVE	Prenatal Care not early as desired -- no leave time work or school
<input type="checkbox"/>	20g	EP6MEDI	Prenatal Care not early as desired -- no Medicaid card
<input type="checkbox"/>	20h	EP6CHLD	Prenatal Care not early as desired -- no child care
<input type="checkbox"/>	20i	EP6PREG	Prenatal Care not early as desired -- didn't know I was pregnant
<input type="checkbox"/>	20j	EP6SECR	Prenatal Care not early as desired – wanted to keep pregnancy secret
<input type="checkbox"/>	20k	EP6PNC	Prenatal Care not early as desired -- didn't want PNC
<input type="checkbox"/>	20l	EP6PRVDR	Prenatal Care not early as desired -- couldn't find provider to take Medicaid or other insurance
<input type="checkbox"/>	21a	PP_WORK	During pregnancy-Insurance paid by -- job
<input type="checkbox"/>	21b	PP_COMP	During pregnancy-Insurance paid by -- purchase from company
<input type="checkbox"/>	21c	PP_MEDIC	During pregnancy-Insurance paid by -- Medicaid
<input type="checkbox"/>	21d	PP_GOV	During pregnancy-Insurance paid by -- state specific other government
<input type="checkbox"/>	21e	PP_MILIT	During pregnancy-Insurance paid by -- state specific TRICARE or military
<input type="checkbox"/>	21f	PP_OTH	During pregnancy-Insurance paid by -- other
<input type="checkbox"/>	21g	PP_TYPE	During pregnancy-Insurance paid by -- Other specified
<input type="checkbox"/>	21h	PP_NONE	During pregnancy-Insurance paid by -- No insurance
<input checked="" type="checkbox"/>	From 21	PP_NUMB	The number of prenatal care health insurance options indicated by the mother
<input type="checkbox"/>	22a	TLK_WT	During prenatal visit-HCW talked about – amt. weight to gain
<input type="checkbox"/>	22b	TLK_SMK	During prenatal visit-HCW talked – about effect of smoking
<input type="checkbox"/>	22c	TLK_BF	During prenatal visit-HCW talked -breastfeeding

<b>PHASE 7 SURVEY VARIABLE LIST- for birth years 2013, 2014, 2015</b>			
<b>Selection</b>	<b>Phase 7 (2013-2015) Q#</b>	<b>Variable</b>	<b>Description</b>
<input type="checkbox"/>	22d	TLK_DRK	During prenatal visit-HCW talked – about effect of drinking alcohol
<input type="checkbox"/>	22e	TLK_BELT	During prenatal visit-HCW talked – about seatbelt use
<input type="checkbox"/>	22f	TLK_MEDS	During prenatal visit-HCW talked – about safe meds in pregnancy
<input type="checkbox"/>	22g	TLK_DRUG	During prenatal visit-HCW talked – about effect of illegal drugs
<input type="checkbox"/>	22h	TLK_BDEF	During prenatal visit-HCW talked – about birth defects tests
<input type="checkbox"/>	22i	TLK_PRET	During prenatal visit-HCW talked – about preterm labor signs
<input type="checkbox"/>	22j	TLK_HIVT	During prenatal visit-HCW talked -- about testing for HIV
<input type="checkbox"/>	22k	TLK_DPRS	During prenatal visit-HCW talked – about depression
<input type="checkbox"/>	22l	TLK_ABUS	During prenatal visit-HCW talked – about physical abuse
<input type="checkbox"/>	23	HIVTEST	HIV test -- had during pregnancy
<input type="checkbox"/>	24	FLUSHOT	Flu vaccine -- recommendation from health care workers
<input type="checkbox"/>	25	FLUPREG	Flu vaccine – received during 12 months before delivery
<input type="checkbox"/>	26a	FLU_MTH	Flu shot – what month received
<input type="checkbox"/>	26b	FLU_YR4	Flu shot – year received
<input type="checkbox"/>	From 26	FLUTRIM	Trimester Flu shot received
<input type="checkbox"/>	27a	DDS_CARE	Knew important to care for teeth/gums in pregnancy
<input type="checkbox"/>	27b	DDS_TALK	Dentist or HCW – talked about how to care for teeth
<input type="checkbox"/>	27c	DDS_CLN	Had teeth cleaned during pregnancy
<input type="checkbox"/>	27d	DDS_INS	Had dental insurance during pregnancy
<input type="checkbox"/>	27e	DDS_PROB	Needed to see dentist for problem during pregnancy
<input type="checkbox"/>	27f	DDSWENT	Went to see dentist for problem during pregnancy
<input type="checkbox"/>	28	PGS_BIRT	Childbirth classes to prepare for birth
<input type="checkbox"/>	29	VST_PREP	Home visitor to help prepare for baby during pregnancy
<input type="checkbox"/>	30	WIC_PREG	WIC – during pregnancy
<input type="checkbox"/>	31	PG_GDB	Gestational diabetes - this pregnancy
<input type="checkbox"/>	32	SMK2YRS	Smoked >=1 cigs last 2 yrs
<input type="checkbox"/>	33	SMK6_3B	Smoked during 3 months before pregnancy, # cigs/day (of those who smoked in last 2 years)
<input type="checkbox"/>	From 32&33	SMK63B_A	Indicator of whether mother smoked at all during 3 months before pregnancy
<input type="checkbox"/>	34	SMK6_3L	Smoked during last 3 months of pregnancy, # cigs/day (of those who smoked in last 2 years)
<input type="checkbox"/>	From 32&34	SMK63L_A	Number/percent of respondents who smoked in the last 3 months of pregnancy, <u>out of all respondents</u>
<input type="checkbox"/>	35	SMK6_3N	Smoke now, # cigs/day(of those who smoked in last 2 years)

<b>PHASE 7 SURVEY VARIABLE LIST- for birth years 2013, 2014, 2015</b>			
<b>Selection</b>	<b>Phase 7 (2013-2015) Q#</b>	<b>Variable</b>	<b>Description</b>
<input type="checkbox"/>	From 32&35	SMK6NW_A	Indicator for whether mother smokes at all at the current time (time of completing survey, 2-6 months postpartum), <u>of all respondents</u>
<input type="checkbox"/>	From 33,34	SMK6C_PG	Variable comparing smoking levels 3 months before pregnancy to the last 3 months of pregnancy
<input type="checkbox"/>	From 33,35	SMK6C_PP	Variable comparing smoking levels 3 months before pregnancy to current time
<input type="checkbox"/>	From 34,35	SMK6C_NW	Variable comparing smoking levels during the last 3 months of pregnancy to the current time
<input type="checkbox"/>	36	DRK_2YRS	Drank alcohol during last 2 years
<input type="checkbox"/>	37	DRK6_3B	Drank alcohol during 3 months before pregnancy, # drinks/wk, of those who drank in the last 2 years (36)
<input type="checkbox"/>	From 36&37	DRK63B_A	Indicator for whether the mother drank at all during the 3 months before pregnancy, <u>out of all respondents</u>
<input type="checkbox"/>	38	DRK6_3L	Drank alcohol during last 3 months of pregnancy,# drinks/wk, of those who drank in the last 2 years
<input type="checkbox"/>	From 36&38	DRK63L_A	Indicator for whether the mother drank at all during the last 3 months of pregnancy, <u>out of all respondents</u>
<input type="checkbox"/>	From 37,38	DRK6C_PG	Variable comparing drinking levels 3 months before pregnancy to the last 3 months of pregnancy
<input type="checkbox"/>	39a	STRS_FM3	Stress 12 months before delivery-- family member ill
<input type="checkbox"/>	39b	STRS_DV3	Stress 12 months before delivery -- divorce
<input type="checkbox"/>	39c	STRS_MOV	Stress 12 months before delivery -- moved
<input type="checkbox"/>	39d	STRSHOME	Stress 12 months before delivery -- homeless
<input type="checkbox"/>	39e	STRS_JOB	Stress 12 months before delivery -- husband/partner lost job
<input type="checkbox"/>	39f	STRS_WRK	Stress 12 months before delivery -- mom lost job
<input type="checkbox"/>	39g	STRS_PAY	Stress 12 months before delivery -- husband/partner/self-reduction in work/pay
<input type="checkbox"/>	39h	STRS_AWY	Stress 12 months before delivery -- apart from husband/partner- work related
<input type="checkbox"/>	39i	STRS_ARG	Stress 12 months before delivery – frequent arguing with husband /partner
<input type="checkbox"/>	39j	STRS_PG	Stress 12 months before delivery -- husband/partner did not want pregnancy
<input type="checkbox"/>	39k	STRS_BIL	Stress 12 months before delivery -- couldn't pay bills
<input type="checkbox"/>	39l	STRS_JL3	Stress 12 months before delivery -- husband/partner/self in jail
<input type="checkbox"/>	39m	STRS_DRG	Stress 12 months before delivery – close others had problems with drugs
<input type="checkbox"/>	39n	STRS_DH3	Stress 12 months before delivery – close other died

<b>PHASE 7 SURVEY VARIABLE LIST- for birth years 2013, 2014, 2015</b>			
<b>Selection</b>	<b>Phase 7 (2013-2015) Q#</b>	<b>Variable</b>	<b>Description</b>
<input type="checkbox"/>	From 39	STRS_TT3	Number of stressors indicated by mother
<input type="checkbox"/>	From 39	STRS_T_G	Number of stressors indicated by mother, grouped into categories
<input type="checkbox"/>	40	PAB6HUS	Abuse -- 12 months before pregnancy, husband/partner
<input type="checkbox"/>	41	PAD6HUS	Abuse -- during pregnancy, husband/partner
<input type="checkbox"/>	From 42	YY_DOB	Year infant born
<input type="checkbox"/>	43	INDUCE	Labor induced
<input type="checkbox"/>	44a	IND_INF	Reason induced -- water broke
<input type="checkbox"/>	44b	IND_DUE	Reason induced -- past due date
<input type="checkbox"/>	44c	IND_SIZE	Reason induced -- baby size
<input type="checkbox"/>	44d	IND_BBY	Reason induced -- baby not well
<input type="checkbox"/>	44e	IND_COMP	Reason induced -- complication
<input type="checkbox"/>	44f	IND_LABR	Reason induced -- labor stopped/not progressing
<input type="checkbox"/>	44g	IND_PLAN	Reason induced -- plan my delivery
<input type="checkbox"/>	44h	IND_DOC	Reason induced -- specific provider
<input type="checkbox"/>	44i	IND_OTH	Reason induced -- other reason
<input type="checkbox"/>	44j	IND_WHY	Reason induced -- other specified
<input type="checkbox"/>	45a	PGWT_GNU	Unit of pregnancy weight gain/lost
<input type="checkbox"/>	45b	PGWT_GN	Pregnancy weight gain/lost
<input type="checkbox"/>	46	INF_ICU	Infant in ICU -- at birth
<input type="checkbox"/>	47	LTH_HOSP	Hospital-- baby stay -- length of time
<input type="checkbox"/>	48	INFLIVES	Infant alive -- now
<input type="checkbox"/>	49	INFWMOM5	Infant living -- with mom
<input type="checkbox"/>	50	BF5EVER	Breastfed -- ever
<input type="checkbox"/>	51	BF5STILL	Breastfeeding -- still
<input type="checkbox"/>	52a	BF5LNGTU	Breastfeeding duration – wks./months
<input type="checkbox"/>	52b	BF5LNGTH	Breastfeeding duration -- length of time
<input type="checkbox"/>	From 52a,b	BF5WEEKS	Length of breastfeeding in weeks; at time mom completes survey
<input type="checkbox"/>	53a	BFC5DIFF	Breastfeeding continuation barriers -- difficulty latching
<input type="checkbox"/>	53b	BFC5SAT	Breastfeeding continuation barriers -- milk didn't satisfy
<input type="checkbox"/>	53c	BFC5WT	Breastfeeding continuation barriers—baby not gaining weight
<input type="checkbox"/>	53d	BFC5SORE	Breastfeeding continuation barriers -- nipples sore
<input type="checkbox"/>	53e	BFC6HARD	Breastfeeding continuation barriers -- Too hard, painful, time consuming
<input type="checkbox"/>	53f	BFC5MILK	Breastfeeding continuation barriers -- not producing enough milk

<b>PHASE 7 SURVEY VARIABLE LIST- for birth years 2013, 2014, 2015</b>			
<b>Selection</b>	<b>Phase 7 (2013-2015) Q#</b>	<b>Variable</b>	<b>Description</b>
<input type="checkbox"/>	53g	BFC5HOME	Breastfeeding continuation barriers –too many household duties
<input type="checkbox"/>	53h	BFC5STOP	Breastfeeding continuation barriers -- right time to stop
<input type="checkbox"/>	53i	BFC5ILLM	Breastfeeding continuation barriers -- mom sick
<input type="checkbox"/>	53j	BFC5WORK	Breastfeeding continuation barriers – return to work/school
<input type="checkbox"/>	53k	BFC5JAUN	Breastfeeding continuation barriers –baby jaundiced
<input type="checkbox"/>	53l	BFC5OTH	Breastfeeding continuation barriers -- other
<input type="checkbox"/>	53m	BFC5WHY	Breastfeeding continuation barriers -- other specified
<input type="checkbox"/>	54a	BFH6INFO	Breastfeeding experiences in hospital-- staff gave info
<input type="checkbox"/>	54b	BFH6ROOM	Breastfeeding experiences in hospital – baby stayed in hospital room
<input type="checkbox"/>	54c	BFH6HELP	Breastfeeding experiences in hospital -- staff helped learn
<input type="checkbox"/>	54d	BFH6HOUR	Breastfeeding experiences in hospital -- fed in 1st hour
<input type="checkbox"/>	54e	BFH6BFED	Breastfeeding experiences in hospital -- baby fed in hospital
<input type="checkbox"/>	54f	BFH6ONLY	Breastfeeding experiences in hospital -- fed only breast milk
<input type="checkbox"/>	54g	BFH6WHEN	Breastfeeding experiences in hospital – staff told mom to feed on demand
<input type="checkbox"/>	54h	BFH6PUMP	Breastfeeding experiences in hospital – staff gave breast pump
<input type="checkbox"/>	54i	BFH6GIFT	Breastfeeding experiences in hospital –Staff gave gift pack w/ formula
<input type="checkbox"/>	54j	BFH6FONE	Breastfeeding experiences in hospital -- help phone #
<input type="checkbox"/>	54k	BFH7PACI	Breastfeeding experiences in hospital -- staff gave baby pacifier
<input type="checkbox"/>	55a	PP_BF	Postpartum HCW talked about -- info about breastfeeding
<input type="checkbox"/>	55b	PP_PREG	Postpartum HCW talked about – how long to wait before getting pregnant again
<input type="checkbox"/>	55c	PP_BC	Postpartum HCW talked about – birth control methods
<input type="checkbox"/>	55d	PP_DEPRS	Postpartum HCW talked about – postpartum depression
<input type="checkbox"/>	55e	PP_SUPRT	Postpartum HCW talked about -- support groups
<input type="checkbox"/>	55f	PP_RES	Postpartum HCW talked about – community resources
<input type="checkbox"/>	55g	PP_WT	Postpartum HCW talked about – returning to and maintaining healthy weight
<input type="checkbox"/>	55h	PP_SHAKE	Postpartum HCW talked about –what happens if baby shaken
<input type="checkbox"/>	55i	PP_QUIET	Postpartum HCW talked about – how to quiet baby
<input type="checkbox"/>	55j	PP_HURT	Postpartum HCW talked about – if someone is hurting you
<input type="checkbox"/>	56	SLEEPPOS	Sleeping position -- baby
<input type="checkbox"/>	57	VST_CARE	Health worker visit to help care for self/baby
<input type="checkbox"/>	58	BC_NOW4	Postpartum birth control -- using now

<b>PHASE 7 SURVEY VARIABLE LIST- for birth years 2013, 2014, 2015</b>			
<b>Selection</b>	<b>Phase 7 (2013-2015) Q#</b>	<b>Variable</b>	<b>Description</b>
<input type="checkbox"/>	59a	BCB_NSEX	Postpartum reasons for no birth control -- abstinence
<input type="checkbox"/>	59b	BCB_PREG	Postpartum reasons for no birth control -- want to get pregnant
<input type="checkbox"/>	59c	BCB_WANT	Postpartum reasons for no birth control -- didn't want to use
<input type="checkbox"/>	59d	BCB_SIDE	Postpartum reasons for no birth control --concern side effects
<input type="checkbox"/>	59e	BCB_HUSB	Postpartum reasons for no birth control -- husband/partner didn't want to use
<input type="checkbox"/>	59f	BCB_PROB	Postpartum reasons for no birth control -- problems getting when needed
<input type="checkbox"/>	59g	BCB_TUBE	Postpartum reasons for no birth control -- tubes tied/blocked
<input type="checkbox"/>	59h	BCB_VASE	Postpartum reasons for no birth control -- husband/partner vasectomy
<input type="checkbox"/>	59i	BCB_PNOW	Postpartum reasons for no birth control -- pregnant now
<input type="checkbox"/>	59j	BCB_OTH	Postpartum reasons for no birth control -- other
<input type="checkbox"/>	59k	BCB_WHAT	Postpartum reasons for no birth control -- other specified
<input type="checkbox"/>	60a	BCP_TUBE	Birth control postpartum -- tubes tied
<input type="checkbox"/>	60b	BCP_VASE	Birth control postpartum -- vasectomy
<input type="checkbox"/>	60c	BCP_PILL	Birth control postpartum -- pill
<input type="checkbox"/>	60d	BCP_COND	Birth control postpartum -- condoms
<input type="checkbox"/>	60e	BCP_SHT3	Birth control postpartum -- shots every 3 months
<input type="checkbox"/>	60f	BCP_IMPL	Birth control postpartum -- contraceptive implant
<input type="checkbox"/>	60g	BCP_PTRG	Birth control postpartum -- contraceptive patch/ring
<input type="checkbox"/>	60h	BCP_IUD	Birth control postpartum -- IUD
<input type="checkbox"/>	60i	BCP_RHYT	Birth control postpartum -- rhythm
<input type="checkbox"/>	60j	BCP_PULL	Birth control postpartum -- withdrawal
<input type="checkbox"/>	60k	BCP_NSEX	Birth control postpartum -- abstinence
<input type="checkbox"/>	60l	BCP_OTH	Birth control postpartum method -- other
<input type="checkbox"/>	60m	BCP_WHAT	Birth control postpartum method -- other specified
<input type="checkbox"/>	61	PPV_CHK	Postpartum -- checkup for self
<input type="checkbox"/>	62	MH_PPDPR	Depression since birth
<input type="checkbox"/>	63	MH_PPINT	No interest in usual activities since birth
<input type="checkbox"/>	From 62,63	PP_DEPRESS	Summary measure of postpartum depression-answered "always" or "often" to Q62 or Q63
<input type="checkbox"/>	64a	HI_WORK	Postpartum insurance paid by -- job
<input type="checkbox"/>	64b	HI_COMP	Postpartum insurance paid by -- purchase from company
<input type="checkbox"/>	64c	HI_MEDIC	Postpartum insurance paid by -- Medicaid
<input type="checkbox"/>	64d	HI_GOV	Postpartum insurance paid by -- state specific other government

<b>PHASE 7 SURVEY VARIABLE LIST- for birth years 2013, 2014, 2015</b>			
<b>Selection</b>	<b>Phase 7 (2013-2015) Q#</b>	<b>Variable</b>	<b>Description</b>
<input type="checkbox"/>	64e	HI_MILIT	Postpartum insurance paid by -- state specific TRICARE or military
<input type="checkbox"/>	64f	HI_OTH	Postpartum insurance paid by -- other
<input type="checkbox"/>	64g	HI_TYPE	Postpartum insurance paid by -- other specified
<input type="checkbox"/>	64h	HI_NONE	Postpartum insurance paid by -- no insurance
<input type="checkbox"/>	65	HS_WATER	Get house tap water from private system
<input type="checkbox"/>	66	HS_WTRTST	12 months before delivery provider recommended --test household water for arsenic
<input type="checkbox"/>	67	WELLTST	Had well tested for arsenic during 12 months before delivery
<input type="checkbox"/>	68a	SMKA_STP	Among smokers—advice during prenatal care visits -- how to quit
<input type="checkbox"/>	68b	SMKA_DAT	Among smokers—advice during prenatal care visits – set date to quit
<input type="checkbox"/>	68c	SMKA_CLS	Among smokers—advice during prenatal care visits -- suggest class
<input type="checkbox"/>	68d	SMKA_BK	Among smokers—advice during prenatal care visits – provided booklets/videos
<input type="checkbox"/>	68e	SMKA_HLP	Among smokers—advice during prenatal care visits – refer to counseling
<input type="checkbox"/>	68f	SMKA_FAM	Among smokers—advice during prenatal care visits – ask about family support
<input type="checkbox"/>	68g	SMKA_CAL	Among smokers—advice during prenatal care visits -- refer to quit line
<input type="checkbox"/>	68h	SMKA_GUM	Among smokers—advice during prenatal care visits -- use nicotine gum
<input type="checkbox"/>	68i	SMKA_PAT	Among smokers—advice during prenatal care visits -- use nicotine patch
<input type="checkbox"/>	68j	SMKA_SPY	Among smokers—advice during prenatal care visits -- use spray/inhaler
<input type="checkbox"/>	68k	SMKA_PIL	Among smokers—advice during prenatal care visits -- use pill
<input type="checkbox"/>	69a	SAF_BCPR	Safety -- I know baby CPR
<input type="checkbox"/>	69b	SAF_SMOK	Safety -- home has working smoke alarm
<input type="checkbox"/>	69c	SAF_MTRL	Safety -- always keeps supplies out of reach
<input type="checkbox"/>	69d	SAF_RFST	Safety -- baby rides in rear-facing seat
<input type="checkbox"/>	69e	SAF_PSN	Safety -- poison Control number accessible
<input type="checkbox"/>	69f	SAF_CMAL	Safety -- home has carbon monoxide alarm
<input type="checkbox"/>	69g	SAF_BWTR	Safety -- new baby always supervised around water
<input type="checkbox"/>	69h	SFT_FRARM	Safety -- loaded firearms in home
<input type="checkbox"/>	69i	SFT_STBLT	Safety -- seatbelt used during pregnancy

<b>PHASE 7 SURVEY VARIABLE LIST- for birth years 2013, 2014, 2015</b>			
<b>Selection</b>	<b>Phase 7 (2013-2015) Q#</b>	<b>Variable</b>	<b>Description</b>
<input type="checkbox"/>	70	SLPWBBY	Sleep -- someone with baby
<input type="checkbox"/>	71	TXT_MESG	Send/receive text on cell phone
<input type="checkbox"/>	72a	INF_ITRNT	Source for pregnancy info -- Internet
<input type="checkbox"/>	72b	INF_TEXT	Source for pregnancy info -- Text messages
<input type="checkbox"/>	72c	INF_EMAIL	Source for pregnancy info -- Email
<input type="checkbox"/>	72d	INF_TWITR	Source for pregnancy info -- Twitter
<input type="checkbox"/>	72e	INF_FB	Source for pregnancy info -- Facebook
<input type="checkbox"/>	72f	INF_FORUM	Source for pregnancy info -- Online discussion forum
<input type="checkbox"/>	72g	INF_F2F	Source for pregnancy info -- Face to face
<input type="checkbox"/>	72h	INF_MAG	Source for pregnancy info -- Magazine
<input type="checkbox"/>	72i	INF_PAPER	Source for pregnancy info -- Newspaper
<input type="checkbox"/>	72j	INF_BOOK	Source for pregnancy info -- Book
<input type="checkbox"/>	72k	INF_RADIO	Source for pregnancy info -- Radio
<input type="checkbox"/>	72l	INF_VIDEO	Source for pregnancy info -- Video
<input type="checkbox"/>	72m	INF_OTH	Source for pregnancy info -- Other sources
<input type="checkbox"/>	72n	INF_WHAT	Source for pregnancy info -- Other sources specified
<input type="checkbox"/>	73	INCOME7	Income -- 12 months before delivery, total income
<input type="checkbox"/>	74	INC_NDEP	Income—number depending on income 12 month before
<input type="checkbox"/>		INFQ_AGE	Age of infant at time questionnaire completed, in days

<b>PHASE 8 PRAMS SURVEY VARIABLE LIST-for birth years 2016+</b>			
<b>Selection</b>	<b>Phase 8 (2016+)Q#</b>	<b>Variable</b>	<b>Description</b>
<input type="checkbox"/>	From 01, 02	MOM_BMIG_QX_REV	Moms Pre-pregnancy BMI
<input type="checkbox"/>	From 03	MAT_AGE_NAPHSIS	Maternal Age Group
<input type="checkbox"/>	04	BPG_DIAB8	Health problem – Diabetes before pregnancy
<input type="checkbox"/>	04b	BPG_HBP8	Health problem – High blood pressure before pregnancy
<input type="checkbox"/>	04c	BPG_DEPRS8	Health problem – Depression before pregnancy
<input type="checkbox"/>	05	VITAMIN	Multivitamin -- # of times /wk., month before pregnancy
<input type="checkbox"/>	06	PRE_VIST	Pre pregnancy--health care visit
<input type="checkbox"/>	07a	TYP_DOCT	Pre pregnancy--Health care type--checkup with family Dr.
<input type="checkbox"/>	07b	TYP_OBGN	Pre pregnancy--Health care type--checkup with my OB/GYN
<input type="checkbox"/>	07c	TYP_ILLN	Pre pregnancy--Health care type--visit for illness
<input type="checkbox"/>	07d	TYP_INJR	Pre pregnancy--Health care type--visit for injury
<input type="checkbox"/>	07e	TYP_BC	Pre pregnancy--Health care type--visit for family planning/birth control

<b>PHASE 8 PRAMS SURVEY VARIABLE LIST-for birth years 2016+</b>			
<b>Selection</b>	<b>Phase 8 (2016+)Q#</b>	<b>Variable</b>	<b>Description</b>
<input type="checkbox"/>	07f	TYP_MH	Pre pregnancy--Health care type--visit for depression or anxiety
<input type="checkbox"/>	07g	TYP_DDS	Pre pregnancy--Health care type--visit with dentist
<input type="checkbox"/>	07h	TYP_OTHR	Pre pregnancy--Health care type--other
<input type="checkbox"/>	07i	TYP_WHAT	Pre pregnancy--Health care type--other specified
<input type="checkbox"/>	08a	PRE_VIT	Pre-pregnancy – provider advised taking folic acid
<input type="checkbox"/>	08b	PRE_WT	Pre-pregnancy – provider talked about healthy weight
<input type="checkbox"/>	08c	PRE_MORB	Pre-pregnancy- provider talked about -control med conditions
<input type="checkbox"/>	08d	PRE_KIDS	Pre-pregnancy -- provider asked- want to have kids
<input type="checkbox"/>	08e	PRE_PRBC	Pre-pregnancy -- provider talked about birth control to prevent pregnancy
<input type="checkbox"/>	08f	PRE_HLTH	Pre-pregnancy-- provider talked about how to improve health before pregnancy
<input type="checkbox"/>	08g	PRE_STI	Pre-pregnancy – provider talked about STIs
<input type="checkbox"/>	08h	PRE_SMK	Pre-pregnancy –provider asked if smoking
<input type="checkbox"/>	08i	PRE_ABUS	Pre-pregnancy –provider asked if -hurt emotional/physical
<input type="checkbox"/>	08j	PRE_MHDP	Pre-pregnancy –provider asked if feeling down/depressed
<input type="checkbox"/>	08k	PRE_WORK	Pre-pregnancy – provider asked about kind of work
<input type="checkbox"/>	08l	PRE_HIVT	Pre-pregnancy -- tested for HIV
<input type="checkbox"/>	09a	INSWORK8	Pre-pregnancy-Insurance paid by -- job
<input type="checkbox"/>	09b	INSPAR	Pre-pregnancy-Insurance paid by -- parent
<input type="checkbox"/>	09c	INSHCEX	Pre-pregnancy-Insurance paid by -- Health Care Exchange
<input type="checkbox"/>	09d	INSMED	Pre-pregnancy-Insurance paid by -- Medicaid
<input type="checkbox"/>	09e	INSGOV	Pre-pregnancy-Insurance paid by -- <state specific other state plan>
<input type="checkbox"/>	09f	INSMIL	Pre-pregnancy-Insurance paid by -- <state specific TRICARE or military>
<input type="checkbox"/>	09g	INSOTH	Pre-pregnancy-Insurance paid by -- other
<input type="checkbox"/>	09h	INSTYPE	Pre-pregnancy-Insurance paid by -- Other specified
<input type="checkbox"/>	09i	INSNONE	Pre-pregnancy-Insurance paid by -- No insurance
<input type="checkbox"/>	From 9	INSNUMB	The number of pre-pregnancy health insurance options indicated by the mother
<input type="checkbox"/>	10a	PP8_NOPNC	During pregnancy – didn't have any PNC
<input type="checkbox"/>	10b	PP8_WORK	During pregnancy-Insurance paid by -- job
<input type="checkbox"/>	10c	PP8_PAR	During pregnancy-Insurance paid by -- parent
<input type="checkbox"/>	10d	PP8_HCEX	During pregnancy-Insurance paid by -- Health Care Exchange
<input type="checkbox"/>	10e	PP_MEDIC	During pregnancy-Insurance paid by -- Medicaid

<b>PHASE 8 PRAMS SURVEY VARIABLE LIST-for birth years 2016+</b>			
<b>Selection</b>	<b>Phase 8 (2016+)Q#</b>	<b>Variable</b>	<b>Description</b>
<input type="checkbox"/>	10f	PP_GOV	During pregnancy-Insurance paid by -- <state specific other state plan>
<input type="checkbox"/>	10g	PP_MILIT	During pregnancy-Insurance paid by -- <state specific TRICARE or military>
<input type="checkbox"/>	10h	PP_OTH	During pregnancy-Insurance paid by -- other
<input type="checkbox"/>	10i	PP_TYPE	During pregnancy-Insurance paid by -- Other specified
<input type="checkbox"/>	10j	PP_NONE	During pregnancy-Insurance paid by -- No insurance
<input type="checkbox"/>	From 10	PP_NUMB	The number of prenatal care health insurance options indicated by the mother
<input type="checkbox"/>	11a	HI_WORK8	Postpartum-Insurance paid by -- job
<input type="checkbox"/>	11b	HI_PAR	Postpartum-Insurance paid by -- parent
<input type="checkbox"/>	11c	HI_HCEX	Postpartum-Insurance paid by -- Health Care Exchange
<input type="checkbox"/>	11d	HI_MEDIC	Postpartum-Insurance paid by -- Medicaid
<input type="checkbox"/>	11e	HI_GOV	Postpartum-Insurance paid by -- <state specific other government>
<input type="checkbox"/>	11f	HI_MILIT	Postpartum -Insurance paid by -- <state specific TRICARE or military>
<input type="checkbox"/>	11g	HI_OTH	Postpartum-Insurance paid by -- other
<input type="checkbox"/>	11h	HI_TYPE	Postpartum-Insurance paid by -- Other specified
<input type="checkbox"/>	11i	HI_NONE	Postpartum-Insurance paid by -- No insurance
<input type="checkbox"/>	12	PGINTENT	Pregnancy intention
<input type="checkbox"/>	13a	PNC_1STU	1st Prenatal Care visit -- weeks/months
<input type="checkbox"/>	From 13a	PNC_WKS	Number of weeks pregnant at time of first visit for prenatal care-conversion made from weeks and months(PNC_1STU)
<input type="checkbox"/>	13b	PNC_1ST	1st PNC visit -- number
<input type="checkbox"/>	From 13	PNC_1TRM	Started prenatal care in 1 <sup>st</sup> trimester
<input type="checkbox"/>	From 13	PNCNO	Did not have prenatal care
<input type="checkbox"/>	14a	TLK_WT	During PNC visit HCW ask – if knew how much weight should gain
<input type="checkbox"/>	14b	ASK_MEDS	During PNC visit Health Care Worker ask – if taking prescription meds
<input type="checkbox"/>	14c	TLK_CIGS	During PNC visit HCW ask -- if smoking cigs
<input type="checkbox"/>	14d	TLK_ETOH	During PNC visit HCW ask -- if drinking alcohol
<input type="checkbox"/>	14e	ASK_ABUS	During PNC visit HCW ask – if hurt emotional/physical
<input type="checkbox"/>	14f	ASK_DPRS	During PNC visit HCW ask -- if down/depressed
<input type="checkbox"/>	14g	ASK_DRUG	During PNC visit HCW ask – if using drugs
<input type="checkbox"/>	14h	ASK_HIVT	During PNC visit HCW ask – if want HIV test
<input type="checkbox"/>	14i	ASK_BF	During PNC visit HCW ask – if plan to breastfeed

<b>PHASE 8 PRAMS SURVEY VARIABLE LIST-for birth years 2016+</b>			
<b>Selection</b>	<b>Phase 8 (2016+)Q#</b>	<b>Variable</b>	<b>Description</b>
<input type="checkbox"/>	14j	ASK_PPBC	During PNC visit HCW ask – if plan to use birth control postpartum
<input type="checkbox"/>	15	FLUSHOT	Flu vaccine – offer or advice to get from care workers
<input type="checkbox"/>	16	FLUPREG	Flu vaccine – received 12 months before delivery
<input type="checkbox"/>	17	PG_TDAP8	Receive Tdap vaccination
<input type="checkbox"/>	18	DDS_CLN	DDS – had teeth cleaned during pregnancy
<input type="checkbox"/>	19a	DDS_CARE	DDS –mom knew important to care for teeth/gums
<input type="checkbox"/>	19b	DDS_TALK	DDS -- dental talk about how to care for teeth/gums
<input type="checkbox"/>	19c	DDS_INS	DDS –had dental insurance
<input type="checkbox"/>	19d	DDS_PROB	DDS -- needed to see dentist for problem
<input type="checkbox"/>	19e	DDSWENT	DDS -- went to dentist for problem
<input type="checkbox"/>	20a	DDS_CAV	DDS – had cavities
<input type="checkbox"/>	20b	DDS_GUM	DDS -- painful, red, swollen gums
<input type="checkbox"/>	20c	DDS_ACHE	DDS – had toothache
<input type="checkbox"/>	20d	DDS_PULL	DDS – had tooth pulled
<input type="checkbox"/>	20e	DDS_INJ	DDS – had injury to mouth, teeth, gums
<input type="checkbox"/>	20f	DDS_OTH	DDS – other dental problems
<input type="checkbox"/>	20g	DDS_WHAT	DDS -- other specified
<input type="checkbox"/>	21a	DDS_ACPT8	DDS – barriers- hard to find dentist/clinic taking preg patients
<input type="checkbox"/>	21b	DDS_MEDI8	DDS -- barriers- hard to find dentist/clinic taking Medicaid patients
<input type="checkbox"/>	21c	DDS_SAFE8	DDS – barriers-didn't think it was safe to go to dentist during pregnancy
<input type="checkbox"/>	21d	DDS_COST8	DDS – barriers-couldn't afford to go
<input type="checkbox"/>	22	WIC_PREG	WIC—enrolled during pregnancy
<input type="checkbox"/>	23a	PG_GDB8	Health problem during pregnancy -- Diabetes
<input type="checkbox"/>	23b	MORB_BP8	Health problem during pregnancy – High Blood Pressure
<input type="checkbox"/>	23c	MH_PGDX8	Health problem during pregnancy -- Depression
<input type="checkbox"/>	23d	PG8_LYME	Health problem during pregnancy – Lyme disease
<input type="checkbox"/>	24	MH_PGHP8	MH – Asked for help for depression during pregnancy
<input type="checkbox"/>	25	PREMSHOT	Weekly shots 17P
<input type="checkbox"/>	26	SMK2YRS	SMK -- >=1 cigs last 2 yrs.
<input type="checkbox"/>	27	SMK6_3B	Smoked during 3 months before pregnancy, # cigs/day (of those who smoked in last 2 years)
<input type="checkbox"/>	From 26 and 27	SMK63B_A	Indicator of whether mother smoked at all during 3 months before pregnancy, <u>out of all respondents</u>
<input type="checkbox"/>	28	SMK6_3L	Smoked during last 3 months of pregnancy, # cigs/day (of those who smoked in last 2 years)

<b>PHASE 8 PRAMS SURVEY VARIABLE LIST-for birth years 2016+</b>			
<b>Selection</b>	<b>Phase 8 (2016+)Q#</b>	<b>Variable</b>	<b>Description</b>
<input type="checkbox"/>	From 26 and 28	SMK63L_A	Number/percent of respondents who smoked in the last 3 months of pregnancy, <u>out of all respondents</u>
<input type="checkbox"/>	29	PNCQTSMK	SMK -- advice/stop during prenatal care visits
<input type="checkbox"/>	30a	SMKA_STP	Among smokers—advice during prenatal care visits -- how to quit
<input type="checkbox"/>	30b	SMKA_DAT	Among smokers—advice during prenatal care visits – set date to quit
<input type="checkbox"/>	30c	SMKA_CLS	Among smokers—advice during prenatal care visits -- suggest class
<input type="checkbox"/>	30d	SMKA_BK	Among smokers—advice during prenatal care visits – provided booklets/videos
<input type="checkbox"/>	30e	SMKA_HLP	Among smokers—advice during prenatal care visits – refer to counseling
<input type="checkbox"/>	30f	SMKA_FAM	Among smokers—advice during prenatal care visits – ask about family support
<input type="checkbox"/>	30g	SMKA_CAL	Among smokers—advice during prenatal care visits -- refer to quit line
<input type="checkbox"/>	30h	SMKA_GUM	Among smokers—advice during prenatal care visits -- use nicotine gum
<input type="checkbox"/>	30i	SMKA_PAT	Among smokers—advice during prenatal care visits -- use nicotine patch
<input type="checkbox"/>	30j	SMKA_SPY	Among smokers—advice during prenatal care visits -- use spray/inhaler
<input type="checkbox"/>	30k	SMKA_ZYBN	Among smokers -during prenatal care visits provider prescribed pill - Zyban
<input type="checkbox"/>	30l	SMKA_CHNX	Among smokers -during prenatal care visits provider prescribed pill- Chantix
<input type="checkbox"/>	31	SMK6_3N	Smoke now, # cigs/day(of those who smoked in last 2 years)
<input type="checkbox"/>	From 26 and 31	SMK6NW_A	Indicator for whether mother smokes at all at the current time (time of completing survey, 2-6 months postpartum), of all respondents
<input type="checkbox"/>	From 27,28	SMK6C_PG	Variable comparing smoking levels 3 months before pregnancy to the last 3 months of pregnancy
<input type="checkbox"/>	From 27,31	SMK6C_PP	Variable comparing smoking levels 3 months before pregnancy to current time
<input type="checkbox"/>	From 28,31	SMK6C_NW	Variable comparing smoking levels during the last 3 months of pregnancy to the current time
<input type="checkbox"/>	32	SMK_NWRL	Smoking rules inside house-now
<input type="checkbox"/>	33a	SMK_ECIG	SMK --used e-cigarettes in last 2 yrs.
<input type="checkbox"/>	33b	SMK_HOOK	SMK --used hookah in last 2 yrs.
<input type="checkbox"/>	34	ECIG_3B	E-cigarette use-- 3 months before pregnant, how often

<b>PHASE 8 PRAMS SURVEY VARIABLE LIST-for birth years 2016+</b>			
<b>Selection</b>	<b>Phase 8 (2016+)Q#</b>	<b>Variable</b>	<b>Description</b>
<input type="checkbox"/>	35	ECIG_3L	E-cigarette use -- last 3 months, how often
<input type="checkbox"/>	36	DRK_2YRS	Drank any alcohol-- last 2 years
<input type="checkbox"/>	37	DRK8_3B	Drank alcohol-- 3 months before pregnancy, drinks/wk.
<input type="checkbox"/>	38a	PAB6HUS	Abuse by husband or partner -- 12 months before pregnancy
<input type="checkbox"/>	38b	PAB_XHUS	Abuse by ex-husband or ex-partner -- 12 months before pregnancy
<input type="checkbox"/>	39a	PAD6HUS	Abuse by husband or partner --during pregnancy
<input type="checkbox"/>	39b	PAD_XHUS	Abuse by ex-husband or ex-partner -- during pregnancy
<input type="checkbox"/>	From 40	YY_DOB	Year infant born
<input type="checkbox"/>	41	LTH_HOSP	Baby's hospital stay -- length of time
<input type="checkbox"/>	42	INFLIVE5	Infant alive -- now
<input type="checkbox"/>	43	INFWMOM5	Infant living -- with mom
<input type="checkbox"/>	44a	BFINF_DR	Breastfeeding info--from my doctor
<input type="checkbox"/>	44b	BFINF_NUR	Breastfeeding info --from nurse/midwife/doula
<input type="checkbox"/>	44c	BFINF_SPC	Breastfeeding info --from breastfeeding/lactation spec
<input type="checkbox"/>	44d	BFINF_BDR	Breastfeeding info --from baby's doc
<input type="checkbox"/>	44e	BFINF_GRP	Breastfeeding info --from breastfeeding support group
<input type="checkbox"/>	44f	BFINF_HOT	Breastfeeding info --from breastfeeding hotline
<input type="checkbox"/>	44g	BFINF_FAM	Breastfeeding info --from family/friends
<input type="checkbox"/>	44h	BFINF_OTH	Breastfeeding info --other
<input type="checkbox"/>	44i	BFINF_TYPE	Breastfeeding info --other specified
<input type="checkbox"/>	45	BF5EVER	Breastfeed -- ever
<input type="checkbox"/>	46a	BF15MSK	Barriers to initiating breastfeeding -- mom too sick/meds
<input type="checkbox"/>	46b	BF15CHLD	Barriers to initiating breastfeeding -- other children
<input type="checkbox"/>	46c	BF15HOME	Barriers to initiating breastfeeding -- household duties
<input type="checkbox"/>	46d	BF15LIKE	Barriers to initiating breastfeeding -- didn't like breastfeeding
<input type="checkbox"/>	46e	BF16HARD	Barriers to initiating breastfeeding -- Tried but it was hard
<input type="checkbox"/>	46f	BF16WANT	Barriers to initiating breastfeeding -- Didn't want to
<input type="checkbox"/>	46g	BF18WORK	Barriers to initiating breastfeeding -- Went back to work
<input type="checkbox"/>	46h	BF18SCHL	Barriers to initiating breastfeeding -- Went back to school
<input type="checkbox"/>	46i	BF15OTH	Barriers to initiating breastfeeding -- other
<input type="checkbox"/>	46j	BF15WHY	Barriers to initiating breastfeeding -- other specified
<input type="checkbox"/>	47	BF5STILL	Breastfeeding -- still
<input type="checkbox"/>	48a	BF5LNGTU	Breastfeeding duration -- weeks/months
<input type="checkbox"/>	48b	BF5LNGTH	Breastfeeding duration -- length of time
<input type="checkbox"/>	From 48a, 48b	BF5WEEKS	Length of breastfeeding in weeks; at time mom completes survey

<b>PHASE 8 PRAMS SURVEY VARIABLE LIST-for birth years 2016+</b>			
<b>Selection</b>	<b>Phase 8 (2016+)Q#</b>	<b>Variable</b>	<b>Description</b>
<input type="checkbox"/>	49a	BFC5DIFF	Breastfeeding continuation barriers -- difficulty latching
<input type="checkbox"/>	49b	BFC5SAT	Breastfeeding continuation barriers -- milk didn't satisfy
<input type="checkbox"/>	49c	BFC5WT	Breastfeeding continuation barriers -- not gaining weight
<input type="checkbox"/>	49d	BFC5SORE	Breastfeeding continuation barriers -- nipples sore
<input type="checkbox"/>	49e	BFC5MILK	Breastfeeding continuation barriers -- not producing milk
<input type="checkbox"/>	49f	BFC5HOME	Breastfeeding continuation barriers -- household duties
<input type="checkbox"/>	49g	BFC5STOP	Breastfeeding continuation barriers -- right time to stop
<input type="checkbox"/>	49h	BFC5ILLM	Breastfeeding continuation barriers -- mom sick
<input type="checkbox"/>	49i	BFC8WORK	Breastfeeding continuation barriers -- Went back to work
<input type="checkbox"/>	49j	BFC8SCHL	Breastfeeding continuation barriers -- Went back to school
<input type="checkbox"/>	49k	BFC8HUSB	Breastfeeding continuation barriers -- partner did not support breastfeeding
<input type="checkbox"/>	49l	BFC5JAUN	Breastfeeding continuation barriers -- jaundice
<input type="checkbox"/>	49m	BFC5OTH	Breastfeeding continuation barriers -- other
<input type="checkbox"/>	49n	BFC5WHY	Breastfeeding continuation barriers -- other specified
<input type="checkbox"/>	50	SLEEPPPOS	Sleeping position -- baby
<input type="checkbox"/>	51	SLEEPOWN	Sleep -- how often baby sleeps alone
<input type="checkbox"/>	52	SLP_ROOM	Sleep -- baby in own crib in room with mom
<input type="checkbox"/>	53a	SLP_CRB8	Baby usually slept --in last 2 weeks- in crib/bassinet/play yard
<input type="checkbox"/>	53b	SLP_MAT8	Baby usually slept -- in last 2 weeks- on mattress/bed
<input type="checkbox"/>	53c	SLP_CHR	Baby usually slept -- in last 2 weeks- on couch/futon/chair
<input type="checkbox"/>	53d	SLP_SWG	Baby usually slept -- in last 2 weeks- in car seat/swing
<input type="checkbox"/>	53e	SLP_SAK	Baby usually slept -- in last 2 weeks- in sleep sack or wearable blanket
<input type="checkbox"/>	53f	SLP_NBLK	Baby usually slept -- in last 2 weeks -- with blanket
<input type="checkbox"/>	53g	SLP_TOYPIL	Baby usually slept -- in last 2 weeks -- with toys, cushions or pillows
<input type="checkbox"/>	53h	SLP_NPAD	Baby usually slept -- in last 2 weeks -- with bumper pads
<input type="checkbox"/>	54a	SLP2BACK	Health care provider recommend infant sleep--place on back
<input type="checkbox"/>	54b	SLP2CRB	Health care provider recommend infant sleep --place in crib/bassinet/play yard
<input type="checkbox"/>	54c	SLP2MYRM	Health care provider recommend infant sleep --place baby crib/bed in my room
<input type="checkbox"/>	54d	SLP2NTBD	Health care provider recommend --what can or cannot go in baby bed
<input type="checkbox"/>	55	BC_NOW4	Postpartum birth control -- using now
<input type="checkbox"/>	56a	BCB_PREG	Postpartum reasons for no birth control -- want to get pregnant

<b>PHASE 8 PRAMS SURVEY VARIABLE LIST-for birth years 2016+</b>			
<b>Selection</b>	<b>Phase 8 (2016+)Q#</b>	<b>Variable</b>	<b>Description</b>
<input type="checkbox"/>	56b	BCB_PNOW	Postpartum reasons for no birth control -- pregnant now
<input type="checkbox"/>	56c	BCB_TUBE	Postpartum reasons for no birth control -- had tubes tied/blocked
<input type="checkbox"/>	56d	BCB_WANT	Postpartum reasons for no birth control -- don't want to use
<input type="checkbox"/>	56e	BCB_SIDE	Postpartum reasons for no birth control -- worried about side effect
<input type="checkbox"/>	56f	BCB_NSEX	Postpartum reasons for no birth control -- abstinence
<input type="checkbox"/>	56g	BCB_HUSB	Postpartum reasons for no birth control -- husband/partner doesn't want to use
<input type="checkbox"/>	56h	BCB_PAY	Postpartum reasons for no birth control -- can't pay for birth control
<input type="checkbox"/>	56i	BCB_OTH	Postpartum reasons for no birth control -- other
<input type="checkbox"/>	56j	BCB_WHAT	Postpartum reasons for no birth control -- other specified
<input type="checkbox"/>	57a	BCP_TUBE	Birth control postpartum -- tubes tied
<input type="checkbox"/>	57b	BCP_VASE	Birth control postpartum -- vasectomy
<input type="checkbox"/>	57c	BCP_PILL	Birth control postpartum -- pill
<input type="checkbox"/>	57d	BCP_COND	Birth control postpartum -- condoms
<input type="checkbox"/>	57e	BCP_SHT3	Birth control postpartum -- shots every 3 months
<input type="checkbox"/>	57f	BCP_PTRG	Birth control postpartum -- contraceptive patch/ring
<input type="checkbox"/>	57g	BCP_IUD	Birth control postpartum -- IUD
<input type="checkbox"/>	57h	BCP_IMPL	Birth control postpartum -- contraceptive implant
<input type="checkbox"/>	57i	BCP_RHYT	Birth control postpartum -- rhythm
<input type="checkbox"/>	57j	BCP_PULL	Birth control postpartum -- withdrawal
<input type="checkbox"/>	57k	BCP_NSEX	Birth control postpartum -- abstinence
<input type="checkbox"/>	57l	BCP_OTH	Birth control postpartum -- other
<input type="checkbox"/>	57m	BCP_WHAT	Birth control postpartum -- other specified
<input type="checkbox"/>	58	PPV_CHK	Had postpartum checkup for self
<input type="checkbox"/>	59a	VPP_VIT	Postpartum visit-provider advised taking folic acid
<input type="checkbox"/>	59b	VPP_EAT	Postpartum visit-provider talked about eating and exercise
<input type="checkbox"/>	59c	VPP_WAIT	Postpartum visit-provider talked about waiting before next pregnancy
<input type="checkbox"/>	59d	VPP_BCM	Postpartum visit-provider talked about birth control methods
<input type="checkbox"/>	59e	VPP_PREIBC	Postpartum visit-provider prescribed birth control
<input type="checkbox"/>	59f	VPP_NSRT	Postpartum visit-provider inserted IUD or implant
<input type="checkbox"/>	59g	VPP_SMOK	Postpartum visit-provider asked about smoking cigarettes
<input type="checkbox"/>	59h	VPP_ABUS	Postpartum visit-provider asked about abuse
<input type="checkbox"/>	59i	VPP_DEPR	Postpartum visit-provider asked about depression
<input type="checkbox"/>	59j	VPP_DIAB	Postpartum visit-provider tested for diabetes

<b>PHASE 8 PRAMS SURVEY VARIABLE LIST-for birth years 2016+</b>			
<b>Selection</b>	<b>Phase 8 (2016+)Q#</b>	<b>Variable</b>	<b>Description</b>
<input type="checkbox"/>	60	MH_PPDPR	MH -- depress since birth
<input type="checkbox"/>	61	MH_PPINT	MH -- no interest since birth
<input type="checkbox"/>	From 60 or 61	PP_DEPRESS	Summary measure of postpartum depression-answered "always" or "often" to Q60 or Q61
<input type="checkbox"/>	62	MH_PPHLP	MH -- after birth ask help
<input type="checkbox"/>	63	MH_PPDX	MH -- after birth told depress
<input type="checkbox"/>	64	HS_WATER	Get house tap water from private system
<input type="checkbox"/>	65a	HS_WTRTST	12 months before delivery provider recommended --test household water for arsenic
<input type="checkbox"/>	65b	WTRTST_LEAD	12 months before delivery provider recommended --test household water for lead
<input type="checkbox"/>	66a	WELLTST	Did you test well for arsenic during 12 months before delivery
<input type="checkbox"/>	66b	WLLTST_LEAD	Did you test well for lead during 12 months before delivery
<input type="checkbox"/>	67a	MJHSH_B4	Use marijuana or hash -- 12 months before pregnancy
<input type="checkbox"/>	67b	MJHSH_PG	Use marijuana or hash -- during pregnancy
<input type="checkbox"/>	67c	MJHSH_PP	Use marijuana or hash -- since baby born
<input type="checkbox"/>	68a	POT_NAUS	Marijuana use-reason--nausea
<input type="checkbox"/>	68b	POT_VOM	Marijuana use-reason--vomiting
<input type="checkbox"/>	68c	POT_STRS	Marijuana use-reason--stress/anxiety
<input type="checkbox"/>	68d	POT_CHRO	Marijuana use-reason--chronic condition
<input type="checkbox"/>	68e	POT_FUN	Marijuana use-reason--fun/relax
<input type="checkbox"/>	68f	POT_OTH	Marijuana use-reason--other
<input type="checkbox"/>	68g	POT_SPC	Marijuana use-reason--other, specify
<input type="checkbox"/>	69	SMK_CAR	Smoking allowed in car with baby
<input type="checkbox"/>	70	LYME	Ever diagnosed with Lyme disease
<input type="checkbox"/>	71a	INF_ITRNT	Source for pregnancy info -- Internet search
<input type="checkbox"/>	71b	INF_TEXT	Source for pregnancy info -- Text messages
<input type="checkbox"/>	71c	INF_EMAIL	Source for pregnancy info -- Email
<input type="checkbox"/>	71d	INF_SOCMD	Source for pregnancy info -- Social media (Twitter)
<input type="checkbox"/>	71e	INF_FORUM	Source for pregnancy info -- Online discussion forum
<input type="checkbox"/>	71f	INF_MAG	Source for pregnancy info -- Magazine
<input type="checkbox"/>	71g	INF_BOOK	Source for pregnancy info -- Book
<input type="checkbox"/>	71h	INF_DVD	Source for pregnancy info -- DVD video
<input type="checkbox"/>	71i	INF_UTUBE	Source for pregnancy info -- Online video/Youtube
<input type="checkbox"/>	71j	INF_APPS	Source for pregnancy info -- Cell phone apps
<input type="checkbox"/>	71k	INF_OTH	Source for pregnancy info -- Other
<input type="checkbox"/>	71l	INF_WHAT	Source for pregnancy info -- Other, specify

<b>PHASE 8 PRAMS SURVEY VARIABLE LIST-for birth years 2016+</b>			
<b>Selection</b>	<b>Phase 8 (2016+)Q#</b>	<b>Variable</b>	<b>Description</b>
<input type="checkbox"/>	72	WRK_PREG	During pregnancy -- work for pay
<input type="checkbox"/>	73a	WRK_TITL	Main job -- title
<input type="checkbox"/>	73b	WRK_DUTY	Main job -- duties
<input type="checkbox"/>	74a	WRK_TYPE	Main job -- type
<input type="checkbox"/>	74b	WRK_IDK	Main job type -- I don't know
<input type="checkbox"/>	75	WRKRETRN	Returned to the job had before pregnancy
<input type="checkbox"/>	76a	WRKPDLV	Paid leave from job after baby
<input type="checkbox"/>	76b	WRKUPDLV	Unpaid leave from job after baby
<input type="checkbox"/>	76c	WRKNOLV	No leave from job after baby
<input type="checkbox"/>	77a	LV_AMTU	How much leave taken or will take - unit (month/week)
<input type="checkbox"/>	77b	LV_AMT	How much leave taken or will take - number of weeks or months
<input type="checkbox"/>	78a	LVAFFORD	Leave decision-- could not afford
<input type="checkbox"/>	78b	LVAFRD	Leave decision-- afraid to lose job
<input type="checkbox"/>	78c	LVWORKLD	Leave decision -- too much work
<input type="checkbox"/>	78d	LVUNPAID	Leave decision-- no paid leave
<input type="checkbox"/>	78e	LVNOFLEX	Leave decision-- no flexible schedule
<input type="checkbox"/>	78f	LVENOUGH	Leave decision-- not enough leave time
<input type="checkbox"/>	79	PPS_WIC6	Postpartum-- WIC for self and/or baby
<input type="checkbox"/>	81	CSS_OWN	Safety CSS -- have infant car seat
<input type="checkbox"/>	82a	CSI_READ	How learned to install infant car seat-- read instructions
<input type="checkbox"/>	82b	CSI_FRND	How learned to install infant car seat -- family show you
<input type="checkbox"/>	82c	CSI_PRO	How learned to install infant car seat -- professional show you
<input type="checkbox"/>	82d	CSI_SELF	How learned to install infant car seat -- figured out by self
<input type="checkbox"/>	82e	CSI_KNEW	How learned to install infant car seat -- already knew
<input type="checkbox"/>	82f	CSI_OTH	How learned to install infant car seat -- other
<input type="checkbox"/>	82g	CSI_HOW	How learned to install infant car seat -- other specified
<input type="checkbox"/>	85a	LIV_ADT3	Home -- # adults
<input type="checkbox"/>	85b	LIV_CHD3	Home -- # children
<input type="checkbox"/>	85c	LIV_TOT3	Living in household -- total
<input type="checkbox"/>	86	INCOME8	Income -- 12 months before delivery, total household income
<input type="checkbox"/>	87	INC_NDEP	Income -- 12 months before delivery, dependents (+self)
<input type="checkbox"/>		INFQ_AGE	Age of infant at time questionnaire completed, measured in days

*I have reviewed the request form. All statements made in the request form are true, complete, and correct to the best of my knowledge, and I agree to abide by the aforementioned stipulations.*

Name of person requesting data:	Name of overall responsible party/principal investigator:
Title:	Title:
Organization:	Organization:
Signature: _____ Date: _____	Signature: _____ Date: _____

**Send this completed request form to:**

Claire Gendron, Executive Secretary  
Health Statistics and Data Management  
NH Department of Health and Human Services  
29 Hazen Drive, Concord, NH 03301  
Fax to: 603-271-7623; Email to: [Claire.Gendron@dhhs.nh.gov](mailto:Claire.Gendron@dhhs.nh.gov)  
Questions Call: 603-271-4988