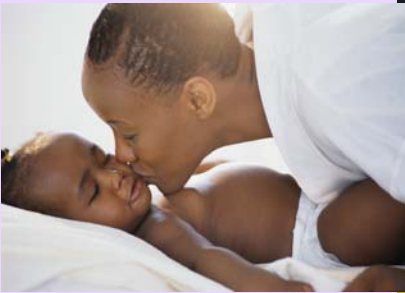




**New Hampshire PRAMS**  
**Pregnancy Risk Assessment Monitoring System**  
**Improving the Health of Mothers and Babies**



Your answers are greatly appreciated.



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

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

- No  
 Yes

→ **Go to Question 7**

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

- No  
 Yes

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

- No  
 Yes

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

7. At any time during the *12 months before* you got pregnant with your new baby, did you do any of the following things? For each item, check **No** if you did not do it or **Yes** if you did it.

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

8. During the *month before* you got pregnant with your new baby, what kind of *health insurance* did you have?

**Check ALL that apply**

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid (New Hampshire Medicaid)
- Community Health Center, local hospital program, Seacare
- TRICARE, TRICARE Prime, Martins Point Prime or other military health care
- Some other kind of health insurance → Please tell us:
- I did not have any health insurance during the *month before* I got pregnant

9. 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

10. *Before* you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about how to improve your health before pregnancy?

- No
- Yes

11. *Before* you got pregnant with your new baby, did a doctor, nurse, or other health care worker tell you that you had 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 the same as gestational diabetes or diabetes that starts during pregnancy) .....
- b. High blood pressure or hypertension..
- c. Depression .....

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

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

**Go to  
Question 14**

13. How much longer did you want to wait to become pregnant?

- Less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to 5 years
- More than 5 years

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

No

Yes → **Go to Question 18**

15. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? Some things people do to keep from getting pregnant include using birth control pills, condoms, withdrawal, or natural family planning.

No

Yes → **Go to Question 17**

16. What were your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

**Check ALL that apply**

- I didn't mind if I got pregnant
- I thought I could not get pregnant at that time
- I had side effects from the birth control method I was using
- I had problems getting birth control when I needed it
- I thought my husband or partner or I was sterile (could not get pregnant at all)
- My husband or partner didn't want to use anything
- I forgot to use a birth control method
- Other → Please tell us:  
\_\_\_\_\_

**If you or your husband or partner was not doing anything to keep from getting pregnant, go to Question 18.**

17. What method of birth control were you using when you got pregnant?

**Check ALL that apply**

- Birth control pill
- Condoms
- Injection (Depo-Provera®)
- Contraceptive implant (Implanon®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena® or ParaGard®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Other → Please tell us:  
\_\_\_\_\_

### DURING PREGNANCY

**The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy.** (It may help to look at the calendar when you answer these questions.)

18. How many weeks *or* months pregnant were you when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

{ \_\_\_\_\_ Weeks OR \_\_\_\_\_ Months

- I didn't go for prenatal care →

**Go to Page 4, Question 20**

**Go to Page 4, Question 19**

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

No

Yes

→ **Go to Question 21**

20. 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.....                          | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I didn't have enough money or insurance to pay for my visits.....             | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I didn't have any transportation to get to the clinic or doctor's office..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The doctor or my health plan would not start care as early as I wanted.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I had too many other things going on.....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I couldn't take time off from work or school.....                             | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I didn't have my Medicaid (New Hampshire Medicaid) card.....                  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I didn't have anyone to take care of my children.....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I didn't know that I was pregnant.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. I didn't want anyone else to know I was pregnant.....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I didn't want prenatal care.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| l. I couldn't find a provider that took Medicaid or my insurance.....            | <input type="checkbox"/> | <input type="checkbox"/> |

**If you did not get prenatal care, go to Question 23.**

21. During *your most recent* pregnancy, what kind of *health insurance* did you have to pay for your *prenatal care*?

**Check ALL that apply**

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid (New Hampshire Medicaid)
- Community Health Center, local hospital program, Seacare
- TRICARE, TRICARE Prime, Martins Point Prime or other military health care
- Some other kind of health insurance → Please tell us:
- 
- I did not have any health insurance to pay for my *prenatal care*

**22. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos.**  
For each item, check **No** if no one talked with you about it or **Yes** if someone did.

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

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

- No  
 Yes  
 I don't know

**24. 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

**25. During the 12 months before the delivery of your new baby, did you get a flu shot?**

**Check ONE answer**

- No → **Go to Question 27**  
 Yes, before my pregnancy  
 Yes, during my pregnancy

**26. During what month and year did you get the flu shot?**

/

Month                      Year

- I don't remember

**27. This question is about the 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.....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A dental or other health care worker talked with me about how to care for my teeth and gums ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had my teeth cleaned by a dentist or dental hygienist.....                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I had insurance to cover dental care during my pregnancy .....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I <u>needed</u> to see a dentist for a <b>problem</b> .....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I <u>went</u> to a dentist or dental clinic about a <b>problem</b> .....                          | <input type="checkbox"/> | <input type="checkbox"/> |

28. During *your most recent* pregnancy, did you take a class or classes to prepare for childbirth and learn what to expect during labor and delivery?

- No  
 Yes

29. During *your most recent* pregnancy, did a home visitor come to your home to help you prepare for your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps pregnant women.

- No  
 Yes

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


- No  
 Yes

31. During *your most recent* pregnancy, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during *this* pregnancy)?

- No  
 Yes

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

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

- No  **Go to Question 36**  
 Yes

33. 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

34. 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

35. How many cigarettes do you smoke on an average day *now*? A pack has 20 cigarettes.

- 41 cigarettes or more  
 21 to 40 cigarettes  
 11 to 20 cigarettes  
 6 to 10 cigarettes  
 1 to 5 cigarettes  
 Less than 1 cigarette  
 I don't smoke now

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

36. 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 39**

Yes

37. During the *3 months before* you got pregnant, how many alcoholic drinks did you have in an average week?

14 drinks or more a week

7 to 13 drinks a week

4 to 6 drinks a week

1 to 3 drinks a week

Less than 1 drink a week

I didn't drink then

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

14 drinks or more a week

7 to 13 drinks a week

4 to 6 drinks a week

1 to 3 drinks a week

Less than 1 drink a week

I didn't drink then

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

39. This question is about things that may have happened during the *12 months before your new baby was born*. For each item, check **No** if it did not happen to you or **Yes** if it did. (It may help to look at the calendar when you answer these questions.)

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. A close family member was very sick and had to go into the hospital ....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I got separated or divorced from my husband or partner .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I moved to a new address.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I was homeless or had to sleep outside, in a car, or in a shelter .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My husband or partner lost his job .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I lost my job even though I wanted to go on working.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My husband, partner, or I had a cut in work hours or pay .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I was apart from my husband or partner due to military deployment or extended work-related travel ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I argued with my husband or partner more than usual.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. My husband or partner said he didn't want me to be pregnant .....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I had problems paying the rent, mortgage, or other bills.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| l. My husband, partner, or I went to jail .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Someone very close to me had a problem with drinking or drugs .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Someone very close to me died .....   | <input type="checkbox"/> | <input type="checkbox"/> |



40. During the *12 months before you got pregnant* with your new baby, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No  
 Yes

41. During *your most recent* pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No  
 Yes

The next questions are about your labor and delivery.

42. When was your new baby born?

/  /  20  
 Month      Day      Year

43. Did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?

- No → **Go to Question 45**  
 Yes  
 I don't know → **Go to Question 45**

**Go to Question 44**

44. Why did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?

**Check ALL that apply**

- My water broke and there was a fear of infection  
 I was past my due date  
 My health care provider worried about the size of the baby  
 My baby was not doing well and needed to be born  
 I had a complication in my pregnancy (such as low amniotic fluid or preeclampsia)  
 Labor stopped or was not progressing  
 I wanted to schedule my delivery  
 I wanted to give birth with a specific health care provider  
 Other \_\_\_\_\_ → Please tell us:

45. By the end of *your most recent* pregnancy, how much weight had you gained?

**Check ONE answer and fill in blank if needed**

- I gained  pounds  
 I didn't gain any weight, but I lost  pounds  
 My weight didn't change during my pregnancy  
 I don't know

## AFTER PREGNANCY

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

46. After your baby was delivered, was he or she put in an intensive care unit (NICU)?

- No  
 Yes  
 I don't know

47. 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 Question 50**

48. Is your baby alive now?

- No → *We are very sorry for your loss.*  
 Yes → **Go to Page 11, Question 58**

49. Is your baby living with you now?

- No → **Go to Page 11, Question 57**  
 Yes

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

- No → **Go to Page 10, Question 55**  
 Yes

**Go to Question 51**

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

- No  
 Yes → **Go to Question 54**

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

\_\_\_\_\_ Weeks OR \_\_\_\_\_ Months

- Less than 1 week

53. What were your reasons for stopping breastfeeding?

**Check ALL that apply**

- My baby had difficulty latching or nursing  
 Breast milk alone did not satisfy my baby  
 I thought my baby was not gaining enough weight  
 My nipples were sore, cracked, or bleeding  
 It was too hard, painful, or too time consuming  
 I thought I was not producing enough milk, or my milk dried up  
 I had too many other household duties  
 I felt it was the right time to stop breastfeeding  
 I got sick or I had to stop for medical reasons  
 I went back to work or school  
 My baby was jaundiced (yellowing of the skin or whites of the eyes)  
 Other → Please tell us:

---

**If your baby was not born in a hospital, go to Question 55.**

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

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. Hospital staff gave me information about breastfeeding.....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My baby stayed in the same room with me at the hospital.....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Hospital staff helped me learn how to breastfeed.....                            | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I breastfed in the first hour after my baby was born.....                        | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I breastfed my baby in the hospital.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My baby was fed only breast milk at the hospital.....                            | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Hospital staff told me to breastfeed whenever my baby wanted.....                | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The hospital gave me a breast pump to use.....                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The hospital gave me a gift pack with formula.....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| j. The hospital gave me a telephone number to call for help with breastfeeding..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Hospital staff gave my baby a pacifier.....                                      | <input type="checkbox"/> | <input type="checkbox"/> |

**55. Since your new baby was born, did a doctor, nurse, or other health care worker talk with you about any of the things listed below?** Please count *only discussions*, not reading materials or videos. For each item, check **No** if no one talked with you about it or **Yes** if someone did.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. Help with or information about breastfeeding.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How long to wait before getting pregnant again.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Birth control methods that I can use after giving birth.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The “baby blues” or postpartum depression.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Support groups for new parents.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Resources in my community such as nurse home visitation programs, telephone hotlines, counseling, etc..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Getting to and staying at a healthy weight after delivery.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. What happens if a baby is shaken.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| i. What I might do with a crying baby to quiet him or her.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. If someone was hurting me emotionally.....   | <input type="checkbox"/> | <input type="checkbox"/> |

**If your baby is still in the hospital, go to Question 57.**

**56. 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

57. *Since your new baby was born, has a home visitor come to your home to help you learn how to take care of yourself or your new baby?* A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps mothers of newborns.

- No  
 Yes

58. *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 using birth control pills, condoms, withdrawal, or natural family planning.

- No  
 Yes

→ **Go to Question 60**

59. *What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant **now**?*

**Check ALL that apply**

- I am not having sex  
 I want to get pregnant  
 I don't want to use birth control  
 I am worried about side effects from birth control  
 My husband or partner doesn't want to use anything  
 I have problems getting birth control when I need it  
 I had my tubes tied or blocked  
 My husband or partner had a vasectomy  
 I am pregnant now  
 Other → Please tell us:

---

**If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Question 61.**

60. *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, Essure®, Adiana®)  
 Vasectomy (male sterilization)  
 Birth control pill  
 Condoms  
 Injection (Depo-Provera®)  
 Contraceptive implant (Implanon®)  
 Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)  
 IUD (including Mirena® or ParaGard®)  
 Natural family planning (including rhythm method)  
 Withdrawal (pulling out)  
 Not having sex (abstinence)  
 Other → Please tell us:

---

61. *Since your new baby was born, have you had a postpartum checkup for yourself?* A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.

- No  
 Yes

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

- Always  
 Often  
 Sometimes  
 Rarely  
 Never

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

- Always  
 Often  
 Sometimes  
 Rarely  
 Never

64. 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, partner, or parents  
 Private health insurance purchased directly from an insurance company  
 Medicaid (New Hampshire Medicaid)  
 Community Health Center, local hospital program, Seacare  
 TRICARE, TRICARE Prime, Martins Point Prime or other military health care  
 Some other kind of health insurance → Please tell us:  
 I do not have health insurance *now*

## OTHER EXPERIENCES

The next questions are on a variety of topics.

65. During the 12 months *before the delivery* of your new baby, did you get your household tap water from a private water system, such as a well?

- No → **Go to Question 68**  
 Yes

66. During the 12 months *before the delivery* of your new baby, did your doctor, nurse, or other health care worker talk to you about getting your household tap water tested for arsenic?

- No  
 Yes

67. During the 12 months *before the delivery* of your new baby, did you have your well tested for arsenic?

- No  
 Yes

If you did not smoke during the 3 months before you got pregnant with your new baby, go to Question 69.

If you did not get prenatal care, go to Question 69.

**68. Listed below are some things about quitting smoking that a doctor, nurse or other health care worker might have done during any of your prenatal care visits.** For each thing, check **No** if it did not apply to you during any of your prenatal care visits or **Yes** if it did.

*During any of your prenatal care visits, did a doctor, nurse or other health care worker—*

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. Spend time with you discussing how to quit smoking .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Suggest that you set a specific date to stop smoking.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Suggest you attend a class or program to stop smoking .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Provide you with booklets, videos, or other materials to help you quit smoking on your own .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Refer you to counseling for help with quitting.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Ask if a family member or friend would support your decision to quit ...   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Refer you to a national or state quit line .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Recommend using nicotine gum .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Recommend using a nicotine patch ...   | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Prescribe a nicotine nasal spray or nicotine inhaler .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Prescribe a pill like Zyban® (also known as Wellbutrin® or Bupropion®) or Chantix® (also known as Varenicline) to help you quit..... | <input type="checkbox"/> | <input type="checkbox"/> |

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

**69. Listed below are some statements about safety.** For each one, check **No** if it does not apply to you or **Yes** if it does.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. I know how to perform baby CPR.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My home has a working smoke alarm .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I always keep materials like cleaning supplies, medicine, and pesticides out of reach from young children ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My new baby <b>always</b> rides in a rear-facing infant car seat .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The Poison Control Center phone number (1-800-222-1222) is accessible in my home .....                          | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My home has a working carbon monoxide alarm .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My new baby is constantly supervised while in or around water (bathtub, pool, natural water, etc.).....         | <input type="checkbox"/> | <input type="checkbox"/> |
| h. There are <b>loaded</b> guns, rifles, or other firearms in my home.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I always used a seatbelt during my most recent pregnancy .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**70. How often do you, other adults, or any other children sleep with your new baby in the same bed, couch, or chair?**

- Always
- Often
- Sometimes
- Rarely
- Never

71. In the past 12 months, have you sent or received a text message on your cell phone?

Check ONE answer

- No  
 Yes  
 I don't have a cell phone

72. Have you used any of the following sources to find information or assistance with pregnancy issues?

Check ALL that apply

- Internet search  
 Text messages  
 Email  
 Twitter  
 Facebook  
 Online discussion forum (sometimes called a bulletin board)  
 Face to face (e.g. talk with doctor, nurse, child care provider, family, friends)  
 Magazine  
 Newspaper  
 Book  
 Radio  
 Video  
 Other —————> Please tell us:

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

73. 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 \$15,000  
 \$15,001 to \$19,000  
 \$19,001 to \$22,000  
 \$22,001 to \$26,000  
 \$26,001 to \$29,000  
 \$29,001 to \$37,000  
 \$37,001 to \$44,000  
 \$44,001 to \$52,000  
 \$52,001 to \$56,000  
 \$56,001 to \$67,000  
 \$67,001 to \$79,000  
 \$79,001 or more

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

People

75. What is today's date?

/  /  20  
 Month Day Year

*Thanks for answering our questions!*

*Your answers will help us work to make New Hampshire  
mothers and babies healthier.*



**For more information, please call:  
1-800-852-3345, Ext. 2081**

*Thank you*



<http://www.cdc.gov/prams/>



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