

Pregnancy Risk Assessment Monitoring System

Wyoming PRAMS Phone Survey
Phase 8

English Version

April 2016

INTERVIEWER: Please indicate the number that corresponds to the respondent's answer.

First, I would like to ask a few questions about *you*.

1. How tall are *you* without shoes?

(**PROBE:** About how tall?)

(Don't Read)

- 1 Feet _____ [Range: 4-6 feet/0-11 inches]
2 Inches _____
OR
3 Centimeters _____ [Range: 120-210 centimeters]
8 Refused
9 Don't know/ don't remember

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

(**PROBE:** About how much?)

(Don't Read)

- 1 Number of pounds _____ [Range: 36-400 pounds/kilos]
OR
2 Number of kilos _____
8 Refused
9 Don't know/ don't remember

3. What is *your* date of birth?

- 1 Month _____ [Range: 10-55 years of age]
2 Day _____
3 Year _____

(Don't Read)

- 8 Refused
9 Don't know/ don't remember

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

4. I'm going to read a list of health conditions. For each one, please tell me if you had it during the **3 months before** you got pregnant with your new baby. Did you have _____?

(PROBE: During the **3 months before** you got pregnant with your new baby, did you have _____?)

(Don't Read)

Condition	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Type 1 or Type 2 diabetes. This is not the same as gestational diabetes or diabetes that starts during pregnancy.				
b. High blood pressure or hypertension				
c. Depression				

5. 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? Please tell me which of the following best describes you.

(PROBE: About how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?)

- 1 You didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the *month before* you got pregnant
- 2 1 to 3 times a week
- 3 4 to 6 times a week
- 4 Every day of the week

(Don't Read)

- 8 Refused
- 9 Don't know

6. 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?

(Don't Read)

- 1 No ⇒ **GO TO Question 9**
- 2 Yes
- 8 Refused ⇒ **GO TO Question 9**
- 9 Don't Know ⇒ **GO TO Question 9**

7. I'm going to read a list of types of health care visits. For each one, please tell me if you had that kind of visit in the **12 months before you got pregnant** with your new baby. Did you have _____?

(PROBE: What type of health care visit did you have in the **12 months before** you got pregnant with your new baby? Did you have _____)

(Don't Read)

Type of visit	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. A regular checkup at your family doctor's office				
b. A regular checkup at your OB/GYN's office				
c. A visit for an illness or chronic condition				
d. A visit for an injury				
e. A visit for family planning or birth control				
f. A visit for depression or anxiety				
g. A visit to have your teeth cleaned by a dentist or dental hygienist				
h. Some other type of visit				
i. IF YES, ASK: What was that? _____ _____ _____				

8. 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?

(**PROBE:** Did a doctor, nurse, or other health care worker _____?)

(Don't Read)

Activity	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Tell you to take a vitamin with folic acid				
b. Talk to you about maintaining a healthy weight				
c. Talk to you about controlling any medical conditions such as diabetes or high blood pressure				
d. Talk to you about your desire to have or not have children				
e. Talk to you about using birth control to prevent pregnancy				
f. Talk to you about how you could improve your health before a pregnancy				
g. Talk to you about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis				
h. Ask you if you were smoking cigarettes				
i. Ask you if someone was hurting you emotionally or physically				
j. Ask you if you were feeling down or depressed				
k. Ask you about the kind of work you do				
l. Test you 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.

9. I'm going to read a list of different types of health insurance. For each one, please tell me if you had this kind of health insurance during the *month before* you got pregnant with your new baby. Did you have _____?

(**PROBE:** What kind of health insurance did you have during the *month before* you got pregnant with your new baby?)

(Don't Read)

Type of health insurance	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Private health insurance from your job or the job of your husband or partner				
b. Private health insurance from your parents				
c. Private health insurance from the Health Insurance Marketplace or HealthCare.gov				
d. Medicaid or Equality Care				
e. Kid Care (CHIP)				
f. TRICARE or other military health care				
g. Indian Health Service (IHS)				
h. Did you have some other health insurance during <i>the month before</i> you got pregnant?				
i. IF YES, ASK: What was that? _____ _____				
INTERVIEWER: Go to Question 10 if the mother answered YES to any of the insurance options listed above.				
j. Would you say that you did not have any health insurance during the <i>month before</i> you got pregnant? (Interviewer: If the mother answered that she did not have any health insurance, check YES.)				

10. What kind of health insurance did you have **during your most recent pregnancy** for your *prenatal care*? I'm going to read the list of options again. For each one, please tell me if you had this kind of health insurance for your prenatal care. First, let me ask: (READ item a)

(**PROBE:** What kind of health insurance did you have **during your most recent pregnancy** for your *prenatal care*?)

(Don't Read)

Type of insurance	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Did you have prenatal care? (INTERVIEWER: If the mother did NOT have prenatal care, mark NO and go to Question 11.)				
b. Private health insurance from your job or the job of your husband or partner				
c. Private health insurance from your parents				
d. Private health insurance from the Health Insurance Marketplace or HealthCare.gov				
e. Medicaid or Equality Care				
f. Kid Care (CHIP)				
g. TRICARE or other military health care				
h. Indian Health Service (IHS)				
i. Did you have some other health insurance for your prenatal care?				
j. IF YES, ASK: What was that? _____ _____				
INTERVIEWER: Go to Question 11 if the mother answered YES to any of the insurance options listed above.				
k. Would you say that you did not have any health insurance for your prenatal care? (Interviewer: If the mother answered that she did not have any health insurance, check YES.)				

11. What kind of health insurance do you have **now**? I'm going to read the list of types of health insurance one last time. For each one, please tell me if you have this kind of health insurance **now**. Do you have _____?

(**PROBE:** What kind of health insurance do you have **now**?)

(Don't Read)

Type of insurance	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Private health insurance from your job or the job of your husband or partner				
b. Private health insurance from your parents				
c. Private health insurance from the Health Insurance Marketplace or HealthCare.gov				
d. Medicaid or Equality Care				
e. Kid Care (CHIP)				
f. TRICARE or other military health care				
g. Indian Health Service (IHS)				
h. Do you have some other health insurance?				
i. IF YES, ASK: What is that? _____ _____				
INTERVIEWER: Go to Question 12 if the mother answered YES to any of the insurance options listed above.				
j. Would you say that you do not have any health insurance now ? (INTERVIEWER: If the mother answered that she does not have any health insurance, check YES.)				

12. Thinking back to *just before* you got pregnant with your new baby, how did you feel about becoming pregnant? I'm going to read a list of options. Please choose the one that best describes how you felt.

(PROBE: *Just before* you got pregnant with your new baby, how did you feel about becoming pregnant?)

- 1 You wanted to be pregnant later
- 2 You wanted to be pregnant sooner
- 3 You wanted to be pregnant then
- 4 You didn't want to be pregnant then or at any time in the future
- 5 You weren't sure what you wanted

(Don't Read)

- 8 Refused
- 9 Don't Know

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.

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

(PROBE: How many weeks or months pregnant were you?)

(Don't Read)

- 1 Number of weeks _____ [Range: 1-40 weeks]
or
- 2 Number of months _____ [Range: 1-9 months]
- 3 You didn't go for prenatal care ⇒ **GO TO Question 15**
- 8 Refused ⇒ **GO TO Question 15**
- 9 Don't Know ⇒ **GO TO Question 15**

14. **During any of your prenatal care visits**, did a doctor, nurse, or other health care worker ask you any of the following things?

(**PROBE:** During your prenatal care visits, did a doctor, nurse, or other health care worker ask you ____?)

(Don't Read)

Subject	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. If you knew how much weight you should gain during pregnancy				
b. If you were taking any prescription medication				
c. If you were smoking cigarettes				
d. If you were drinking alcohol				
e. If someone was hurting you emotionally or physically				
f. If you were feeling down or depressed				
g. If you were using drugs, such as marijuana, cocaine, crack or meth				
h. If you wanted to be tested for HIV (the virus that causes AIDS)				
i. If you planned to breastfeed your new baby				
j. If you planned to use birth control after your baby was born				

15. 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?

(Don't Read)

- 1 No
- 2 Yes
- 8 Refused
- 9 Don't know

16. During the 12 months **before the delivery** of your new baby, did you **get** a flu shot? I'm going to read you three options. Please tell me which one applies to you.

- 1 No
- 2 Yes, before your pregnancy
- 3 Yes, during your pregnancy

(Don't Read)

- 8 Refused
- 9 Don't Know

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

(Don't Read)

- 1 No
- 2 Yes
- 8 Refused
- 9 Don't Know

18. During **your most recent** pregnancy, did a home visitor come to your home to help you prepare for your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps pregnant women.

(Don't Read)

- 1 No
- 2 Yes
- 8 Refused
- 9 Don't know

19. During **your most recent** pregnancy, what did you think about breastfeeding your new baby? I'm going to read a list of option. Please tell me which best describes you.

(PROBE: Repeat the question as necessary.)

- 1 You knew you wanted to breastfeed
- 2 You thought you might breastfeed
- 3 You knew you would **not** breastfeed
- 4 You didn't know what to do about breastfeeding

(Don't Read)

- 8 Refused
- 9 Don't know

20. I'm going to read a list of health conditions. For each one, please tell me if you had it during *your most recent* pregnancy. Did you have _____?

(PROBE: During *your most recent* pregnancy, did you have _____?)

(Don't Read)

Condition	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Gestational diabetes or diabetes that started during <i>this</i> pregnancy				
b. High blood pressure that started during <i>this</i> pregnancy, pre-eclampsia, or eclampsia				
c. Depression				

The next questions are about smoking cigarettes before, during, and after pregnancy.

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

(Don't Read)

- 1 No ⇒ **GO TO Question 25**
- 2 Yes
- 8 Refused ⇒ **GO TO Question 25**
- 9 Don't Know ⇒ **GO TO Question 25**

22. In the **3 months before** you got pregnant, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes. Did you smoke _____?

(PROBE: In the **3 months before** you got pregnant, about how many cigarettes did you smoke on an average day?)

- 1 41 cigarettes or more a day
- 2 21 to 40 cigarettes
- 3 11 to 20 cigarettes
- 4 6 to 10 cigarettes
- 5 1 to 5 cigarettes
- 6 Less than 1 cigarette
- 7 You didn't smoke then

(Don't Read)

- 8 Refused
- 9 Don't know

23. In the ***last 3 months*** of your pregnancy, how many cigarettes did you smoke on an average day? Did you smoke_____?

(**PROBE:** In the ***last 3 months*** of your pregnancy, about how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.)

- 1 41 cigarettes or more a day
- 2 21 to 40 cigarettes
- 3 11 to 20 cigarettes
- 4 6 to 10 cigarettes
- 5 1 to 5 cigarettes
- 6 Less than 1 cigarette
- 7 You didn't smoke then

(Don't Read)

- 8 Refused
- 9 Don't know

24. How many cigarettes do you smoke on an average day ***now***? Do you smoke_____?

(**PROBE:** About how many cigarettes do you smoke on an average day? A pack has 20 cigarettes.)

- 1 41 cigarettes or more a day
- 2 21 to 40 cigarettes
- 3 11 to 20 cigarettes
- 4 6 to 10 cigarettes
- 5 1 to 5 cigarettes
- 6 Less than 1 cigarette
- 7 You don't smoke now

(Don't Read)

- 8 Refused
- 9 Don't Know

The next questions are about using other tobacco products around the time of pregnancy.

25. I am going to read a list of products. For each one, please tell me if you used it at any time in the ***past 2 years***? Have you used _____?

(**PROBE:** In the ***past 2 years***, have you used _____?)

(Don't Read)

Product	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. E-cigarettes or other electronic nicotine products (PROBE: E-cigarettes or electronic cigarettes and other electronic nicotine products such as vape pens, e-hookahs, hookah pens, e-cigars, and e-pipes are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.)				
b. Hookah (PROBE: A hookah is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.)				
c. Chewing tobacco, snuff, snus, or dip				

INTERVIEWER: If the respondent did NOT use e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 28.

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

- 1 More than once a day
- 2 Once a day
- 3 2-6 days a week
- 4 1 day a week or less
- 5 You did not use e-cigarettes or other electronic nicotine products then

(Don't Read)

- 8 Refused
- 9 Don't know

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

- 1 More than once a day
- 2 Once a day
- 3 2-6 days a week
- 4 1 day a week or less
- 5 You did not use e-cigarettes or other electronic nicotine products then

(Don't Read)

- 8 Refused
- 9 Don't know

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

28. 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.

(Don't Read)

- 1 No ⇒ ***GO TO Question 31***
- 2 Yes
- 8 Refused ⇒ ***GO TO Question 31***
- 9 Don't know ⇒ ***GO TO Question 31***

29. During the ***3 months before*** you got pregnant, how many alcoholic drinks did you have in an average week? Did you have _____?

(PROBE: During the *3 months before* you got pregnant, about how many alcoholic drinks did you have in an average week?)

- 1 14 drinks or more a week
- 2 8 to 13 drinks a week
- 3 4 to 7 drinks a week
- 4 1 to 3 drinks a week
- 5 Less than 1 drink a week
- 6 You didn't drink then

(Don't Read)

- 8 Refused
- 9 Don't know

30. During the ***last 3 months*** of your pregnancy, how many alcoholic drinks did you have in an average week?

(PROBE: During the ***last 3 months*** of your pregnancy, about how many alcoholic drinks did you have in an average week?)

- 1 14 drinks or more a week
- 2 8 to 13 drinks a week
- 3 4 to 7 drinks a week
- 4 1 to 3 drinks a week
- 5 Less than 1 drink a week
- 6 You didn't drink then

(Don't Read)

- 8 Refused
- 9 Don't know

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

31. I'm going to read a list of things that may have happened during the **12 months before** your new baby was born. For each one, please tell me if it happened to you. It may help to look at the calendar.

(PROBE: During the **12 months before** your new baby was born, _____?)

(Don't Read)

Thing	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Did a close family member get very sick and have to go into the hospital?				
b. Did you get separated or divorced from your husband or partner?				
c. Did you move to a new address?				
d. Were you homeless or did you have to sleep outside, in a car, or in a shelter?				
e. Did your husband or partner lose their job?				
f. Did you lose your job even though you wanted to go on working?				
g. Did you or your husband or partner have a cut in work hours or pay?				
h. Were you apart from your husband or partner due to military deployment or extended work-related travel?				
i. Did you argue with your husband or partner more than usual?				
j. Did your husband or partner say they didn't want you to be pregnant?				
k. Did you have problems paying the rent, mortgage, or other bills?				
l. Did your husband, partner or you go to jail?				
m. Did someone very close to you have a problem with drinking or drugs?				
n. Did someone very close to you die?				

32. During the **12 months before** your new baby was born, did you ever eat less than you felt you should because there wasn't enough money to buy food?

(Don't Read)

- 1 No
- 2 Yes
- 8 Refused
- 9 Don't know

33. During the **12 months before** your new baby was born, did you feel emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated **based on your race**?

(Don't Read)

- 1 No
- 2 Yes
- 8 Refused
- 9 Don't know

INTERVIEWER: If the respondent is less than 18 years of age, skip Question 34 and Question 35.

34. 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?

(Don't Read)

Person	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your husband or partner				
b. Your ex-husband or ex-partner				
c. Another family member				
d. Someone else				

35. During **your most recent pregnancy**, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way?

(Don't Read)

Person	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your husband or partner				
b. Your ex-husband or ex-partner				
c. Another family member				
d. Someone else				

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

- 36.** On what date was your new baby born?
(**PROBE:** When was your new baby born?)

(Don't Read)

- 1 Month _____ [Range: Month 1-12;Day 1-31; Year = Surveillance year]
2 Day _____
3 Year _____
8 Refused
9 Don't know/ don't remember

- 37.** Did your doctor, nurse, or other health care worker try to induce your labor or start your contractions using medicine?

- 1 No ⇒ **GO TO Question 39**
2 Yes
8 Refused ⇒ **GO TO Question 39**
9 Don't know ⇒ **GO TO Question 39**

38. I'm going to read a list of reasons why a doctor, nurse, or other health care worker might try to induce labor, or start your contractions using medicine. For each one, please tell me if it was a reason for you. Was it because _____?

(**PROBE:** Was your doctor, nurse, or other health care worker trying to induce your labor because _____?)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your water broke and there was a fear of infection				
b. You were past your due date				
c. Your health care provider worried about the size of the baby				
d. Your baby was not doing well and needed to be born				
e. You had a complication in your pregnancy such as low amniotic fluid or pre-eclampsia				
f. You wanted to schedule your delivery				
g. You wanted to give birth with a specific health care provider				
h. Was there any other reason?				
i. IF YES, ASK: What was the reason? _____ _____				

39. Please tell me which one of the following statements best describes how your new baby was delivered.

(**PROBE:** How was your new baby delivered?)

- 1 You delivered vaginally ⇒ **GO TO Question 41**
- 2 You had a cesarean delivery or c-section

(**Don't Read**)

- 8 Refused ⇒ **GO TO Question 41**
- 9 Don't know ⇒ **GO TO Question 41**

40. I'm going to read a list of reasons why some babies are born by cesarean delivery or c-section. For each one, please tell me if it was a reason that your new baby was born by cesarean delivery or c-section. Was it because _____?

(PROBE: Was your **new** baby born by cesarean delivery because _____?)

(Don't Read)

Reason	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You had a previous cesarean delivery or c-section				
b. Your baby was in the wrong position, such as breech				
c. You were past your due date				
d. Your health care provider worried that your baby was too big				
e. You had a medical condition that made labor dangerous for you, such as a heart condition or physical disability				
f. You had a complication in your pregnancy, such as pre-eclampsia, placental problems, infection or preterm labor				
g. Your health care provider tried to induce your labor, but it didn't work				
h. Labor was taking too long				
i. The fetal monitor showed that your baby was having problems before or during labor or fetal distress				
j. You wanted to schedule your delivery				
k. You didn't want to have your baby vaginally				
l. Was there any other reason?				
IF YES, ASK: What was the reason?				

m. _____				

41. After your baby was delivered, how long did he or she stay in the hospital?

(**PROBE:** Did he or she stay in the hospital for _____?)

- 1 Less than 24 hours, or less than 1 day
- 2 24 to 48 hours, or 1 to 2 days
- 3 3 to 5 days
- 4 6 to 14 days
- 5 More than 14 days

(Don't Read)

- 6 Your baby was not born in a hospital
- 7 Your baby is still in the hospital ⇒ **GO TO Question 44**
- 8 Refused
- 9 Don't know

42. Is your baby alive now?

(Don't Read)

- 1 No - *We are very sorry for your loss.* ⇒ **GO TO Question 56**
- 2 Yes
- 8 Refused ⇒ **GO TO Question 56**
- 9 Don't know ⇒ **GO TO Question 56**

43. Is your baby living with you now?

(Don't Read)

- 1 No ⇒ **GO TO Question 55**
- 2 Yes
- 8 Refused ⇒ **GO TO Question 55**
- 9 Don't know ⇒ **GO TO Question 55**

44. I'm going to read a list of sources of information on breastfeeding. For each one, please tell me if you received information from that source **before or after your new baby was born**. Did you receive information about breastfeeding your baby from _____?

(PROBE: **Before or after** your new baby was born, did you receive information about breastfeeding from _____?)

(Don't Read)

Sources	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your doctor				
b. A nurse, midwife, or doula				
c. A breastfeeding or lactation specialist				
d. Your 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. Some other source				
IF YES ASK: What source was that? _____ _____				
i. _____				

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

(Don't Read)

- 1 No ⇒ **GO TO Question 50**
- 2 Yes
- 8 Refused ⇒ **GO TO Question 50**
- 9 Don't know ⇒ **GO TO Question 50**

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

(Don't Read)

- 1 No
- 2 Yes ⇒ **GO TO Question 49**
- 8 Refused ⇒ **GO TO Question 49**
- 9 Don't know ⇒ **GO TO Question 49**

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

(PROBE: About how many weeks or months?)

(Don't Read)

Less than 1 week

Number of weeks _____

[Range:1 - 40 weeks]

OR

Number of months _____

[Range:1 - 9 months]

Refused

Don't know

48. I'm going to read a list of reasons why some women stop breastfeeding. For each one, please tell me if it was a reason for you. Was it because _____?

(PROBE: Was this a reason you stopped breastfeeding your new baby?)

(Don't Read)

Reason	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your baby had difficulty latching or nursing				
b. Breast milk alone did not satisfy your baby				
c. You thought your baby wasn't gaining enough weight				
d. Your nipples were sore, cracked, or bleeding, or it was too painful				
e. You thought you weren't producing enough milk or your milk dried up				
f. You had too many other household duties				
g. You felt it was the right time to stop breastfeeding				
h. You got sick or you had to stop for medical reasons				
i. You went back to work				
j. You went back to school				
k. Your partner did not support breastfeeding				
l. Your baby was jaundiced, which is yellowing of the skin or whites of the eyes				
m. Was there any other reason you stopped breastfeeding your new baby?				
n. IF YES, ASK: What was that? _____ _____ _____				

Interviewer: If the baby was not born in the hospital, go to Question 50.

49. I'm going to read a list of things that may have happened at the hospital where your new baby was born. For each one, please tell me whether or not it happened.

(**PROBE:** Did this happen at the hospital where your new baby was born?)

(Don't Read)

Events at Hospital	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Did hospital staff give you information about breastfeeding?				
b. Did your baby stay in the same room with you at the hospital?				
c. Did you breastfeed your baby in the hospital?				
d. Did hospital staff help you learn how to breastfeed?				
e. Did you breastfeed in the first hour after your baby was born?				
f. Was your baby placed in skin-to-skin contact within the first hour of life?				
g. Was your baby fed only breast milk at the hospital?				
h. Did hospital staff tell you to breastfeed whenever your baby wanted?				
i. Did the hospital give you a breast pump to use?				
j. Did the hospital give you a gift pack with formula?				
k. Did the hospital give you a telephone number to call for help with breastfeeding?				
l. Did hospital staff give your baby a pacifier?				

INTERVIEWER: If the baby is still in the hospital, go to Question 55.

50. In which **one** position do you **most often** lay your baby down to sleep now? Is it _____?

(**PROBE:** Which way do you lay him or her down **most** of the time?)

- 1 On his or her side
- 2 On his or her back
- 3 On his or her stomach

(Don't Read)

- 4 On side and back
- 5 On side and stomach
- 6 On back and stomach
- 7 On side, back, and stomach
- 8 Refused
- 9 Don't know

51. In the **past 2 weeks**, how often has your new baby slept alone in his or her own crib or bed? Would you say it has been always, often, sometimes, rarely, or never?

(**PROBE:** How often does your new baby sleep alone in his or her own crib or bed?)

(Don't Read)

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never ⇒ **GO TO Question 53**
- 8 Refused ⇒ **GO TO Question 53**
- 9 Don't know ⇒ **GO TO Question 53**

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

(Don't Read)

- 1 No
- 2 Yes
- 8 Refused
- 9 Don't know

53. I'm going to read a list of ways some babies sleep. For each item, please tell me if it is how your new baby usually slept during the past 2 weeks. Did your new baby usually sleep ____?

(PROBE: In the past 2 weeks, would you say that your new baby slept ____?)

(Don't Read)

Description	No (1)	Yes (2)	Refused (8)	Don't know (9)
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				

54. Did a doctor, nurse, or other health care worker tell you any of the following things? I am going to read a short list.

(PROBE: Did a doctor, nurse, or other health care worker tell you ____?)

(Don't Read)

Description	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. To place your baby on his or her back to sleep				
b. To place your baby to sleep in a crib, bassinet, or pack and play				
c. To place your baby's crib or bed in your room				
d. What things should and should not go in bed with your baby				

55. **Since your new baby was born**, has a home visitor come to your home to help you learn how to take care of yourself or your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps mothers of newborns.

(Don't Read)

- 1 No
- 2 Yes
- 8 Refused
- 9 Don't know

56. 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.

(Don't Read)

- 1 No
- 2 Yes ⇒ **GO TO Question 58**
- 8 Refused ⇒ **GO TO Question 59**
- 9 Don't know ⇒ **GO TO Question 59**

57. I'm going to read a list of reasons some women or their husbands or partners have for not doing anything to keep from getting pregnant. For each one, please tell me if it is one of the reasons for you or your husband or partner **now**. Is it because _____?

(**PROBE:** Is one of the reasons you aren't doing anything to keep from getting pregnant **now** because _____?)

(Don't Read)

Reason	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You want to get pregnant				
b. You are pregnant now				
c. You had your tubes tied or blocked				
d. You don't want to use birth control				
e. You are worried about the side effects from birth control				
f. You are not having sex				
g. Your husband or partner doesn't want to use anything				
h. You have problems paying for birth control				
i. Is there any other reason you're not doing anything to keep from getting pregnant now?				
j. IF YES, ASK: What is the reason? _____ _____ _____				

INTERVIEWER: If the respondent or her husband or partner is not doing anything to keep from getting pregnant **now**, go to Question 59.

58. I'm going to read a list of birth control methods. For each one, please tell me if you or your husband or partner is using this method *now*.

(PROBE: What are you or your husband or partner using *now* to keep from getting pregnant?)

(Don't Read)

Method	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Tubes tied or blocked, female sterilization, or Essure®				
b. Vasectomy or male sterilization				
c. Birth control pills				
d. Condoms				
e. Shots, injections or Depo-Provera®				
f. Contraceptive patch or OrthoEvra® or vaginal ring or NuvaRing®				
g. IUD, including Mirena® or ParaGard®, Liletta®, or Skyla®				
h. Contraceptive implant in the arm, including Nexplanon® or Implanon®				
i. Natural family planning including rhythm method				
j. Withdrawal or pulling out				
k. Not having sex or abstinence				
l. Are you or your husband or partner using anything else to keep from getting pregnant now?				
m. IF YES, ASK: What are you using? _____ _____ _____ _____				

59. ***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.

(Don't Read)

- 1 No ⇒ ***GO TO Question 61***
- 2 Yes
- 8 Refused ⇒ ***GO TO Question 61***
- 9 Don't know ⇒ ***GO TO Question 61***

60. ***During your postpartum checkup***, did your doctor, nurse, or other health care worker **do** any of the following things? I am going to read a list of things. Did they _____?

(**PROBE:** Did a doctor, nurse, or other health care worker _____?)

(Don't Read)

Subject	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Tell you to take a vitamin with folic acid				
b. Talk to you about healthy eating, exercise, and losing weight gained during pregnancy				
c. Talk to you about how long to wait before getting pregnant again				
d. Talk to you about birth control methods you can use after giving birth				
e. Give or prescribe you a contraceptive method such as the pill, patch, shot or Depo-Provera®, NuvaRing®, or condoms				
f. Insert an IUD such as Mirena®, ParaGard®, Liletta®, or Skyla® or a contraceptive implant such as Nexplanon® or Implanon®				
g. Ask you if you were smoking cigarettes				
h. Ask you if someone was hurting you emotionally or physically				
i. Ask you if you were feeling down or depressed				
j. Test you for diabetes				

61. **Since your new baby was born**, how often have you felt down, depressed, or hopeless? Would you say that it's been always, often, sometimes, rarely, or never?

(Don't Read)

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- 8 Refused
- 9 Don't know

62. **Since your new baby was born**, how often have you had little interest or little pleasure in doing things you usually enjoyed? Would you say that it's been always, often, sometimes, rarely, or never?

(Don't Read)

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- 8 Refused
- 9 Don't know

The next questions are on a variety of topics.

63. 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, please tell me if this has happened to you.

(PROBE: Did your husband or partner threaten you, limit your activities against your will, or you make you feel unsafe in any way _____?)

(Don't Read)

Time Period	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. During the 12 months before you got pregnant				
b. During your most recent pregnancy				
c. Since your new baby was born				

64. During the **month before** you got pregnant, did you take or use any of the following drugs for any reason? I'm going to read a list of options. For each one, please tell me if you took or used it during the month before you got pregnant. Your answers are strictly confidential. Did you take or use _____?

(PROBE: **During the month before you got pregnant**, did you take or use _____?)

(Don't Read)

Drug	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Over-the-counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve®				
b. Prescription pain relievers such as hydrocodone or Vicodin®, oxycodone or Percocet®, or codeine				
c. Adderall®, Ritalin®, or another stimulant				
d. Marijuana or hash				
e. Synthetic marijuana, K2 or Spice				
f. Methadone, naloxone, subutex, or Suboxone®				
g. Heroin, also known as smack, junk, Black Tar or Chiva				
h. Amphetamines, also known as uppers, speed, crystal meth, crank, ice, or agua				
i. Cocaine, also known as crack, rock, coke, blow, snow, or nieve				
j. Tranquilizers or downers or ludes				
k. Hallucinogens, such as LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, or bath salts				
l. Sniffing gasoline, glue, aerosol spray cans, or paint to get high also known as huffing				

65. I'm going to read a list of people who might live in the same house with you now. For each one, please tell me if they live with you **now**.

(PROBE: Does _____ live in the same house with you now?)

(Don't Read)

Person	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your husband or partner				
b. Children less than 12 months old IF YES, ASK: How many? _____ (Range: 0-20)				
c. Children 1 year to 5 years old IF YES, ASK: How many? _____ (Range: 0-20)				
d. Children 6 years old and over IF YES, ASK: How many? _____ (Range: 0-20)				
e. Your mother				
f. Your father				
g. Your husband's or partner's parents				
h. A friend or roommate				
i. Other family member or relative				
j. Does anyone else live with you now?				
k. IF YES, ASK: Who is that? _____ _____ _____				
l. IF NONE OF ABOVE IS 'YES', ASK: Do you live alone?				

66. Are you a member of an American Indian tribe?

- 1 No ⇒ **GO TO Question 68**
- 2 Yes
- 8 Refused ⇒ **GO TO Question 68**
- 9 Don't know ⇒ **GO TO Question 68**

67. What is your tribal enrolment or your tribal affiliation?

- 1 Eastern Shoshone
- 2 Northern Arapahoe
- 3 Sioux
- 4 Crow
- 5 Northern Cheyenne
- 6 Shoshone Bannock
- 7 Is there a different affiliation?
IF YES, ASK: What is it?

- 8 Refused
- 9 Don't know

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

68. 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. I'm going to read you a list of options. You can stop me when I read your household income level. Was your yearly household income from _____?

(**PROBE:** During the ***12 months before*** your new baby was born, what was your yearly total household income before taxes?)

- \$0 to \$16,000
- \$16,001 to \$20,000
- \$20,001 to \$24,000
- \$24,001 to \$28,000
- \$28,001 to \$32,000
- \$32,001 to \$40,000
- \$40,001 to \$48,000
- \$48,001 to \$57,000
- \$57,001 to \$60,000
- \$60,001 to \$73,000
- \$73,001 to \$85,000
- \$85,001 or more

(**Don't Read**)
Refused
Don't know

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

(Don't Read)

_____ People (RANGE: 1-30 people)

Refused

Don't know

This finishes the interview. Is there anything you would like to say about your experiences around the time of your pregnancy or the health of mothers and babies in Wyoming?

INTERVIEWER: Record respondent’s verbatim comments below.

Thanks for answering our questions. Your answers will help us work to make Wyoming mothers and babies healthier. Goodbye.

INTERVIEWER:

70. Fill in today’s date.
____ / ____ / 20____
Month Day Year