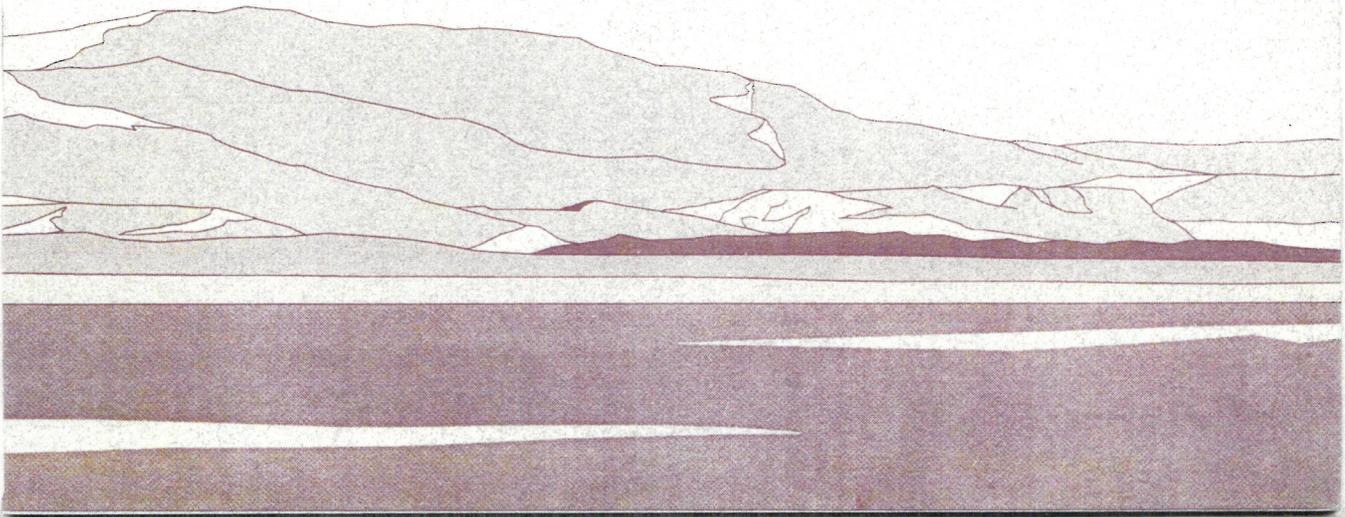


# Alaska

## Pregnancy Risk Assessment Monitoring System

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



First, we would like to ask you a few questions about the time before your new baby was born. Please check the box next to the best answer.

1. Before your new baby, did you ever have any other babies who were born alive?  
 No —> Go to Question 4  
 Yes
  
2. Did the baby just before your new one weigh 5 pounds, 8 ounces or less at birth?  
 No  
 Yes
  
3. Was the baby just before your new one born *more* than 3 weeks before its due date?  
 No  
 Yes

Next are some questions about the time just before and during your pregnancy with your new baby. It may help to look at the calendar when you answer these 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. Thinking back to *just before* you got 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
  
6. *Just before* you got pregnant, did you have health insurance?  
Don't count Medicaid.  
 No  
 Yes
  
7. *Just before* you got pregnant, were you on Medicaid?  
 No  
 Yes

8. When you got pregnant with your new baby, were you or your husband or partner using any kind of birth control?
- No  
 Yes → Go to Question 10

**Birth control means the pill, condoms, diaphragm, foam, rhythm, Norplant®, shots (Depo-Provera®), or ANY other way to keep from getting pregnant.**

9. Why were you or your husband or partner not using any birth control? Check all that apply.
- I wanted to get pregnant  
 I didn't think I could get pregnant  
 I had been having side effects from the birth control I used  
 I didn't want to use birth control  
 I didn't think I was going to have sex  
 My husband or partner didn't want to use birth control  
 Other → Please tell us:
- 

**The next questions are about the prenatal care you got 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 check-ups and advice about pregnancy. It may help to look at a calendar when you answer these questions.**

10. How many weeks or months pregnant were you when you had your first visit for prenatal care?
- \_\_\_\_ Weeks or \_\_\_\_ Months
- I did not go for prenatal care

**Don't count a visit that was only for a pregnancy test or only for WIC (Women, Infants, and Children's Nutrition Program).**

11. Did you get prenatal care as early in your pregnancy as you wanted?
- No  
 Yes → Go to Question 13  
 I did not want prenatal care → Go to Question 13

12. Did any of these things keep you from getting prenatal care as early as you wanted?  
**Check all that apply.**

- I couldn't get an appointment earlier in my pregnancy
  - I didn't have enough money or insurance to pay for my visits
  - I didn't know that I was pregnant
  - I had no way to get to the clinic or doctor's office
  - I couldn't find a doctor or a nurse who would take me as a patient
  - I had no one to take care of my children
  - I had too many other things going on
  - Other —> Please tell us:
- 

**If you did not go for prenatal care, go to Question 17 on Page 4.**

13. During each month of your pregnancy, about how many visits for prenatal care did you have? **If you don't know exactly how many, please give us your best guess. Don't count visits for WIC. It may help to use the calendar.**

Month of pregnancy	How many visits?
First month	_____
Second month	_____
Third month	_____
Fourth month	_____
Fifth month	_____
Sixth month	_____
Seventh month	_____
Eighth month	_____
Ninth month	_____

I did not go for prenatal care —> **Go to Question 17**

14. Where did you go *most of the time* for your prenatal visits?  
**Don't include visits for WIC.**  
**Check one answer.**

- Hospital clinic
  - Health department clinic
  - Private doctor's office
  - Military facility
  - Clinic for Alaska Natives
  - Other —> Please tell us:
- 

15. How was your prenatal care paid for?  
**Check all that apply.**

- Medicaid
  - Personal income (cash, check, or credit card)
  - Health insurance
  - Military (including TRICARE [formerly CHAMPUS])
  - Alaska Native Health Service or Native Regional Corporation
  - Other —> Please tell us:
-

16. 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? For each thing, circle Y (Yes) if someone talked with you about it or N (No) if no one talked with you about it.

	No	Yes
a. What you should eat during your pregnancy .....	N	Y
b. How smoking during pregnancy could affect your baby .....	N	Y
c. Breast-feeding your baby .....	N	Y
d. How drinking alcohol during pregnancy could affect your baby .....	N	Y
e. Using a seat belt during your pregnancy .....	N	Y
f. Birth control methods to use after your pregnancy .....	N	Y
g. The kinds of medicines that were safe to take during your pregnancy.....	N	Y
h. How using illegal drugs could affect your baby .....	N	Y
i. How your baby grows and develops during your pregnancy .....	N	Y
j. What to do if your labor starts early .....	N	Y
k. How to keep from getting HIV (the virus that causes AIDS) .....	N	Y
l. Getting your blood tested for HIV (the virus that causes AIDS) .....	N	Y
m. Physical abuse to women by their husbands or partners .....	N	Y

17. During your pregnancy, were you on WIC?  No  
 Yes

18. *Just before* you got pregnant, \_\_\_\_\_ Pounds  
 how much did you weigh?  I don't know

19. How tall are you without shoes? \_\_\_\_\_ Feet \_\_\_\_\_ Inches

20. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?  No  
 Yes

The next questions are about smoking cigarettes and drinking alcohol.

21. Have you smoked at least 100 cigarettes in your entire life?  No → Go to Question 25  
 Yes
22. 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
23. 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
24. 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
25. a. During 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.  
One mixed drink.)  I didn't drink then  
 Less than 1 drink a week  
 1 to 3 drinks a week  
 4 to 6 drinks a week  
 7 to 13 drinks a week  
 14 or more drinks a week  
 I don't know
- b. During the *3 months before* you got pregnant, how many times did you drink 5 or more alcoholic drinks at one sitting? \_\_\_\_\_ Times  
 I didn't drink then  
 I don't know

26. a. During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?
- I didn't drink then
  - Less than 1 drink a week
  - 1 to 3 drinks a week
  - 4 to 6 drinks a week
  - 7 to 13 drinks a week
  - 14 or more drinks a week
  - I don't know
- b. During the *last 3 months* of your pregnancy, how many times did you drink 5 or more alcoholic drinks at one sitting?
- \_\_\_\_\_ Times
- I didn't drink then
  - I don't know

The next questions are about times you may have had to stay in the hospital while you were pregnant. Please **DO NOT COUNT** the time you went to the hospital to have your baby.

27. *Not counting* the time you went to the hospital to have your baby, how many *other* times during your pregnancy did you go into a hospital and stay *at least one night*?
- None —> Go to Question 30
  - 1 time
  - 2 times
  - 3 times
  - 4 times or more
28. What problems caused you to stay in the hospital?  
Check all of the problems that you had.
- Labor pains more than 3 weeks before my due date (premature labor)
  - High blood pressure (preeclampsia or toxemia)
  - Vaginal bleeding or placenta problems
  - Nausea, vomiting, or dehydration
  - Kidney or bladder infection
  - High blood sugar (diabetes)
  - Other —> Please tell us:
- 
29. How many months pregnant were you the *first* time you had to go into a hospital and stay at least one night?
- \_\_\_\_\_ Months

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

30. This question is about things that may have happened during the *12 months before you delivered* your new baby. This includes the months before you got pregnant. For each thing, circle Y (Yes) if it happened to you or N (No) if it did not. It may help to use the calendar.

	No	Yes
a. A close family member was very sick and had to go into the hospital . . . . .	N	Y
b. You got separated or divorced from your husband or partner . . . . .	N	Y
c. You moved to a new address . . . . .	N	Y
d. You were homeless . . . . .	N	Y
e. Your husband or partner lost his job . . . . .	N	Y
f. You lost your job even though you wanted to go on working . . . . .	N	Y
g. You and your husband or partner argued more than usual . . . . .	N	Y
h. Your husband or partner said he did not want you to be pregnant . . . . .	N	Y
i. You had a lot of bills you couldn't pay . . . . .	N	Y
j. You were involved in a physical fight . . . . .	N	Y
k. You or your husband or partner went to jail . . . . .	N	Y
l. Someone very close to you had a bad problem with drinking or drugs . . . . .	N	Y
m. Someone very close to you died . . . . .	N	Y

**The next questions are about physical abuse. Physical abuse means pushing, hitting, slapping, kicking, or any other way of physically hurting someone.**

31. During the *12 months before you got pregnant* with your new baby, did any of these people physically abuse you? Check all that apply.

- My husband or partner
- A family or household member *other than* my husband or partner
- A friend
- Someone else —> Please tell us:

---

No one physically abused me during the 12 months before I got pregnant

32. *During your most recent pregnancy*, did any of these people physically abuse you? Check all that apply.

- My husband or partner
- A family or household member *other than* my husband or partner
- A friend
- Someone else —> Please tell us:

---

No one physically abused me during my pregnancy —> Go to Question 34

33. *During your most recent pregnancy*, would you say that you were physically abused *more often*, *less often*, or *about the same* compared with the *12 months before* you got pregnant?  
Check only one.

- I was physically abused *more often* during my pregnancy
- I was physically abused *less often* during my pregnancy
- I was physically abused *about the same* during my pregnancy
- No one physically abused me during the *12 months before* I got pregnant

The next questions are about your labor and delivery.

34. When was your baby due?

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

35. When was your baby born?

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

36. When did you go into the hospital to have your baby?

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

- I did not have my baby in a hospital

37. When you had your baby, how many nights did you stay in the hospital?

\_\_\_\_ Nights

- I did not stay overnight in the hospital
- I did not have my baby in a hospital

38. When your baby was born, how many nights did he or she stay in the hospital?

\_\_\_\_ Nights

- My baby did not stay overnight in the hospital
- My baby was not born in a hospital

39. When your baby was born, was he or she put in an intensive care unit?

- No
- Yes
- I don't know

40. How was your delivery paid for?  
Check all that apply.

- Medicaid
  - Personal income (cash, check, or credit card)
  - Health insurance
  - Military (including TRICARE [formerly CHAMPUS])
  - Alaska Native Health Service or Native Regional Corporation
  - Other → Please tell us:
- 

41. 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.**

42. For how many weeks did you breast-feed your new baby?

\_\_\_\_ Weeks

- I didn't breast-feed my baby → **Go to Question 44**
- I breast-fed less than 1 week → **Go to Question 44**
- I'm still breast-feeding

43. How many weeks old was your baby the first time you fed him or her anything besides breast milk?  
Include formula, baby food, juice, cow's milk, or anything else.

\_\_\_\_ Weeks

- My baby was less than 1 week old
- I haven't fed my baby anything besides breast milk

44. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

\_\_\_\_ Hours

- My baby is never in the same room with someone who is smoking

45. How do you put your new baby down to sleep *most* of the time?  
Check one answer.

- On his or her side
- On his or her back
- On his or her stomach

46. How many times has your baby been to a doctor or nurse for *routine* well baby care? Don't count the times you took your baby for care when he or she was sick. It may help to use the calendar.

- \_\_\_ Times
- My baby hasn't been for routine well baby care —> Go to Question 48

47. When your baby goes for *routine* well baby care, where do you take him or her?  
Check all the places that you use.

- Hospital clinic
  - Health department clinic
  - Private doctor's office
  - Military facility
  - Clinic for Alaska Natives
  - Other —> Please tell us:
- 

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

48. Which rooms are in the house, apartment, or trailer 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. How many people live in your house, apartment, or trailer? **Count yourself.**

**How many?**

Babies, children, or teens aged 17 years or younger

\_\_\_\_\_

Adults aged 18 years or older

\_\_\_\_\_

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

- Money from a job or business
  - Aid such as ATAP (Alaska Temporary Assistance Program [formerly AFDC]), welfare, public assistance, general assistance, food stamps, or SSI
  - Unemployment benefits
  - Child support or alimony
  - Fees, rental income, commissions, interest, dividends
  - Social security, workers' compensation, veteran benefits, or pensions
  - Other —> Please tell us:
- 

51. What is today's date?

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

52. What is *your* date of birth?

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

53. Since you delivered your new baby, who would help you if a problem came up? (For example, who would help you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks?)  
Check all that apply.

- My husband or partner
  - My mother, father, or in-laws
  - Other family member or relative
  - A friend
  - Someone else —> Please tell us:
- 

No one would help me

If you did not go for prenatal care, go to Question 55.

54. During your most recent pregnancy, did your prenatal care provider ever ask you whether you had been hurt or threatened by your partner?

- No
- Yes
- I don't remember

55. During your most recent pregnancy or since your new baby was born, has anyone close to you forced you to have sexual activities when you did not want to? For each time period, circle Y (Yes) if it has happened to you or N (No) if it has not.

	No	Yes
a. During your most recent pregnancy .....	N	Y
b. Since your new baby was born .....	N	Y

56. Are you or your husband or partner using any kind of birth control *now*?  
**Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant®, shots (Depo-Provera®) or ANY other way to keep from getting pregnant.**

- No
- Yes —> Go to Question 58

57. What are your reasons for not using any birth control now?  
**Check all that apply.**

- I am not having sex
  - I want to get pregnant
  - I don't want to use birth control
  - My husband or partner doesn't want to use birth control
  - I don't think I can get pregnant
  - I can't pay for birth control
  - I am pregnant now
  - Other —> Please tell us:
- 

58. a. Did you smoke marijuana or hash at any time during the 12 months *before your delivery*?

- No —> Go to Question 59
- Yes

b. How often did you smoke marijuana or hash *after* you found out that you were pregnant?

- 1 or more times a week
- 1 to 3 times a month
- Less than 1 time a month
- I did not smoke marijuana or hash *after* I found out that I was pregnant

59. a. Did you use cocaine or crack at any time during the 12 months *before your delivery*?  No —> Go to Question 60  
 Yes
- b. How often did you use cocaine or crack *after* you found out that you were pregnant?  1 or more times a week  
 1 to 3 times a month  
 Less than 1 time a month  
 I did not use cocaine or crack *after* I found out that I was pregnant

60. During your most recent pregnancy, did you get any of these services? For each thing, circle Y (Yes) if you got the service or N (No) if you did not get the service.

	No	Yes
a. Childbirth classes .....	N	Y
b. Parenting classes .....	N	Y
c. Classes on how to stop smoking .....	N	Y
d. Visits to your home by a nurse or other health care worker .....	N	Y
e. Food Stamps .....	N	Y
f. ATAP (formerly AFDC or Welfare) .....	N	Y

61. During your most recent pregnancy, did you ever use smokeless tobacco (chew or snuff)?  No  
 Yes
62. Since your new baby was born, how many alcoholic drinks do 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.  
 One mixed drink.)  I don't drink  
 Less than 1 drink a week  
 1 to 3 drinks a week  
 4 to 6 drinks a week  
 7 to 13 drinks a week  
 14 or more drinks a week  
 I don't know
63. Since your new baby was born, how many times have you had 5 or more alcoholic drinks at one sitting? \_\_\_\_\_ Times  
 I don't drink  
 I don't know

**If your baby is not alive or is not living with you now, go to Question 68 on Page 14.**

64. Since your new baby was born, have you used WIC services for your new baby?  No  
 Yes

If you NEVER breast-fed your new baby, go to Question 66.

65. a. Do you breast-feed your new baby *now*?  No  
 Yes —> Go to Question 66
- b. What were your reasons for stopping breast-feeding?  
 Check all that apply.
- I didn't want to keep breast-feeding
  - I had to go to work or school
  - I tried but my baby didn't breast-feed very well
  - I didn't have enough milk
  - I felt it was the right time to stop
  - My baby was not with me
  - I was taking medicine
  - Other —> Please tell us:
- 

66. Listed below are some things about safety. For each thing, circle Y (Yes) if it applies to you or N (No) if it does not apply to you.

	No	Yes
a. My infant was brought home from the hospital in an infant car seat . . . . .	N	Y
b. My baby always rides in an infant car seat . . . . .	N	Y
c. My home has a working smoke alarm . . . . .	N	Y

67. How often does your new baby sleep in the same bed with you?  
 Check the best answer.
- Always
  - Almost always
  - Sometimes
  - Never

68. a. Please check your total family income for last year. Include *all* money your family received.  
 Check only one box.
- Less than \$5,000
  - \$ 5,001 to \$10,000
  - \$10,001 to \$15,000
  - \$15,001 to \$20,000
  - \$20,001 to \$25,000
  - \$25,001 to \$30,000
  - \$30,001 to \$35,000
  - \$35,001 to \$40,000
  - \$40,001 to \$45,000
  - \$45,001 to \$50,000
  - More than \$50,000

- b. How many people, including yourself, depended on this income? \_\_\_\_\_ People

**Please use this space for any additional comments you would like to make about 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.*