



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 mark your answers. Follow the directions included with the questions. If no directions are presented, check the box next to your answer or fill in the blanks. Because not all questions will apply to everyone, you may be asked to skip certain questions.

BEFORE PREGNANCY

First, we would like to ask a few questions about you and the time *before* you got pregnant with your new baby.

1. 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, circle Y (Yes) if you did it or circle N (No) if you did not.

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

2. During the month before you got pregnant with your new baby, were you covered by any of these health insurance plans?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- 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
- Other source(s) _____ → Please tell us: _____
- I did not have any health insurance before I got pregnant

3. 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 at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

4. Just before you got pregnant with your new baby, how much did you weigh?

_____ Pounds **OR** _____ Kilos

5. How tall are you without shoes?

____ Feet ____ Inches

OR ____ Meters

6. What is *your* date of birth?

____ / ____ / 19____

Month Day Year

7. Before you got pregnant with your new baby, were you ever told by a doctor, nurse, or other health care worker that you had Type 1 or Type 2 diabetes? This is not the same as gestational diabetes or diabetes that starts during pregnancy.

- No
 Yes

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

- No → **Go to Question 11**
 Yes

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

- No
 Yes

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

- No
 Yes

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

11. 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 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

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

- No
 Yes → **Go to Question 16**

13. 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 not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
 Yes → **Go to Question 15**

Go to Question 14

14. 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
- Other _____ → Please tell us:

If you or your husband or partner was not doing anything to keep from getting pregnant, go to Question 16.

15. When you got pregnant with your new baby, what were you or your husband or partner using to keep from getting pregnant?

Check all that apply

- Pill
- Condoms
- Injection once every 3 months (Depo-Provera[®])
- Contraceptive implant (Implanon[®])
- Contraceptive patch (OrthoEvra[®])
- Diaphragm, cervical cap, or sponge
- Vaginal ring (NuvaRing[®])
- IUD (including Mirena[®])
- Emergency contraception (The "morning-after" pill)
- 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.)

16. 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

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

{ _____ Weeks OR _____ Months

- I didn't go for prenatal care →

Go to Page 4, Question 19

Go to Page 4, Question 18

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

No
 Yes → **Go to Question 20**

19. Did any of these things keep you from getting prenatal care at all or as early as you wanted? For each item, circle **T** (True) if it was a reason that you didn't get prenatal care when you wanted or circle **F** (False) if it was not a reason for you or if something does not apply to you.

	True	False
a. I couldn't get an appointment when I wanted one	T	F
b. I didn't have enough money or insurance to pay for my visits	T	F
c. I had no transportation to get to the clinic or doctor's office	T	F
d. The doctor or my health plan would not start care as early as I wanted	T	F
e. I had too many other things going on	T	F
f. I couldn't take time off from work or school.	T	F
g. I didn't have my Medicaid or Denali KidCare card.	T	F
h. I had no one to take care of my children.	T	F
i. I didn't know that I was pregnant	T	F
j. I didn't want anyone else to know I was pregnant	T	F
k. I didn't want prenatal care	T	F

If you did not go for prenatal care, go to Question 24.

20. Did any of these health insurance plans help you pay for your *prenatal care*?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
 Health insurance that you or someone else paid for (not from a job)
 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
 Other source(s) → Please tell us:
-
- I did not have health insurance to help pay for my prenatal care

21. 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, circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.

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

22. 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

23. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about how much weight you should gain during your pregnancy?

- No
 Yes

24. 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

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

- 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, 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

28. Did you have any of the following problems during your most recent pregnancy? For each item, circle **Y** (Yes) if you had the problem or circle **N** (No) if you did not.

	No	Yes
a. Vaginal bleeding	N	Y
b. Kidney or bladder (urinary tract) infection	N	Y
c. <i>Severe</i> nausea, vomiting, or dehydration	N	Y
d. Cervix had to be sewn shut (cerclage for incompetent cervix)	N	Y
e. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia	N	Y
f. Problems with the placenta (such as abruptio placentae or placenta previa)	N	Y
g. Labor pains more than 3 weeks before my baby was due (preterm or early labor)	N	Y
h. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM])	N	Y
i. I had to have a blood transfusion	N	Y
j. I was hurt in a car accident	N	Y

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

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

- No —————→
- Yes

Go to Question 33

Go to Question 30

30. 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

31. 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

32. 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

33. Which of the following statements best describes the rules about smoking inside your home now?

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, during, and after).

34. 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 37**

Yes

35a. 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 36a**

35b. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two 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 1 sitting

36a. 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 37**

Go to Question 36b

36b. During the last 3 months of your pregnancy, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two 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 1 sitting

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.

37. This question is about things that may have happened during the 12 months before your new baby was born. For each item, circle Y (Yes) if it happened to you or circle N (No) if it did not. (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	N	Y
b. I got separated or divorced from my husband or partner	N	Y
c. I moved to a new address	N	Y
d. I was homeless	N	Y
e. My husband or partner lost his job	N	Y
f. I lost my job even though I wanted to go on working	N	Y
g. I argued with my husband or partner more than usual	N	Y
h. My husband or partner said he didn't want me to be pregnant	N	Y
i. I had a lot of bills I couldn't pay	N	Y
j. I was in a physical fight	N	Y
k. My husband or partner or I went to jail	N	Y
l. Someone very close to me had a problem with drinking or drugs	N	Y
m. Someone very close to me died	N	Y

38. 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

39. 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. (It may help to look at the calendar when you answer these questions.)

40. When was your baby due?

/ / 20
 Month Day Year

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

/ / 20
 Month Day Year

- I didn't have my baby in a hospital

42. When was your baby born?

/ / 20
 Month Day Year

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

- No
 Yes
 I don't know

44. How was your new baby delivered?

- Vaginally → **Go to Question 46**
 Cesarean delivery (c-section)

45. 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
 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
 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 during labor
 I wanted to schedule my delivery
 I didn't want to have my baby vaginally
 Other reason(s) → Please tell us:

46. When were you discharged from the hospital after your baby was born?

/ / 20
 Month Day Year

- I didn't have my baby in a hospital

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

_____ Pounds OR _____ Kilos

- I LOST weight during my pregnancy
 My weight didn't change during my pregnancy
 I don't know

48. Did any of these health insurance plans help you pay for the *delivery* of your new baby?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
 Health insurance that you or someone else paid for (not from a job)
 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
 Other source(s) —————> Please tell us:

- I did not have health insurance to help pay for my delivery

AFTER PREGNANCY

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

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

- No
 Yes
 I don't know

50. After your baby was born, 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 53

51. Is your baby alive now?

- No —————> **Go to Page 11, Question 61**
 Yes

52. Is your baby living with you now?

- No —————> **Go to Page 11, Question 61**
 Yes

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

- No —————> **Go to Page 10, Question 57b**
 Yes

Go to Page 10, Question 54

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 pump milk to feed your baby?

Weeks OR Months
 Less than 1 week

If your baby was not born in a hospital, go to Question 57a.

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

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

57a. How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)?

Weeks OR Months
 My baby was less than 1 week old
 My baby has not had any liquids other than breast milk

57b. 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 Question 61.

58. 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

59. Listed below are some things that describe how your new baby *usually* sleeps. For each item, circle **T** (True) if it usually applies to your baby or circle **F** (False) if it doesn't usually apply to your baby.

- | | True | False |
|--|------|-------|
| a. My new baby sleeps in a crib or portable crib | T | F |
| b. My new baby sleeps on a firm or hard mattress | T | F |
| c. My new baby sleeps with pillows | T | F |
| d. My new baby sleeps with bumper pads | T | F |
| e. My new baby sleeps with plush blankets | T | F |
| f. My new baby sleeps with stuffed toys | T | F |
| g. My new baby sleeps with another person | T | F |

60. Was your new baby seen by a doctor, nurse, or other health care worker for a *one week check-up* after he or she was born?

- No
 Yes

61. 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 not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
 Yes

Go to Question 63

Go to Question 62

62. 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
- My husband or partner doesn't want to use anything
- I don't think I can get pregnant (sterile)
- I can't pay for birth control
- I am pregnant now
- Other _____ → Please tell us:

63. Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced things this way *since your new baby was born*. Use the scale when answering:

- | | | | | |
|--------------|---------------|------------------|--------------|---------------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Rarely | Sometimes | Often | Always |

- a. I felt down, depressed, or sad. . . ____
- b. I felt hopeless ____
- c. I felt slowed down ____

OTHER EXPERIENCES

The next questions are on a variety of topics.

Now we would like to ask you about getting birth control before you got pregnant with your new baby. For the next few questions, birth control includes the pill, the shot (Depo-Provera®), condoms, or any other method used to prevent pregnancy that can be given to you by a health care worker or bought at a pharmacy or store.

64. During the 12 months before you got pregnant with your new baby, did you have any problems getting birth control when you wanted or needed it?

- No → **Go to Question 66**
- Yes

Go to Question 65

65. Here is a list of things that may keep some women from getting birth control when they want it or need it. For each one, circle **Y** (Yes) if it applied to you during the 12 months before you got pregnant or circle **N** (No) if it did not.

	No	Yes
a. I didn't know where to go to get birth control.	N	Y
b. I couldn't get the type of birth control I wanted from my local clinic.	N	Y
c. I couldn't get an appointment when I wanted one	N	Y
d. I didn't have enough money or insurance to pay for my visit.	N	Y
e. I didn't have enough money or insurance to pay for the birth control method	N	Y
f. My husband or partner didn't want me to use birth control or kept me from using birth control	N	Y
g. I didn't feel comfortable asking my local health care provider about birth control.	N	Y
h. I didn't have confidence in the health care providers at my local clinic.	N	Y
i. I was worried that my privacy wouldn't be protected if I went to my local clinic.	N	Y
j. Other	N	Y

Please tell us:

66. During the 12 months before you got pregnant with your new baby, did you ever call the police because you felt threatened by your husband or partner? Include calls to 911, Alaska State Troopers, or Village Public Safety Officers (VPSOs).

- No
- Yes

67. Which of the following statements best describes the rules about smoking *inside your home during your most recent pregnancy*?

Check one answer

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

68a. During *your most recent pregnancy*, did you ever use spit tobacco products such as chewing tobacco, snuff, iqmik, or blackbull?

- No → **Go to Question 69**
- Yes

68b. Which spit tobacco product(s) did you use during your pregnancy?

Check all that apply

- Chewing tobacco or snuff
- Iqmik or blackbull

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

- No
- Yes

70. During any of the following time periods, did you smoke marijuana or hash? For each time period, circle **Y** (Yes) if you smoked then or circle **N** (No) if you did not smoke then.

No Yes

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

71. 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, circle **Y** (Yes) if it has happened to you or circle **N** (No) if it has not.

No Yes

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

If you do not smoke cigarettes now, go to Page 14, Question 73a.

72. 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, more than 6 months from now
- 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 75.

73a. *Last night*, did your new baby sleep in the same bed with you or anyone else?

- No —————> **Go to Question 74**
 Yes

73b. Who slept in the same bed with your new baby *last night*?

Check all that apply

- Me
 My husband or partner
 Other person(s) (adults or children)

74. *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, circle **Y** (Yes) if someone talked with you about it or circle **N** (No) if no one talked with you about it.

	No	Yes
a. Help with or information about breastfeeding	N	Y
b. How long to wait before getting pregnant again	N	Y
c. Birth control methods that I can use after giving birth	N	Y
d. Postpartum depression	N	Y
e. Support groups for new parents	N	Y
f. Resources in my community such as nurse home visitation programs, telephone hotlines, counseling, etc . . .	N	Y
g. Getting to and staying at a healthy weight after delivery	N	Y

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

75. 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.)

- Less than \$10,000
 \$10,000 to \$14,999
 \$15,000 to \$19,999
 \$20,000 to \$24,999
 \$25,000 to \$34,999
 \$35,000 to \$49,999
 \$50,000 to \$74,999
 \$75,000 or more

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

People

77. What is today's date?

/ / 20
 Month Day Year

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.



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