

Please use this space for any additional comments you would like to make about the health of mothers and babies in Alaska.



**ALASKA**

**PRAMS**

**PREGNANCY RISK ASSESSMENT  
MONITORING SYSTEM**

**A Survey of the Health of Mothers and Babies in Alaska**

**Your help with this survey is greatly appreciated.**

**For further information, please call:**

**PRAMS staff  
1-(800)-478-6353**

**Alaska Department of Health and Social Services  
Section of Maternal, Child and Family Health  
1231 Gambell Street  
Anchorage, AK 99501**

**Thanks for answering our questions!**

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

First we would like to ask you about your pregnancies. Please check the box next to the best answer.

1. Not counting your most recent birth, did you have any other babies who were born alive?  No --> go to Question 4  
 Yes
2. Of these babies, did the one just before your new baby weigh less than 5 pounds, 8 ounces at birth?  No  
 Yes
3. Was that baby born more than 3 weeks before its due date?  No  
 Yes

Next are some questions about the pregnancy related to your most recent birth. You may want to use the calendar to help you answer the questions.

4. How many weeks or months pregnant were you when you were sure you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.) \_\_\_\_\_ Weeks or \_\_\_\_\_ Months  
 I don't remember
5. How many weeks or months pregnant were you when you first thought you might be pregnant? \_\_\_\_\_ Weeks or \_\_\_\_\_ Months  
 I don't remember
6. When you were sure you were pregnant, were you on Medicaid?  No  
 Yes
7. Thinking back to just before you were pregnant, how did you feel about becoming pregnant?  
*Check the best answer.*  
 I wanted to be pregnant sooner  
 I wanted to be pregnant later  
 I wanted to be pregnant then  
 I didn't want to be pregnant then or at any time in the future  
 I don't know

The next questions are about prenatal care you got during the pregnancy that ended with your most recent birth. Prenatal care includes visits to a doctor or nurse before your baby was born to check your blood pressure or the baby's heart beat, tests of your blood and urine, examinations such as sonogram or ultrasound, and advice. It does not include WIC or delivery of the baby. (WIC is the Supplemental Food Program for Women, Infants, and Children). You may want to use the calendar to help you answer the questions.

8. How many weeks or months pregnant were you when you had your first visit for prenatal care? \_\_\_\_\_ Weeks or \_\_\_\_\_ Months  
*Don't count a visit that was only for a pregnancy test or a visit only for WIC.*  
 I did not go for prenatal care
9. Did you get prenatal care as early in your pregnancy as you wanted?  No  
 Yes --> go to Question 11  
 I did not want prenatal care --> go to Question 11
10. Did any of these things keep you from getting care as early as you wanted?  
*Check all that apply.*  
 I had no one to take care of my children  
 I had no way to get to the clinic or office  
 I couldn't get a doctor or nurse to take me as a patient  
 I couldn't get an appointment earlier in my pregnancy  
 I didn't think that I was pregnant  
 I didn't have enough money or insurance to pay for my visits  
 I didn't know where to go  
 Other --> please tell us: \_\_\_\_\_
11. How many visits for prenatal care did you have? \_\_\_\_\_ Visits  
*Don't count visits for WIC.*  
 I did not go for prenatal care --> go to Question 22

12. Did you have as many visits for prenatal care as you wanted?
- Yes --> go to Question 14
  - I did not want prenatal care --> go to Question 14
  - I wanted to go for fewer visits --> go to Question 14
  - I wanted to go for more visits
13. Did any of these things keep you from having as many visits as you wanted?  
*Check all that apply.*
- I had no one to take care of my children
  - I had no way to get to the clinic or office
  - I didn't have enough money or insurance to pay for my visits
  - I didn't know where to go
  - Other --> Please tell us: \_\_\_\_\_

*If you did not go for prenatal care, skip to Question 22 on Page 4.*

14. Where did you go most of the time for your prenatal visits?  
Don't include visits for WIC.  
*Check one answer.*
- Health Department Clinic
  - Private Doctor's office or Private Clinic
  - Military Facility
  - Clinic for Alaska Natives
  - I did not go for prenatal care
  - Other --> please tell us: \_\_\_\_\_

15. How satisfied were you with the prenatal care you got?  
*For each of the things listed below, circle the best answer. If you went to more than one place for prenatal care, answer for the place where you got most of your care.*

How satisfied were you with . . .	<u>Satisfied</u>	<u>Dissatisfied</u>
a. The amount of time you had to wait after you arrived for your visits . . . . .	S	D
b. The amount of time the doctor or nurse spent with you during your visits . . . . .	S	D
c. The advice you got on how to take care of yourself . . . . .	S	D
d. The hours the office or clinic was open . . . . .	S	D
e. The understanding and respect that the staff showed toward you as a person . . . . .	S	D

16. When you went for prenatal care, did a doctor, nurse, or other health worker ask you if you were smoking?
- No
  - Yes

17. Did a doctor or nurse talk with you about how smoking during pregnancy could affect your baby?
- No
  - Yes

18. When you went for prenatal care, did a doctor, nurse, or other health worker ask you if you were drinking alcoholic beverages? (beer, wine, wine cooler, or liquor)
- No
  - Yes

19. Did a doctor or nurse talk with you about how drinking during pregnancy could affect your baby?
- No
  - Yes

20. Did a doctor, nurse, or other health worker talk with you about what you should eat during your pregnancy?
- No
  - Yes

21. How was your prenatal care paid for?  
*Check all that apply.*
- Medicaid
  - Personal income (cash, check, or credit card)
  - Insurance
  - Military (Including CHAMPUS)
  - Free care for Alaska Natives
  - I still owe
  - Other --> please tell us: \_\_\_\_\_

22. During your pregnancy, were you on WIC? (Supplemental Food Program for Women, Infants, and Children)
- No
  - Yes

23. How much did you weigh during the 3 months before you became pregnant? \_\_\_\_\_ Pounds  
 I don't know
24. How tall are you without shoes? \_\_\_\_\_ feet \_\_\_\_\_ inches
25. How much did you weigh when you were born?  
 Less than 5 pounds, 8 ounces  
 5 pounds, 8 ounces, or more  
 I don't know
26. a. Not counting your hospital stay for delivery, did you have to stay overnight in a hospital for any kind of problem during your pregnancy?  
 No --> go to Question 27  
 Yes, I stayed \_\_\_\_\_ nights
- b. What was the date during your pregnancy when you went into the hospital?  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 month day year
- c. Why did you stay in the hospital?  
*Check all that apply.*  
 Vaginal bleeding or placenta problems  
 Diabetes (high blood sugar)  
 High blood pressure or toxemia  
 Kidney infection  
 Nausea, vomiting, or dehydration  
 Premature labor or contractions more than 3 weeks before my due date  
 Other --> please tell us:  
 \_\_\_\_\_

*The next questions are about cigarette smoking and alcohol drinking.*

27. Have you smoked at least 100 cigarettes in your entire life?  
 No --> go to Question 31  
 Yes
28. In the 3 months before you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day? A pack has 20 cigarettes.  
 \_\_\_\_\_ Cigarettes or \_\_\_\_\_ packs  
 Less than 1 cigarette a day  
 I didn't smoke  
 I don't know

29. In the last 3 months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day? A pack has 20 cigarettes.  
 \_\_\_\_\_ Cigarettes or \_\_\_\_\_ packs  
 Less than 1 cigarette a day  
 I didn't smoke  
 I don't know

30. How many cigarettes or packs of cigarettes do you smoke on an average day now?  
 \_\_\_\_\_ Cigarettes or \_\_\_\_\_ packs  
 Less than 1 cigarette a day  
 I don't smoke  
 I don't know

31. In the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?  
 (A drink is: One glass of wine, One wine cooler, One can or bottle of beer, One shot of liquor, or One mixed drink.)  
 \_\_\_\_\_ Number of drinks a week  
 Less than 1 drink a week  
 I didn't drink then  
 I don't know

32. In the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?  
 \_\_\_\_\_ Number of drinks a week  
 Less than 1 drink a week  
 I didn't drink then  
 I don't know

33. This question is about things that may have happened during the 12 months before your delivery. This includes the months before you got pregnant. For each thing listed below, circle Y (Yes) if it happened to you or N (No) if it didn't. It may help to use the calendar.

	<u>No</u>	<u>Yes</u>
a. A close family member was very sick and had to see a doctor .....	N	Y
b. Another close relative was very sick and had to see a doctor .....	N	Y
c. You got separated from your husband or partner .....	N	Y
d. You got divorced .....	N	Y
e. You were homeless .....	N	Y
f. You were involved in a physical fight .....	N	Y
g. Your husband or partner physically hurt you .....	N	Y
h. You were arrested .....	N	Y
i. You were charged or convicted of an offense .....	N	Y
j. Your husband or partner was sent to jail .....	N	Y
k. Your husband or partner lost his job .....	N	Y
l. You got into debt over your head .....	N	Y
m. You lost your job even though you wanted to go on working .....	N	Y
n. Someone very close to you had a bad problem with drinking or drugs .....	N	Y
o. Your husband or partner died .....	N	Y
p. A close family member (other than your husband) died .....	N	Y
q. A close friend died .....	N	Y
r. A close family member tried to commit suicide .....	N	Y

The next questions are about your labor and delivery and the time right after you went home from the hospital after your baby was born.

34. When you went in the hospital to have your baby, how many nights did you stay? \_\_\_\_\_ Nights  
 I did not stay in a hospital

35. When your baby was born, how many nights did he or she stay in the hospital? \_\_\_\_\_ Nights  
 My baby did not stay in a hospital  
 I don't know

36. When your baby was born, was he or she put in an intensive care unit or premature nursery?  
 No  
 Yes  
 I don't know

37. Including the hospital costs, how was your delivery paid for? Check all that apply.

- Medicaid
- Personal income (cash, check, or credit card)
- Insurance
- Military (including CHAMPUS)
- Free care for Alaska Natives
- I still owe
- Other --> please tell us: \_\_\_\_\_

38. For how many weeks or months did you breastfeed your baby before feeding him or her any other milk, formula, or food? Check all that apply.

- \_\_\_\_\_ Weeks or \_\_\_\_\_ Months
- I didn't breastfeed
  - I breastfed less than 1 week
  - I'm still breastfeeding and have started some formula or food, too (put number of weeks or months you fed breastmilk only, then go to Q 40)
  - I'm still breastfeeding and haven't fed my baby any other milk, formula, or food yet --> go to Question 40

39. Did any of these things stop you from breastfeeding? Check all that apply.

- I didn't want to
- I was planning to go to work or school
- I tried but my baby didn't breastfeed very well
- My baby was not with me
- I think it's better for my baby to be bottle fed
- I was taking medicine
- I felt it was the right time to stop
- Other --> please tell us: \_\_\_\_\_

40. In the week after you went home from the hospital, did you see a doctor or nurse for yourself?

- No --> go to Question 42
- Yes

41. Why did you see a doctor or nurse? Check all that apply.

- Vaginal bleeding
- Fever or infection
- Other --> please tell us: \_\_\_\_\_

42. Is your baby alive now?

No --> When did your baby die?

\_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

Yes --> Is your baby living with you now?

No  
 Yes

*If your baby is not alive or is not living with you now, go to Question 48 on Page 10.*

43. Before you took your new baby home from the hospital, did you know where you would take your baby if he or she got sick?

No  
 Yes

44. Have you ever had a problem paying for medical care when your baby was sick?

My baby has not been sick  
 No  
 Yes

45. How many times has your baby been to a doctor or nurse for baby shots or routine well baby care?

\_\_\_\_ Times  
 None

46. a. Has your baby gone as many times as you wanted for routine well baby care?

No  
 Yes --> go to Question 47

b. Did any of these things keep your baby from having routine well baby care?  
*Check all that apply.*

I didn't have enough money or insurance to pay for it  
 I couldn't get an appointment  
 I had no way to get the baby to the clinic or office  
 I didn't have anyone to take care of my other children  
 Other --> please tell us:  
\_\_\_\_\_

47. When your baby goes for baby shots or other routine well baby care, where do you take him or her most of the time?  
*Check all that apply.*

Health Department Clinic  
 Private Doctor's Office or Private Clinic  
 Military Facility  
 Clinic for Alaska Natives  
 My baby has not had a visit for shots or routine care  
 Other --> please tell us:  
\_\_\_\_\_

*The next questions are about your family and the place where you live.*

48. Which rooms are in the house, trailer, or apartment where you live?

*Check all that you have.*

Bedrooms --> how many? \_\_\_\_  
 Living room  
 Separate dining room  
 Kitchen  
 Bathroom(s)  
 Recreation room, den, or family room  
 Finished basement

49. a. How many babies, children, or teens who are 17 years or younger live with you?  
*Count your new baby.  
Don't count yourself.*

\_\_\_\_ Person(s)  
 None

b. How many people who are 18 years or older live with you?  
*Don't count yourself.*

\_\_\_\_ Person(s)  
 None

50. What were the sources of your family income during the past 12 months?  
*Check all that apply.*

Wages or pay from a job  
 Aid such as AFDC, Welfare, Public Assistance, General Assistance, Food Stamps, or SSI  
 Unemployment benefits  
 Child support or alimony  
 Fees, rental income, commissions, interest, dividends, or income from business or farm  
 Social Security, Workers' Compensation, Veteran's benefits, or pensions  
 Other --> please tell us:  
\_\_\_\_\_

51. What is today's date? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

52. When were you born? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

53. What was your due date? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

I don't know

54. When was your baby born? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

*The next four questions ask about your birth control choices.*

55. When you got pregnant with this baby, were you doing anything to prevent pregnancy?  
 No, because I planned to get pregnant  
 No, but I did not plan to get pregnant  
 Yes, but I got pregnant anyway

56. Are you now doing anything to prevent pregnancy?  
 No --> go to Question 57  
 Yes --> go to Question 58

57. Why are you not doing anything to prevent pregnancy?  
*Check all that apply and then go to Question 59.*  
 I want to get pregnant again  
 I'm not having sex (intercourse)  
 I don't believe in birth control  
 My husband or boyfriend doesn't want me to use birth control  
 I can't afford birth control  
 I don't know where to find out about birth control choices  
 Other --> please tell us:  
 \_\_\_\_\_

58. What are you using now to prevent pregnancy?  
*Check all that apply.*

- Pill
- Condom (rubber)
- Foam, jelly, cream, or inserts
- Diaphragm, cap or sponge
- IUD
- Withdrawal (pulling out)
- Rhythm (safe period by calendar)
- Natural birth control (safe period by body temperature)
- Sterilization (I had my tubes tied or my partner had a vasectomy)

*The next questions ask about the time before, during or after your most recent pregnancy.*

59. Did you use any of these drugs when you were pregnant or in the month before you got pregnant?

	<u>During Pregnancy</u> (Circle No or Yes)		<u>1 Month Before Pregnancy</u> (Circle No or Yes)	
	No	Yes	No	Yes
Prescription drugs (What kind?) _____				
Marijuana (pot, bud) or hashish (hash)	No	Yes	No	Yes
Cocaine (rock, coke, crack)	No	Yes	No	Yes
Amphetamines (uppers, ice, speed, crystal, crank)	No	Yes	No	Yes
Heroin (smack, horse)	No	Yes	No	Yes
Tranquilizers (downers, ludes)	No	Yes	No	Yes
Hallucinogens (LSD/acid, PCP/angel dust, ecstasy)	No	Yes	No	Yes
Sniffing gasoline, glue, hairspray, or other aerosols	No	Yes	No	Yes

60. Since your baby was born, how many alcoholic drinks do you have in an average week?

- I don't drink at all
- I have \_\_\_\_ drinks in an average week  
*(Please write the number)*
- I don't drink during an average week, but once in a while I have 1 or 2 drinks
- I don't drink during an average week, but once in a while I have 3 or more drinks
- Other --> Please tell us:  
\_\_\_\_\_

61. In the last two years, have you been physically hurt by someone you were close to?  
*Check all that apply.*

- Never
- Before this pregnancy
- During this pregnancy
- Since this baby was born

*The next questions are about the place where you live.*

62. Do you have a telephone in your home that has been working (in service) for the past month?

- No --> go to Question 64
- Yes

63. Is your telephone number listed in the most recent telephone book under your last name and your current address?

- Yes
- Telephone not listed
- Telephone listed under another name or address

64. Does your baby sleep in the same bed with you?

- Always or almost always
- Sometimes
- Never

*The following questions are about any guns, rifles, or firearms that you keep in your home.*

65. a. Do you have any guns, rifles or firearms in your home?

- No --> go to Question 66
- Yes
- I don't know --> go to Question 66

*Please circle No, Yes or I don't know.*

- b. Are any of these guns kept loaded? ..... No Yes I don't know
- c. Are all of these guns stored in locked cabinets and storage areas? ..... No Yes I don't know
- d. Are there trigger locks on these guns? .... No Yes I don't know

*The next two questions ask about accidents your baby may have had.*

66. Have you ever taken your baby to a doctor, nurse or health aide after any type of accident?

- No --> go to Question 68
- Yes

67. How did your baby get hurt?  
*Check all that apply.*

- Motor vehicle accident
- Burn
- Fall
- Choking
- Accidental drop
- Animal attack (What kind? \_\_\_\_\_)
- Bumped head
- Near-drowning
- Near-suffocation
- Other ---> please tell us:  
\_\_\_\_\_

*The last two questions ask about the money and people you have to help you care for your baby.*

68. Please check your total family income for last year. Include all money your family received.  
*Check only one.*

- Less than \$5,000
- \$ 5,001 - \$10,000
- \$10,001 - \$15,000
- \$15,001 - \$20,000
- \$20,001 - \$25,000
- \$25,001 - \$30,000
- \$30,001 - \$35,000
- \$35,001 - \$40,000
- \$40,001 - \$45,000
- \$45,001 - \$50,000
- More than \$50,000

69. Who is helping you to raise your baby? Include those whom you often rely on for child care, money, and/or help with problems.  
*Check all that apply.*

- No one (I am raising my baby by myself)
- My husband or boyfriend
- My parent(s)
- My grandparent(s)
- My sister(s) or brother(s)
- My children
- My friend(s)
- Other --> please tell us:  
\_\_\_\_\_