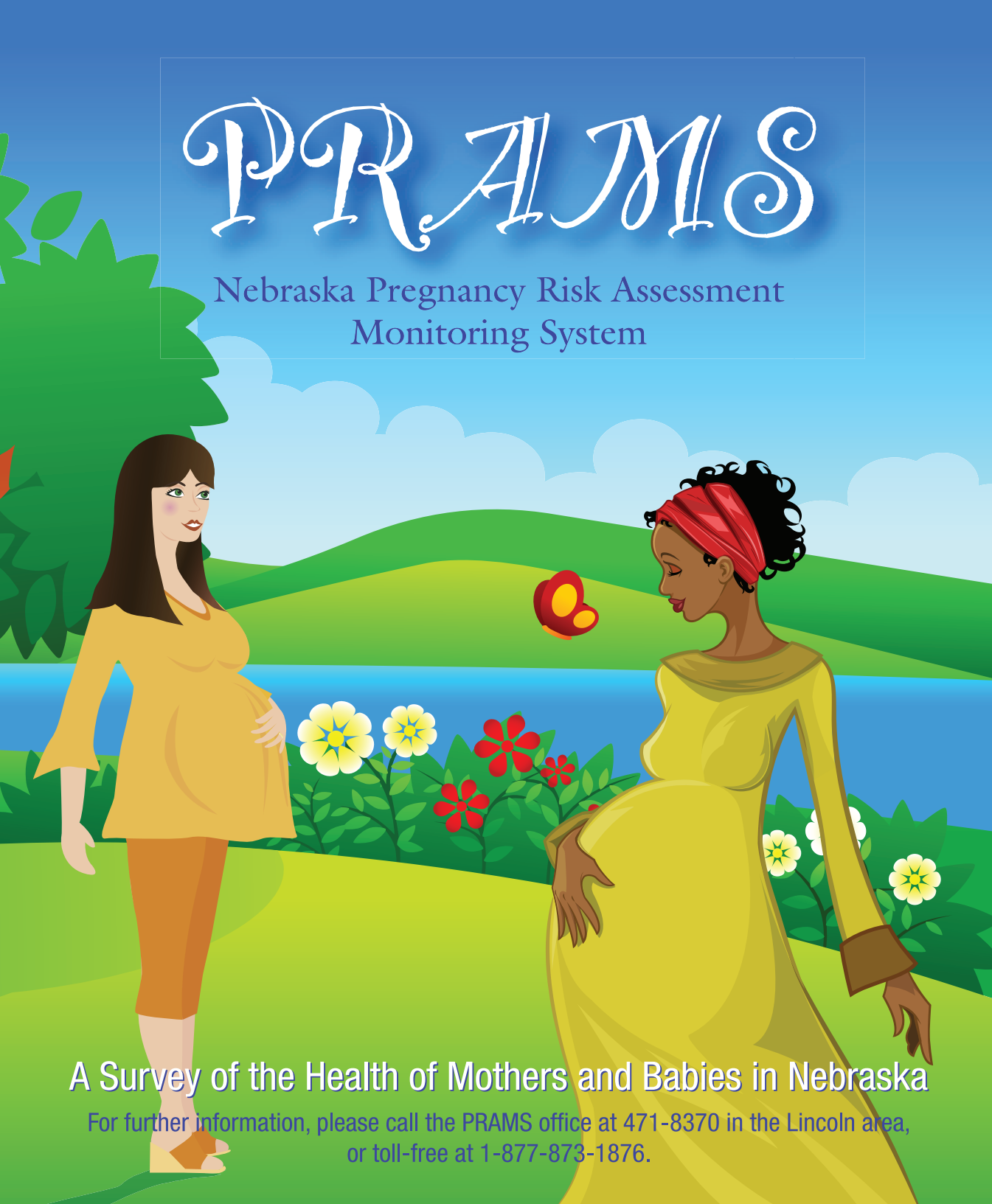
PRAMS

Nebraska Pregnancy Risk Assessment Monitoring System



A Survey of the Health of Mothers and Babies in Nebraska

For further information, please call the PRAMS office at 471-8370 in the Lincoln area, or toll-free at 1-877-873-1876.

Your experiences, thoughts and feelings are important! Please complete the survey and mail it in the enclosed postage paid envelope.

Your help is voluntary, and your answers are completely confidential.

Your answers will help us improve the health of mothers and babies in Nebraska.

For further information, please call the PRAMS office at 471-8370 in the Lincoln area, or toll-free at 1-877-873-1876.

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 Medicaid Managed Care (Wellness Option, Share Advantage, Primary Care+)
- ❑ TRICARE or other military health care
- ❑ Indian Health Services or Tribal Clinic
- ❑ 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 15**

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 16**

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 were not trying to get pregnant when you got pregnant with your new baby, go to Question 16.

15. Did you take any fertility drugs or receive any medical procedures from a doctor, nurse, or other health care worker to help you get pregnant with your *new* baby? (This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.)

- ❑ No
- ❑ Yes

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 Medicaid Managed Care 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 26.

20. Where did you go *most of the time* for your prenatal care visits? Do not include visits for WIC.

Check one answer

- ❑ Hospital clinic
- ❑ Health department clinic
- ❑ Private doctor's office or HMO clinic
- ❑ Indian Health Service or Tribal clinic
- ❑ Community health center
- ❑ Other → Please tell us:

_____

21. 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 Medicaid Managed Care (Wellness Option, Share Advantage, Primary Care+)
- ❑ TRICARE or other military health care
- ❑ Indian Health Services or Tribal Clinic
- ❑ Other source(s) → Please tell us:

_____

- ❑ I did not have health insurance to help pay for my prenatal care

22. ***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

23. We would like to know how you felt about the prenatal care you got during *your most recent* pregnancy. If you went to more than one place for prenatal care, answer for the place where you got most of your care. For each item, circle **Y** (Yes) if you were satisfied or circle **N** (No) if you were not satisfied.

Were you satisfied with—

		No	Yes
a.	The amount of time you had to wait after you arrived for your visits	N	Y
b.	The amount of time the doctor, nurse, or midwife spent with you during your visits	N	Y
c.	The advice you got on how to take care of yourself	N	Y
d.	The understanding and respect that the staff showed toward you as a person	N	Y

24. ***During any of your prenatal care visits*, did a doctor, nurse, or other health care worker ask if you were smoking cigarettes?**

- ❑ No
- ❑ Yes

25. ***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

26. 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

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

- ❑ No
- ❑ Yes

28. 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

29. 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.	***Severe*** 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).

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

- ❑ No → **Go to Question 34**
- ❑ Yes

31. 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

32. 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

33. 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

34. 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).

35. 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 Page 8, Question 38**
- ❑ Yes

36a. 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 37a**

36b. 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

37a. 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 Page 8, Question 38**

37b. 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.

38. 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

39. 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

40. During the *12 months before* you got pregnant with your new baby, did anyone else physically hurt you in any way?

- ❑ No
- ❑ Yes

41. 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

42. During *your most recent* pregnancy, did anyone else physically hurt you in any 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.)

43. When was your baby due?

____ / ____ / 20____
Month Day Year

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

____ / ____ / 20____
Month Day Year

- ❑ I didn't have my baby in a hospital → **Go to Question 46**

Go to Question 45

45. After you were *admitted* to the hospital to deliver your new baby, were you transferred to another hospital *before* your baby was born?

- ❑ No
- ❑ Yes

46. When was your baby born?

____ / ____ / 20____
Month Day Year

47. 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

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 Medicaid Managed Care (Wellness Option, Share Advantage, Primary Care+)
- ❑ TRICARE or other military health care
- ❑ Indian Health Services or Tribal Clinic
- ❑ 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 63**
- ❑ Yes

52. Is your baby living with you now?

- ❑ No ➔ **Go to Page 11, Question 63**
- ❑ 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 58b**
- ❑ 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 57**

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

_____ Weeks **OR** _____ Months

- ❑ Less than 1 week

56. What were your reasons for stopping breastfeeding?

Check all that apply

- ❑ My baby had difficulty latching or nursing
- ❑ Breast milk alone did not satisfy my baby
- ❑ I thought my baby was not gaining enough weight
- ❑ My nipples were sore, cracked, or bleeding
- ❑ It was too hard, painful, or too time consuming
- ❑ I thought I was not producing enough milk
- ❑ I had too many other household duties
- ❑ I felt it was the right time to stop breastfeeding
- ❑ I got sick and was not able to breastfeed
- ❑ I went back to work or school
- ❑ My baby was jaundiced (yellowing of the skin or whites of the eyes)
- ❑ Other → Please tell us:

_____

If your baby was not born in a hospital, go to Question 58a.

57. 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.	I breastfed my baby in the hospital	N	Y
c.	Hospital staff helped me learn how to breastfeed	N	Y
d.	My baby was fed only breast milk at the hospital	N	Y
e.	The hospital gave me a gift pack **with formula**	N	Y

58a. 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

58b. 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 63.

59. 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

60. How often does your new baby sleep in the same bed with you or anyone else?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

61. 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

62. Has your new baby had a well-baby checkup? (A well-baby checkup is a regular health visit for your baby usually at 1, 2, 4, and 6 months of age.)

- ❑ No
- ❑ Yes

63. 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 65**

Go to Question 64

64. 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:

_____

If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Page 12, Question 66.

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

Check all that apply

- ❑ Tubes tied or closed (female sterilization)
- ❑ Vasectomy (male sterilization)
- ❑ 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®)
- ❑ Rhythm method or natural family planning
- ❑ Withdrawal (pulling out)
- ❑ Not having sex (abstinence)
- ❑ Emergency contraception (The "morning-after" pill)
- ❑ Other → Please tell us:

_____

66. 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.

67. *When you got pregnant*, how old was your new baby's father?

_____ Years old

❑ I don't know

If you were not on Medicaid or Medicaid Managed Care a month before your pregnancy, during your pregnancy, or for the delivery of your baby, go to Question 69.

68. Which of these things happened while you were on Medicaid or Medicaid Managed Care?

Check all that apply

❑ I had a hard time getting help from the Medicaid or Medicaid Managed Care staff
❑ I did not understand how to use my Medicaid or Medicaid Managed Care card or what was covered
❑ I did not get all the Medicaid or Medicaid Managed Care services I needed
❑ I had problems finding a doctor who would accept me as a Medicaid or Medicaid Managed Care patient
❑ I was assigned to a doctor that I did not choose
❑ I had problems with Medicaid's or Medicaid Managed Care's transportation service
❑ My doctor or nurse treated me differently from other patients
❑ I did not have any problems with Medicaid or Medicaid Managed Care

The next questions are about the time during *your most recent pregnancy*.

69. At any time during *your most recent* pregnancy, did you *ask for help* for depression from a doctor, nurse, or other health care worker?

❑ No
❑ Yes

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

		No	Yes
a.	Childbirth classes	N	Y
b.	Parenting classes	N	Y
c.	Visits to your home by a nurse or other health care worker	N	Y
d.	Counseling for depression or anxiety	N	Y

71. This question is about the care of your teeth during your *most recent* pregnancy. For each item, circle **Y** (Yes) if it is true or circle **N** (No) if it is not true.

		No	Yes
a.	I needed to see a dentist for a problem	N	Y
b.	I went to a dentist or dental clinic	N	Y
c.	A dental or other health care worker talked with me about how to care for my teeth and gums	N	Y

72. Have *you* ever had your teeth cleaned by a dentist or dental hygienist?

- ❑ No → **Go to Question 74**
- ❑ Yes

73. Did you have your teeth cleaned by a dentist or dental hygienist during the time periods listed below? For each time period, circle **Y** (Yes) if you had your teeth cleaned then or circle **N** (No) if you did not have your teeth cleaned then.

		No	Yes
a.	During my most recent pregnancy	N	Y
b.	After my most recent pregnancy	N	Y

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

If your baby is not alive or is not living with you, go to Question 78.

74. When your new baby rides in a car, truck, or van, how often does he or she ride in an infant car seat?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

75. Are you currently in school or working outside the home?

- ❑ No, I don't work or go to school
- ❑ No, I'm on maternity leave, but plan to return to work

} **Go to Question 78**

- ❑ Yes

76. Which *one* of the following people spends the most time taking care of your new baby when you go to work or school?

Check one answer

- ❑ My husband or partner
- ❑ Baby's grandparent
- ❑ Other close family member or relative
- ❑ Friend or neighbor
- ❑ Babysitter, nanny, or other child care provider
- ❑ Staff at day care center
- ❑ The baby is with me while I am at work or school → **Go to Question 78**
- ❑ Other → Please tell us:

_____

77. When you leave your new baby to go to work or school, how often do you feel that he or she is well cared for?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

78. *Since your new baby was born*, have you asked for *help* for depression from a doctor, nurse, or other health care worker?

- ❑ No
- ❑ Yes

79. *Since your new baby was born*, how many alcoholic drinks do you have in an average week? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)

- ❑ 14 or more drinks 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 don't drink

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

Check all that apply

- ❑ Living room
- ❑ Separate dining room
- ❑ Kitchen
- ❑ Bathroom(s)
- ❑ Recreation room, den, or family room
- ❑ Finished basement
- ❑ Bedrooms

How many? ⟶ Please tell us:

_____

81. Counting yourself, how many people live in your house, apartment, or trailer?

_____ Adults (people aged 18 years or older)

_____ Babies, children, or teenagers (people aged 17 years or younger)

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

82. 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 or more

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

_____ People

84. 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 Nebraska.

Thanks for answering our questions!

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

The Nebraska Department of Health and Human Services is committed to Affirmative Action/Equal Employment Opportunities and does not discriminate in delivering benefits or services.
AA/EOE/ADA

Phase VI 4/09