



Alaska

Pregnancy Risk Assessment Monitoring System

*A survey of the health
of mothers and babies
in Alaska*



Questions Commonly Asked About PRAMS

What is PRAMS?

PRAMS (Pregnancy Risk Assessment Monitoring System) is a joint research project between the Alaska Department of Health and the Centers for Disease Control and Prevention (CDC). Our purpose is to find out why some babies are born healthy and others are not. To do this, our questionnaire asks new mothers questions about their behaviors and experiences around the time of their pregnancy. Each year in Alaska there are hundreds of babies born with serious health problems. Some of these babies will not survive their first year of life. We need your help to find out why. No matter how your pregnancy went, your answers will help us learn more about ways to improve the chances for future mothers and babies in Alaska.

Will my answers be kept private?

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

Is it really important that I answer these questions?

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

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

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

How was I chosen to participate in PRAMS?

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

What if I want to ask more questions about PRAMS?

Please call us at our toll-free number 1-888-269-3470 and we will be happy to answer any other questions that you may have about PRAMS. If you prefer to complete the questionnaire over the telephone, please call us on the same number.

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 or Denali KidCare
- TRICARE or other military health care
- Alaska Native Health Service (ANS), Native regional health corporation, IHS, or other tribal health coverage
- 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 5, Question 22

Go to Page 4, Question 19

19. 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 or Denali KidCare
- TRICARE or other military health care
- Alaska Native Health Service (ANS), Native regional health corporation, IHS, or other tribal health coverage
- Some other kind of health insurance —————> Please tell us:
- I did not have any health insurance to pay for my prenatal care

20. 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"/> |

21. During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you not to drink alcohol while you were pregnant?

- No
- Yes

22. 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

23. Have you ever heard or read that taking a vitamin with folic acid can help prevent some birth defects?

- No
- Yes

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?

	/	20
--	---	----

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.....
- b. A dental or other health care worker talked with me about how to care for my teeth and gums.....
- c. I had my teeth cleaned by a dentist or dental hygienist.....
- d. I had insurance to cover dental care during my pregnancy
- e. I needed to see a dentist for a **problem**
- f. I went to a dentist or dental clinic about a **problem**

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)?

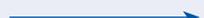
- No
- Yes

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

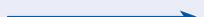
36. Which of the following statements best describes the rules about smoking *inside* your home *now*, even if no one who lives in your home is a smoker?

Check ONE answer

- No one is allowed to smoke anywhere inside my home
 Smoking is allowed in some rooms or at some times
 Smoking is permitted anywhere inside my home

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

37. 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 42**
 Yes

Go to Question 38

38. 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 →

Go to Question 40

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

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 4 drinks or more in a 2 hour time span

40. 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 →

Go to Question 42

41. During the *last 3 months* of your pregnancy, how many times did you drink 4 alcoholic drinks or more in a 2 hour time span?

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 4 drinks or more in a 2 hour time span

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.

42. 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"/> |

43. 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

44. 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.

45. When was your new baby born?

/ / 20
 Month Day Year

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

- No
 Yes
 I don't know

47. How was your new baby delivered?

- Vaginally → **Go to Question 49**
 Cesarean delivery (c-section)

Go to Question 48

48. What was the reason that your new baby was born by cesarean delivery (c-section)?

Check ALL that apply

- I had a previous cesarean delivery (c-section)
 My baby was in the wrong position (such as breech)
 I was past my due date
 My health care provider worried that my baby was too big
 I had a medical condition that made labor dangerous for me (such as heart condition, physical disability)
 I had a complication in my pregnancy (such as preeclampsia, placental problems, infection, preterm labor)
 My health care provider tried to induce my labor, but it didn't work
 Labor was taking too long
 The fetal monitor showed that my baby was having problems before or during labor (fetal distress)
 I wanted to schedule my delivery
 I didn't want to have my baby vaginally
 Other → Please tell us:

49. 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.

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

- No
 Yes
 I don't know

51. 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 54**

52. Is your baby alive now?

- No → *We are very sorry for your loss.*
 Yes → **Go to Page 11, Question 63**

53. Is your baby living with you now?

- No → **Go to Page 10, Question 62**
 Yes

54. 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 59**
 Yes

Go to Question 55

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

- No
 Yes → **Go to Page 10, Question 58**

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

_____ Weeks **OR** _____ Months

- Less than 1 week

57. 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 59.

58. 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"/> |

If your baby is still in the hospital, go to Question 62.

59. 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

60. How often does your new baby sleep in the same bed with you or anyone else?

- Always
 Often
 Sometimes
 Rarely
 Never

61. Listed below are some things that describe how your new baby *usually* sleeps. For each item, check **No** if it doesn't usually apply to your baby or **Yes** if it usually applies to your baby.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. My new baby sleeps in a crib or portable crib..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My new baby sleeps on a firm or hard mattress..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My new baby sleeps with pillows..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My new baby sleeps with bumper pads..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My new baby sleeps with plush or thick blankets..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My new baby sleeps with stuffed toys..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My new baby sleeps with an infant positioner..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. My new baby sleeps with me or another person..... | <input type="checkbox"/> | <input type="checkbox"/> |

62. 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

63. 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 65

64. 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 66.

65. 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:

66. *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

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
 Often
 Sometimes
 Rarely
 Never

69. *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 or Denali KidCare
 TRICARE or other military health care
 Alaska Native Health Service (ANS), Native regional health corporation, IHS, or other tribal health coverage
 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.

70. *The following are some things that may keep women from getting birth control when they want it or need it. For each item, check No if it was not true for you *during the 12 months before you got pregnant* or Yes if it was true.*

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. I didn't know where to go to get birth control | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I didn't have enough money or insurance to pay for birth control..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My husband or partner would not let me use birth control | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I didn't feel comfortable asking my local health care provider for birth control | <input type="checkbox"/> | <input type="checkbox"/> |

71. *During your most recent pregnancy, did you ever use smokeless tobacco products such as chewing tobacco, snuff, iqmik, or other tobacco products like snus?*

- No —————> **Go to Question 73**
 Yes

72. *Which smokeless tobacco product(s) did you use during your pregnancy?*

Check ALL that apply

- Chewing tobacco or snuff
 Iqmik (also known as blackbull)
 Other tobacco products (Camel Snus, orbs, e-cigarettes, lozenges)

If you do not smoke cigarettes now, go to Question 74.

73. Are you planning to stop smoking cigarettes?

Check ONE answer

- Yes, within the next 30 days
- Yes, more than 30 days from now but within the next 6 months
- Yes, but not within the next 6 months
- No, I don't plan to stop

74. During any of the following time periods, did you smoke marijuana or hash? For each time period, check **No** if you did not smoke then or **Yes** if you did.

No Yes

- a. During the 12 months before I got pregnant
- b. During my most recent pregnancy.....
- c. Since my new baby was born

75. During the last 3 months of your most recent pregnancy, how often did you participate in any physical activities or exercise for 30 minutes or more? For example, walking for exercise, swimming, cycling, dancing, or gardening.

- Less than 1 day per week
- 1 to 2 days per week
- 3 to 4 days per week
- 5 or more days per week
- I was told by a doctor, nurse, or other health care worker not to exercise

76. At any time during your most recent pregnancy, did you work at a job for pay?

No —————> **Go to Page 14, Question 80**

Yes

Go to Question 77

77. Have you returned to the job you had during your most recent pregnancy?

Check ONE answer

No —————> **Go to Page 14, Question 80**

No, but I will be returning

Yes

78. Which of the following describes the leave or time you took off from work after your new baby was born?

Check ALL that apply

- I took *paid* leave from my job
- I took *unpaid* leave from my job
- I did not take leave

79. Did any of the things listed below affect your decision about taking leave from work after your new baby was born? For each item, check **No** if it does not apply to you or **Yes** if it does.

No Yes

- a. I could not financially afford to take leave
- b. I was afraid I'd lose my job if I took leave or stayed out longer
- c. I had too much work to do to take leave or stay out longer.....
- d. My job does not have paid leave
- e. My job does not offer a flexible work schedule
- f. I had not built up enough leave time to take any or more time off.....

If your baby is not alive, is not living with you, or is still in the hospital, go to Question 81.

80. 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. 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"/> |

81. During any of the following time periods, did your husband or partner threaten you, limit your activities against your will, or make you feel unsafe in any other way?

For each time period, check **No** if it did not happen then or **Yes** if it did.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. During the 12 months before I got pregnant..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. During my most recent pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Since my new baby was born..... | <input type="checkbox"/> | <input type="checkbox"/> |

82. Do you currently have an emergency plan for your family in case of disaster? For example, you and your family have talked about how to be safe if a disaster happened.

- No
 Yes

83. During your most recent pregnancy, did you have an emergency plan for your family in case of disaster? For example, you and your family talked about how to be safe if a disaster happened.

- No
 Yes

84. How often do you worry about the possibility of a disaster happening to you or your family?

- Always
 Sometimes
 Never

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

85. 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 \$18,000
- \$18,001 to \$23,000
- \$23,001 to \$28,000
- \$28,001 to \$33,000
- \$33,001 to \$37,000
- \$37,001 to \$46,000
- \$46,001 to \$56,000
- \$56,001 to \$65,000
- \$65,001 to \$69,000
- \$69,001 to \$84,000
- \$84,001 to \$98,000
- \$98,001 or more

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

People

87. What is today's date?

/ / 20
Month Day Year

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

Thanks for answering our questions!

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





State of Alaska
Division of Public Health
Section of Women's, Children's
and Family Health
3601 C Street, Suite 358
Anchorage, Alaska 99503