Alaska PRAMS
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 recent 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 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, or e-mail mch-epi@alaska.gov, 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
   - Centimeters

2. **Just before you got pregnant with your new baby, how much did you weigh?**
   - Pounds
   - Kilos

3. **What is your date of birth?**
   - Month
   - Day
   - Year

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

4. **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.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I was dieting (changing my eating habits) to lose weight</td>
<td>❑ ❑</td>
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<tr>
<td>b. I was exercising 3 or more days of the week for fitness outside of my regular job</td>
<td>❑ ❑</td>
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<tr>
<td>c. I was regularly taking prescription medicines other than birth control</td>
<td>❑ ❑</td>
</tr>
<tr>
<td>d. A health care worker checked me for diabetes</td>
<td>❑ ❑</td>
</tr>
<tr>
<td>e. I talked to a health care worker about my family medical history</td>
<td>❑ ❑</td>
</tr>
</tbody>
</table>

5. **During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions?** For each one, check **No** if you did not have the condition or **Yes** if you did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>a. Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy)</td>
<td>❑ ❑</td>
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<tr>
<td>b. High blood pressure or hypertension</td>
<td>❑ ❑</td>
</tr>
<tr>
<td>c. Depression</td>
<td>❑ ❑</td>
</tr>
<tr>
<td>d. Asthma</td>
<td>❑ ❑</td>
</tr>
<tr>
<td>e. Thyroid problems</td>
<td>❑ ❑</td>
</tr>
<tr>
<td>f. PCOS (polycystic ovarian syndrome)</td>
<td>❑ ❑</td>
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<tr>
<td>g. Anxiety</td>
<td>❑ ❑</td>
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</tbody>
</table>
6. 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

7. In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?

- No
- Yes  Go to Question 10

8. What type of health care visit did you have in the 12 months before you got pregnant with your new baby?

- Regular checkup at my family doctor’s office
- Regular checkup at my OB/GYN’s office
- Visit for an illness or chronic condition
- Visit for an injury
- Visit for family planning or birth control
- Visit for depression or anxiety
- Visit to have my teeth cleaned by a dentist or dental hygienist
- Other  Please tell us:

9. During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker do any of the following things? For each item, check No if they did not or Yes if they did.

- Tell me to take a vitamin with folic acid...
- Talk to me about maintaining a healthy weight
- Talk to me about controlling any medical conditions such as diabetes or high blood pressure
- Talk to me about my desire to have or not have children
- Talk to me about using birth control to prevent pregnancy
- Talk to me about how I could improve my health before a pregnancy
- Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis
- Ask me if I was smoking cigarettes
- Ask me if someone was hurting me emotionally or physically
- Ask me if I was feeling down or depressed
- Ask me about the kind of work I do
- Test me for HIV (the virus that causes AIDS)
The next questions are about your health insurance coverage before, during, and after your pregnancy with your new baby.

10. 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 or partner
   - Private health insurance from my parents
   - Private health insurance from the Health Insurance Marketplace or HealthCare.gov
   - Medicaid or Denali KidCare
   - TRICARE or other military health care
   - Alaska Tribal Health System or IHS
   - Other health insurance [ ] Please tell us:

   - I did not have any health insurance during the month before I got pregnant

11. During your most recent pregnancy, what kind of health insurance did you have for your prenatal care?

   Check ALL that apply

   - I did not go for prenatal care [ ] Go to Question 12
   - Private health insurance from my job or the job of my husband or partner
   - Private health insurance from my parents
   - Private health insurance from the Health Insurance Marketplace or HealthCare.gov
   - Medicaid or Denali KidCare
   - TRICARE or other military health care
   - Alaska Tribal Health System or IHS
   - Other health insurance [ ] Please tell us:

   - I did not have any health insurance for my prenatal care

12. 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 or partner
   - Private health insurance from my parents
   - Private health insurance from the Health Insurance Marketplace or HealthCare.gov
   - Medicaid or Denali KidCare
   - TRICARE or other military health care
   - Alaska Tribal Health System or IHS
   - Other health insurance [ ] Please tell us:

   - I do not have health insurance now

13. 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

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

   - No
   - Yes [ ] Go to Page 4, Question 16

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 having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

   - No
   - Yes
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.)

16. How many weeks or months pregnant were you when you had your first visit for prenatal care?

- [ ] Weeks
- [ ] Months

[ ] I didn’t go for prenatal care  [ ] Go to Question 18

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

[ ] No  [ ] Yes  [ ] Go to Question 19

18. 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.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I couldn’t get an appointment when I wanted one</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. I didn’t have enough money or insurance to pay for my visits</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. I didn’t have any transportation to get to the clinic or doctor’s office</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>d. The doctor or my health plan would not start care as early as I wanted</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>e. I had too many other things going on</td>
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<td>☐</td>
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<tr>
<td>f. I couldn’t take time off from work or school</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. I didn’t have my Medicaid or Denali KidCare card</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h. I didn’t have anyone to take care of my children</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>i. I didn’t know that I was pregnant</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>j. I didn’t want anyone else to know I was pregnant</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>k. I didn’t want prenatal care</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If you did not have prenatal care, go to Question 21.
### 19. **During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the things listed below?** For each item, check **No** if they did not ask you about it or **Yes** if they did.

<table>
<thead>
<tr>
<th>Item</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. If I knew how much weight I should gain during pregnancy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. If I was taking any prescription medication.</td>
<td></td>
<td></td>
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<tr>
<td>c. If I was smoking cigarettes.</td>
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<td></td>
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<tr>
<td>d. If I was drinking alcohol.</td>
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</tr>
<tr>
<td>e. If someone was hurting me emotionally or physically.</td>
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<tr>
<td>f. If I was feeling down or depressed.</td>
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<tr>
<td>g. If I was using drugs such as marijuana, cocaine, crack, or meth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. If I wanted to be tested for HIV (the virus that causes AIDS).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. If I planned to breastfeed my new baby.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. If I planned to use birth control after my baby was born.</td>
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<td></td>
</tr>
</tbody>
</table>

### 20. **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

### 21. **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

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

- No
- Yes

### 23. **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

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

Check ONE answer

- No
- Yes, before my pregnancy
- Yes, during my pregnancy

### 25. **During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?**

- No
- Yes

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

- No
- Yes

### 27. **During your most recent pregnancy, did you have any of the following health conditions?** For each one, check **No** if you did not have the condition or **Yes** if you did.

<table>
<thead>
<tr>
<th>Condition</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Gestational diabetes (diabetes that <strong>started</strong> during this pregnancy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. High blood pressure (that <strong>started</strong> during this pregnancy), pre-eclampsia or eclampsia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Anxiety</td>
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</tbody>
</table>
The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).

28. Have you smoked any cigarettes in the past 2 years?
   - No
   - Yes → Go to Question 32

29. 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

30. 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

31. 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

32. How many cigarette smokers, not including yourself, live in your home now?
   __________ Number of smokers

33. 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?
   - No one is allowed to smoke anywhere inside my home → Go to Question 36
   - Smoking is allowed in some rooms or at some times
   - Smoking is permitted anywhere inside my home

34. Does your husband or partner smoke inside your home?
   - No
   - Yes

35. Not including yourself or your husband or partner, does anyone else smoke cigarettes inside your home?
   - No
   - Yes
The next questions are about using other tobacco products around the time of pregnancy.

E-cigarettes (electronic cigarettes) and other electronic nicotine products (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.

A hookah is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

36. Have you used any of the following products in the past 2 years? For each item, check No if you did not use it or Yes if you did.

<table>
<thead>
<tr>
<th>Product</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. E-cigarettes or other electronic nicotine products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Hookah</td>
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</tbody>
</table>

If you used e-cigarettes or other electronic nicotine products in the past 2 years, go to Question 37. Otherwise, go to Question 39.

37. During the 3 months before you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- I did not use e-cigarettes or other electronic nicotine products then

38. During the last 3 months of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- I did not use e-cigarettes or other electronic nicotine products then

The next questions are about drinking alcohol around the time of pregnancy.

39. 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
- Yes Go to Page 8, Question 44

40. 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
- 8 to 13 drinks a week
- 4 to 7 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn’t drink then Go to Page 8, Question 42

41. 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
42. 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
- 8 to 13 drinks a week
- 4 to 7 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn’t drink then

Go to Question 44

43. 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

44. 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.)

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

Pregnancy can be a difficult time. The next questions are about things that may have happened before and during your most recent pregnancy.
45. In the 12 months before you got pregnant with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.

No | Yes
---|---
a. My husband or partner
b. My ex-husband or ex-partner

46. During your most recent pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.

No | Yes
---|---
a. My husband or partner
b. My ex-husband or ex-partner

47. When was your new baby born?

Month / Day / Year

48. How much weight did you gain during your most recent pregnancy?

Check ONE answer and fill in blank if needed

- I gained ___ pounds OR ___ kilos
- I didn’t gain any weight during my pregnancy
- I don’t know

49. 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

50. Is your baby alive now?

- No
- Yes

We are very sorry for your loss. Go to Page 12, Question 65

51. Is your baby living with you now?

- No
- Yes

Go to Page 12, Question 65

52. Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources? For each one, check No if you did not receive information from this source or Yes if you did.

No | Yes
---|---
a. My doctor
b. A nurse, midwife, or doula
c. A breastfeeding or lactation specialist
d. My baby’s doctor or health care provider
e. A breastfeeding support group
f. A breastfeeding hotline or toll-free number
g. Family or friends
h. Other

Please tell us:


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

- No
- Yes

**Go to Question 58**

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

- No
- Yes

**Go to Question 56**

55. How many weeks or months did you breastfeed or feed pumped milk to your baby?

- Less than 1 week

<table>
<thead>
<tr>
<th></th>
<th>Weeks</th>
<th>OR</th>
<th>Months</th>
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56. 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.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>a. Hospital staff gave me information about breastfeeding</td>
<td></td>
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<tr>
<td>b. My baby stayed in the same room with me at the hospital</td>
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<tr>
<td>c. I breastfed my baby in the hospital</td>
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<tr>
<td>d. Hospital staff helped me learn how to breastfeed</td>
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</tr>
<tr>
<td>e. I breastfed in the first hour after my baby was born</td>
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<tr>
<td>f. My baby was placed in skin-to-skin contact within the first hour of life</td>
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<tr>
<td>g. My baby was fed only breast milk at the hospital</td>
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<td></td>
</tr>
<tr>
<td>h. Hospital staff told me to breastfeed whenever my baby wanted</td>
<td></td>
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<tr>
<td>i. The hospital gave me a breast pump to use</td>
<td></td>
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<tr>
<td>j. The hospital gave me a gift pack with formula</td>
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<tr>
<td>k. The hospital gave me a telephone number to call for help with breastfeeding</td>
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<tr>
<td>l. Hospital staff gave my baby a pacifier</td>
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57. How old was your new baby the first time he or she had liquids other than breast milk (such as formula, water, juice, or cow's milk)?

<table>
<thead>
<tr>
<th></th>
<th>Weeks</th>
<th>OR</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- My baby was less than 1 week old
- My baby has not had any liquids other than breast milk
58. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

☐ Weeks ___ OR ☐ Months ___

☐ My baby was less than 1 week old
☐ My baby has not eaten any foods

If your baby is still in the hospital, go to Page 12, Question 65.

59. In which one position do you most often lay your baby down to sleep now?

☐ On his or her side
☐ On his or her back
☐ On his or her stomach

Check ONE answer

60. In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed?

☐ Always
☐ Often
☐ Sometimes
☐ Rarely
☐ Never

Go to Question 62

61. Who does your new baby usually sleep with when he or she is not sleeping alone?

☐ Me
☐ My husband or partner
☐ Someone else

Please tell us: ___________________________________________________________________________

Check ALL that apply

If your baby never sleeps alone in his or her own crib or bed, go to Question 63.

62. When your new baby sleeps alone, is his or her crib or bed in the same room where you sleep?

☐ No
☐ Yes

63. Listed below are some more things about how babies sleep. How did your new baby usually sleep in the past 2 weeks? For each item, check No if your baby did not usually sleep like this or Yes if he or she did.

a. In a crib, bassinet, or pack and play .........................................................
b. On a twin or larger mattress or bed ............................................................
c. On a couch, sofa, or armchair .................................................................
d. In an infant car seat or swing .....................................................................
e. In a sleeping sack or wearable blanket ....................................................
f. With a blanket ..............................................................................................
g. With toys, cushions, or pillows, including nursing pillows ......................
h. With crib bumper pads (mesh or non-mesh) ...........................................

64. Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check No if they did not tell you or Yes if they did.

a. Place my baby on his or her back to sleep ................................................
b. Place my baby to sleep in a crib, bassinet, or pack and play ....................
c. Place my baby's crib or bed in my room ..................................................
d. What things should and should not go in bed with my baby ....................
65. 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 having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- No
- Yes → Go to Question 67

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

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

If you or your husband or partner is not doing anything to keep from getting pregnant now, go to Question 68.

67. What kind of birth control are you or your husband or partner using now to keep from getting pregnant?

- Tubes tied or blocked (female sterilization or Essure®)
- Vasectomy (male sterilization)
- Birth control pills
- Condoms
- Shots or injections (Depo-Provera®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- Contraceptive implant in the arm (Nexplanon® or Implanon®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other → Please tell us:

Check ALL that apply

68. 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 → Go to Question 70

Go to Question 69
During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things? For each item, check No if they did not do it or Yes if they did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tell me to take a vitamin with folic acid</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. Talk to me about how long to wait before getting pregnant again</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. Talk to me about birth control methods I can use after giving birth</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®), NuvaRing®, or condoms</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®)</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>g. Ask me if I was smoking cigarettes</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>h. Ask me if someone was hurting me emotionally or physically</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>i. Ask me if I was feeling down or depressed</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>j. Test me for diabetes</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

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

- [ ] Always
- [ ] Often
- [ ] Sometimes
- [ ] Rarely
- [ ] Never

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

- [ ] Always
- [ ] Often
- [ ] Sometimes
- [ ] Rarely
- [ ] Never

The next questions are on a variety of topics.

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

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. During the 12 months before I got pregnant</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. During my most recent pregnancy</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. Since my new baby was born</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

During the month before you got pregnant, did you take or use any of the following drugs for any reason? For each item, check No if you did not use it or Yes if you did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. Methadone, naloxone, subutex, or Suboxone®</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. Heroin (smack, junk, black tar)</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. Amphetamines (speed, crystal meth, crank, ice)</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. Cocaine or crack</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

During your most recent pregnancy, did you take or use any of the following drugs for any reason? For each item, check No if you did not use it or Yes if you did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine</td>
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<td>☐ ☐</td>
</tr>
<tr>
<td>e. Cocaine or crack</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>
75. During your most recent pregnancy, did you ever use smokeless tobacco products such as chewing tobacco, snuff, snus, or iqmik?

- No
- Yes

Go to Question 77

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

- Chewing tobacco, snuff, or snus
- Iqmik (also known as blackbull)

Check ALL that apply

77. Are you planning to stop smoking cigarettes?

- 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

If your baby is not alive, is not living with you, or is still in the hospital, go to Question 79.

78. Since you delivered your new baby, would you have the kinds of help listed below if you needed them? For each one, check No if you would not have it or Yes if you would.

- Someone to loan me $50
- Someone to help me if I were sick and needed to be in bed
- Someone to talk with about my problems
- Someone to take care of my baby
- Someone to help me if I were tired and feeling frustrated with my new baby

80. 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 $20,000
- $20,001 to $25,000
- $25,001 to $30,000
- $30,001 to $36,000
- $36,001 to $40,000
- $40,001 to $50,000
- $50,001 to $60,000
- $60,001 to $71,000
- $71,001 to $75,000
- $75,001 to $91,000
- $91,001 to $107,000
- $107,001 or more

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

People

82. What is today’s date?

Month Day Year

Go to Question 78

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

No Yes

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

No Yes

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

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

D1. At any time during the 3 months before you got pregnant OR during your most recent pregnancy, did you use marijuana or hash in any form?

- No
- Yes

Go to Question D6

D2. During the 3 months before you got pregnant, about how often did you use marijuana products in an average month?

- Daily
- 2-6 days a week
- 1 day a week
- 2-3 days a month
- 1 day a month or less
- I did not use marijuana then

D3. During your most recent pregnancy, about how often did you use marijuana products in an average month?

- Daily
- 2-6 days a week
- 1 day a week
- 2-3 days a month
- 1 day a month or less
- I did not use marijuana then

Go to Question D6

D4. During your most recent pregnancy, how did you use marijuana?

- Smoked it
- Ate it
- Drank it
- Vaporized it
- Dabbled it
- Other

Check ALL that apply

Please tell us:

D5. Why did you use marijuana products during pregnancy? For each item, check No if it is not a reason for you or Yes if it was.

- To relieve nausea ..............................................
- To relieve vomiting ...........................................
- To relieve stress or anxiety ............................... 
- To relieve symptoms of a chronic condition .......... 
- To relieve pain .................................................. 
- For fun or to relax ............................................
- Some other reason ...........................................

Please tell us:

If you did not get prenatal care, go to Page 16, Question D8.

D6. During any of your prenatal care visits, did a doctor, nurse, or other health care worker do any of the following things? Please include if they asked you on a written form or in a conversation. For each item, check No if they did not do this or Yes if they did.

- Ask me if I was using marijuana ..................
- Recommend that I use marijuana for any reason ...........................................................
- Advise me not to use marijuana ..................
- Advise me not to breastfeed my baby if I was using marijuana......................................

D7. During any of your prenatal care visits, did a doctor, nurse, or other health care worker refer you to treatment because of drug use (prescribed or non-prescribed drugs)?

- No
- Yes
- I did not use any drugs (or only used over-the-counter pain relievers) during my pregnancy
D8. How long do you think it is necessary for a woman to wait after using marijuana to breastfeed her baby?

- I don’t think she needs to wait at all
- I think it is best to wait until she is no longer high
- I think it is best to wait at least 2-3 hours after she is no longer high
- I don’t think it is safe for breastfeeding women to use marijuana at all

Check ONE answer

The last questions are about prescription drugs.

D9. During your most recent pregnancy, did you take prescription antidepressants or selective serotonin reuptake inhibitors (SSRIs) such as Prozac, Zoloft, or Lexapro?

- No
- Yes

D10. During your most recent pregnancy, did you use prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine?

- No
- Yes

Go to the end

D11. How would you describe the way you got the prescription pain relievers that you used during your most recent pregnancy?

- I had a current prescription
- I had pain relievers left over from an old prescription
- I got the pain relievers without a prescription

Check ALL that apply
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 keep mothers and babies in Alaska healthy.