

Appendixes

Detailed PRAMS Methodology

PRAMS Data Collection Methodology

One strength of the PRAMS surveillance system is the standardized data collection methodology used by each participating state. This standardized approach allows for comparisons among states and for optimal use of the data for single-state or multistate analysis. The standardized data collection methodology is described in CDC's PRAMS Model Surveillance Protocol.¹ Each state follows this basic methodology, but also has the opportunity to customize some portions of it to tailor the procedures to the needs of the state. For example, the basic methodology calls for two mailings of the questionnaire packet. States have the option of adding a third mailing.

PRAMS is a mixed-mode surveillance system that combines two modes of data collection. The primary data collection method is a mailed questionnaire, and multiple attempts are made by mail and then by telephone to follow up with nonrespondents. The principles and practices of the mail/telephone survey methodology used by CDC are based primarily on the research of Don Dillman.^{2,3} A key aspect of his approach is to make numerous and varied contacts with sampled mothers. Here is the sequence of contacts for PRAMS surveillance:

1. *Preletter.* This letter introduces PRAMS to the mother and informs her that a questionnaire will arrive soon.
2. *Initial mail questionnaire packet.* This packet is sent to all sampled mothers 3–7 days after the preletter. Its contents are described subsequently.
3. *Tickler.* The tickler serves as a thank you or reminder note. It is sent 7–10 days after the initial mail packet.
4. *Second mail questionnaire packet.* This packet is sent to all sampled mothers who have not yet responded 7–14 days after the tickler was sent.
5. *Third mail questionnaire packet (optional).* This third packet is sent to all remaining nonrespondents 7–14 days after the second questionnaire mailing.
6. *Telephone follow-up.* Telephone follow-up is initiated for all nonrespondents 7–14 days after mailing the last questionnaire.

The series of mailings commences two to four months after delivery. The questionnaire contains items asking about the early postpartum period; thus, the mailings are timed to ensure that all women can respond for this period. The data collection cycle from mailing the preletter to the close of telephone follow-up lasts approximately 60–70 days. Each month, a stratified sample is drawn from the current birth certificate file. For each of these monthly samples, or “batches,” this sequence of contacts is attempted. To assist in tracking all aspects of data collection, CDC developed and installed in each state a customized tracking system, PRAMTrac. PRAMTrac is designed to help schedule mailings and telephone calls, prepare letters,

and track responses. The median month of response after delivery for states using the mail/telephone methodology typically ranges from the fourth to the seventh month (Table 1).

The mail packets contain the following items:

- A multipurpose cover letter that describes PRAMS, explains how and why the mother was chosen, elicits the mother's cooperation, describes procedures for filling out and returning the questionnaire, explains any incentive or reward, and provides a telephone number for additional information. This letter is modified slightly for the second and third mailings, primarily by adding an additional appeal for response.
- The questionnaire booklet. Each state's questionnaire booklet is 14 pages long, has a colorful cover designed by the state, is slightly smaller than an 8 1/2" x 11" sheet of paper, and contains an extra page for comments from the mother. A self-addressed return envelope with postage is provided.
- A question-and-answer brochure that provides additional information and contains answers to the questions most frequently asked about PRAMS. It can be an important tool to convince the mother to participate.
- A three-year calendar to be used as a memory aid for answering the questions.
- Some type of participation incentive (sent to all sampled mothers) or reward (sent to all respondents). Examples include coupons for certified birth certificates, participation in a raffle for a cash award, postage stamps, bibs, cash (a dollar bill), and magnetic picture frames.

Telephone follow-up begins one to two weeks after the last questionnaire is mailed. Various sources of telephone numbers, which vary by state, are used to obtain valid numbers. Calls to a particular number are staggered over different times of the day and different days of the week. The calling period for a batch runs from two to three weeks. Up to 15 attempts are made to contact a mother. Often, telephone interviewers arrange call-back interviews to accommodate the schedule of the mother.

Some states found that the population of minority women living in urban areas yielded some of the lowest response rates. To reach this population, a hospital-based data collection methodology was developed to serve as a supplement to the basic mail/telephone methodology. In hospital-based supplementation, a PRAMS representative in the hospital contacts women shortly after delivery of a live-born infant. An incentive, such as baby booties, bibs, and baby care packages, is used to encourage participation. The woman completes the self-administered questionnaire, which is a modified version of that used in mail surveillance. It contains only the questions that pertain to the period preceding the birth of the baby and is referred to as "Part 1." "Part 2" of the questionnaire contains questions about events that occurred after delivery and is mailed to the mother 60 days after she leaves the hospital.

Nonrespondents are followed up by telephone using the same techniques used in the mail/telephone methodology. (See Table 1 for more on the combined hospital and mail/telephone methodology.)

PRAMS Questionnaire

The original PRAMS questionnaire was developed in 1987. Participating states used

Table 1. Percentage of PRAMS-Eligible Population by Mode of Data Collection and the Median Mail/Phone Month of Response

State	PRAMS-eligible population* (%) by mode of data collection		Median mail/phone response month
	Mail/phone	Hospital	
Alabama	100.0	0.0	4
Alaska	100.0	0.0	4
California	0.0	100.0	
Florida	100.0	0.0	4
Georgia	95.2	4.8	4
Indiana	100.0	0.0	7
Maine	100.0	0.0	4
Michigan	90.2	9.8	4
New York	97.5	2.5	5
Oklahoma	100.0	0.0	4
South Carolina	100.0	0.0	4
Washington	100.0	0.0	4
West Virginia	100.0	0.0	4

* The PRAMS-eligible population includes state residents who had in-state births, except for Alaska, California, and New York. Alaska's PRAMS-eligible population is defined as all state residents who gave birth. California's PRAMS-eligible population is defined as all residents of three selected regions who had in-region births. New York's PRAMS-eligible population is defined as state residents who had in-state births, excluding New York City.

this Phase 1 questionnaire from fall 1988 through 1989. Numerous individuals within and outside CDC helped. An extensive list of topics was identified and researched for the questionnaire. From this list, questions were developed and tested and ultimately placed on the questionnaire. After an evaluation of the Phase 1 questionnaire, CDC and the participating PRAMS states developed the Phase 2 questionnaire and put it in the field during 1990. Although the questionnaire maintained its original structure, selected questions were revised, some were deleted, and new questions were added. In 1994, CDC collaborated with the participating PRAMS states to develop a Phase 3 questionnaire. Again, the original structure was maintained, but several questions were revised, deleted,

or added. States began to use the Phase 3 questionnaire in fall 1995.

The questionnaire consists of two parts, a core portion that is the same for all states and a state-specific portion tailored to each state's needs. Topics addressed in the PRAMS core questionnaire include barriers to and content of prenatal care, obstetric history, maternal use of alcohol and cigarettes, nutrition, economic status, maternal stress, and early infant development and health status. The 22 indicators used in this report are found in the core portion of the Phase 2 questionnaire. For the state-specific portion, states have two options. They can develop their own questions and test them, or they can select from a series of 48 questions on 17 topics that have already been developed and tested by

CDC. These questions, referred to as standard questions, were developed during the revision process for Phase 3. They reflect additional topics that were of interest to states.

In addition to the questionnaire created for the mail packet, a telephone version of the core and state-specific questions has also been developed for use during the telephone phase. The interviewer-administered questionnaire includes the same content as the self-administered version; however, some questions have been reformatted to facilitate reading them aloud to the mother. Some states with a sizable Hispanic population also use a Spanish questionnaire for mail and telephone contact.

Documentation of Use of Data from Phase 2 and Phase 3

During the Phase 3 revision of the PRAMS questionnaire, several questions from the Phase 2 questionnaire were modified. In some cases, the wording of the question was changed slightly. For a few questions, however, the changes from Phase 2 to Phase 3 were substantial. Three states implemented the Phase 3 questionnaire in 1995, a year included in this report. For these three states (Maine, South Carolina, and West Virginia), we analyzed responses to all questions that changed between Phase 2 and Phase 3. We checked for any effects of the revision, to separate these effects from any other trends in the data. In the following summary of our findings, we present the indicator and our decision regarding use of the data. In general, we excluded the Phase 3 data from this report for these three states if we detected any change in the results caused by the change in the question. The complete Phase 2 questionnaire can be found in Appendix D.

1. *Indicator: Women who breast-fed less than one week*
Phase 2, Q38 / Phase 3, Q42
The related question in the Phase 3 questionnaire was deemed too dissimilar to include resulting data with the Phase 2 results.
2. *Indicator: Women breast-feeding at one month after delivery*
Phase 2, Q38 / Phase 3, Q42
The related question in the Phase 3 questionnaire was deemed too dissimilar to include resulting data with the Phase 2 results.
3. *Indicator: Women who never breast-fed*
Phase 2, Q38 / Phase 3, Q42
The related question in the Phase 3 questionnaire was deemed too dissimilar to include resulting data with the Phase 2 results.
4. *Indicator: Women who got separated/divorced from husband/partner during the 12 months before delivery*
Phase 2, Q33c, 33d / Phase 3, Q30b
In the Phase 2 questionnaire, there are distinct options for "separated" and "divorced"; in Phase 3, the two are combined into one "separated or divorced" option. *The Phase 3 data were included with the Phase 2 results for this indicator.*
5. *Indicator: Women whose husband or partner physically hurt them*
Phase 2, Q33g / Phase 3, Q32a
The related question in the Phase 3 questionnaire was deemed too dissimilar to include resulting data with the Phase 2 results.

6. *Indicator: Women in debt 12 months before delivery*
Phase 2, Q33l / Phase 3, Q30i
The related question in the Phase 3 questionnaire was deemed too dissimilar to include resulting data with the Phase 2 results.
7. *Indicator: Women with previous low-birthweight delivery*
Phase 2, Q2 / Phase 3, Q2
Phase 2 classifies a 5-pound, 8-ounce infant as normal birthweight; Phase 3 classifies this weight as low birthweight. *The Phase 3 data were included with the Phase 2 results for this indicator.*
8. *Indicator: Women who stayed one night or less in the hospital at labor and delivery*
Phase 2, Q34 / Phase 3, Q37
In Phase 2, "did not stay in hospital" and "did not deliver in hospital" are both coded as "0," and thus both are categorized as "Yes" in the analysis. In Phase 3, there is a separate code for "did not deliver in hospital" (value 76). For consistency with Phase 2 data, this category is grouped with "did not stay in hospital."
9. *Indicator: Women whose baby was put into intensive care unit or premature nursery*
Phase 2, Q36 / Phase 3, Q39
In Phase 2, the question asks whether the baby was put in an "intensive care unit or premature nursery." In Phase 3, the question only asks about "intensive care unit." *The Phase 3 data were included with the Phase 2 results for this indicator.*

PRAMS Weighting Process

Each participating state draws a stratified systematic sample of 100–250 new mothers

every month from a frame of eligible birth certificates. Most states over-sample low weight births. Many states stratify by mother's race or ethnicity as well. Annual sample sizes range from 1,700 to 3,400, divided among three to six strata. Typically, the annual sample is large enough for estimating statewide risk factor proportions within 3.5%, (95% confidence interval). Estimated proportions within strata are slightly less precise (typically, they are estimated within 5%, 95% confidence interval).

Mothers' responses are linked to extracted birth certificate data for analysis. Thus, the PRAMS data set also contains a wealth of demographic and medical information collected through the state's vital records system. The availability of this information for all births is the basis for drawing stratified samples and, ultimately, for generalizing results to the state's entire population of births. Its availability for all sampled women, whether they responded or not, is key to deriving nonresponse weights.

For each respondent, the initial sampling weight is the reciprocal of the sampling fraction applied to the stratum. Sampling fractions in PRAMS range from 1 in 1 (for very low-birthweight strata in small states) to about 1 in 211 (for normal birthweight, nonminority strata in populous states). Corresponding sampling weights, then, would range from 1 to 211.

Nonresponse adjustment factors attempt to compensate for the tendency of women having certain characteristics (such as being unmarried or of lower education) to respond at lower rates than do women without those characteristics. Where multivariate analysis shows that these characteristics affected the propensity to respond in a particular stratum, the adjustment factor is the ratio of the sample size in that category to the number of respondents in the category. If analysis shows that no characteristic

distinguishes respondents from nonrespondents, the adjustment factor is the ratio of the sample size in that stratum to the number of respondents in the stratum. In the first case, each category so identified has an adjustment factor; in the second, there is a single factor for the whole stratum.

The rationale for applying nonresponse weights is the assumption that nonrespondents would have provided similar answers, on average, to respondents' answers for that stratum and adjustment category. To ensure that cells with few respondents are not distorted by a few women's answers, small categories are collapsed until each cell contains at least 25 respondents. The magnitude of the adjustment for nonresponse depends on the response rate for a category. If 80% (4/5) of the women in a category respond, the nonresponse weight is 1.25 (5/4). Categories with lower response rates have higher nonresponse weights.

For all states except Oklahoma, we carried out a frame omission study to look for problems that occurred during frame construction. The frame noncoverage weights were derived by comparing frame files for a year of births with the calendar year birth tape that states provided to CDC. Omitted records are usually due to late processing and are evenly scattered across the state, but sometimes they are clustered by particular hospitals or counties or even times of the year. The effect of the noncoverage weights is to bring totals estimated from sample data in line with known totals from the birth tape. In mail/telephone surveillance, the magnitude of noncoverage is small (typically from 1% to

5%), so the adjustment factor for noncoverage is not much greater than 1.

Multiplying together the sampling, nonresponse, and noncoverage components of the weight yields the analysis weight. This weight can be interpreted as the number of women in the population who have characteristics similar to those of the respondent.

All weighted results in this report were produced with SUDAAN (software for Survey Data Analysis)⁴, developed by the Research Triangle Institute. SUDAAN is used for analyzing PRAMS data because it accounts for the complex sampling designs that states employ. It uses first-order Taylor series approximations to calculate appropriate standard errors for the estimates it produces.

References

1. Centers for Disease Control and Prevention. PRAMS Model Surveillance Protocol, 1996. Unpublished.
2. Dillman DA. Mail and telephone surveys: the total design method. New York: John Wiley & Sons, 1978.
3. Salant PA, Dillman DA. How to conduct your own survey: leading professionals give you proven techniques for getting reliable results. New York: John Wiley & Sons, 1994.
4. Shah BV, Barwell BG, Bieler GS. SUDAAN user's manual: software for analysis of correlated data. Release 6.40. Research Triangle Park, NC: Research Triangle Institute, 1995.

APPENDIX B

States' Strata, Sample Sizes, and Response Rates, 1995

State	Stratification variables	Sample size	Response rate (%)
Alabama	Birthweight, Medicaid	2,477	74
Alaska	Alaska Native/nonnative status, adequacy of prenatal care	2,504	72
California* [†]	Birthweight	4,522	74
Florida	Birthweight, race	3,141	78
Georgia*	Birthweight, race	2,669	75
Indiana [‡]	Birthweight, race	2,416	71
Maine	Birthweight	1,114	81
Michigan*	Birthweight, race	2,208	79
New York* [§]	Birthweight	2,165	71
Oklahoma	Birthweight	2,411	78
South Carolina	Birthweight, region	2,914	70
Washington	Race/ethnicity	2,943	70
West Virginia	Birthweight, adequacy of prenatal care	2,073	77

*Sample sizes for states engaged in hospital surveillance during 1995 include all women who gave birth during the chosen sampling period and thus should have been sampled. These sample sizes were used as the denominators of the response rates.

[†]Data represent only selected regions.

[‡]Data are from the 1994 PRAMS data.

[§]Data do not include New York City.

Indicators: PRAMS Core Question Number, Definitions, and Related Year 2000 Objectives

Core Question Number	Indicator and Definition	Year 2000 Objective Number
7	Unintended pregnancy Wanted to be pregnant later or did not want to be pregnant then or at any time in the future just before becoming pregnant.	5.2
7	Mistimed pregnancy Wanted to be pregnant later just before becoming pregnant.	5.2
7	Unwanted pregnancy Did not want to be pregnant then or at any time in the future just before becoming pregnant.	5.2
8	Late entry into prenatal care Received no prenatal care or started care after 13 weeks.	14.11
9	Did not get prenatal care as soon as wanted Received no prenatal care or started care after 13 weeks and did not get it as early as wanted.	—
4	Not sure of pregnancy status Was not sure of pregnancy until after 13 weeks.	—
21	Medicaid coverage of prenatal care Medicaid paid for prenatal care.	—
22	WIC coverage of prenatal care Participated in WIC during pregnancy.	—
38	Never breast-fed Did not breast-feed at any time.	14.9

APPENDIX C (continued)

Core Question Number	Indicator and Definition	Year 2000 Objective Number
38	Breast-fed for < one week Breast-fed for less than one week.	14.9
38	Breast-feeding at one month Breast-fed at least one month or was still breast-feeding at time of survey.	14.9
28	Smoking before pregnancy Smoked during the three months before pregnancy.	3.4h
29	Smoking during pregnancy Smoked during the last three months of pregnancy.	3.4i
30	Smoking after pregnancy Was smoking at the time of survey.	3.8
31	Drinking before pregnancy Drank alcohol during the three months before pregnancy.	—
32	Drinking during pregnancy Drank alcohol during the last three months of pregnancy.	14.10
33c, d	Separated or divorced during the 12 months before delivery Got separated or divorced from husband or partner during the 12 months before delivery.	—
33g	Hurt by husband or partner during the 12 months before delivery Was physically hurt by husband or partner during the 12 months before delivery.	7.5
33l	Financial debt during the 12 months before delivery Was in debt during the 12 months before delivery.	—

APPENDIX C (continued)

Core Question Number	Indicator and Definition	Year 2000 Objective Number
2	Previous delivery of a low-birthweight infant Had a low-birthweight infant in most recent delivery, among those woman with previous deliveries.	—
34	Hospital stay \leq one night Stayed in the hospital one night or less for delivery.	—
36	Infant placed in an intensive care unit Infant was placed in an intensive care unit after delivery.	14.14

Phase 2 Core Questionnaire—Pregnancy Risk Assessment Monitoring System (PRAMS)

First we would like to ask you about your pregnancies. Please check the box next to the best answer.

1. Not counting your most recent birth, did you have any other babies who were born alive? No —> **Go to Question 4**
 Yes

2. Of these babies, did the one just before your new baby weigh *less* than 5 pounds, 8 ounces at birth? No
 Yes

3. Was that baby born *more* than 3 weeks before its due date? No
 Yes

Next are some questions about the pregnancy related to your most recent birth. You may want to use the calendar to help you answer the questions.

4. How many weeks or months pregnant were you when you were *sure* you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.) _____ Weeks or _____ Months
 I don't remember

5. How many weeks or months pregnant were you when you first thought you *might* be pregnant? _____ Weeks or _____ Months
 I don't remember

6. When you were sure you were pregnant, were you on Medicaid? No
 Yes

7. Thinking back to just before you were pregnant, how did you feel about becoming pregnant?
Check the best answer. I wanted to be pregnant sooner
 I wanted to be pregnant later
 I wanted to be pregnant then
 I didn't want to be pregnant then or at any time in the future
 I don't know

The next questions are about prenatal care you got during the pregnancy that ended with your most recent birth. Prenatal care includes visits to a doctor or nurse before your baby was born to check your blood pressure or the baby's heart beat, tests of your blood and urine, examinations such as sonogram or ultrasound, and advice. It does not include WIC (Supplemental Food Program for Women, Infants, and Children) or delivery of the baby. You may want to use the calendar to help you answer the questions.

8. How many weeks or months pregnant were you when you had your first visit for prenatal care?
Don't count a visit that was only for a pregnancy test or a visit only for WIC.

___ Weeks or ___ Months

I did not go for prenatal care

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

No

Yes —> **Go to Question 11**

I did not want prenatal care —> **Go to Question 11**

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

I had no one to take care of my children

I had no way to get to the clinic or office

I couldn't get a doctor or nurse to take me as a patient

I couldn't get an appointment earlier in my pregnancy

I didn't think that I was pregnant

I didn't have enough money or insurance to pay for my visits

I didn't know where to go

Other —> Please tell us:

11. How many visits for prenatal care did you have?
Don't count visits for WIC.

___ Visits

I did not go for prenatal care —> **Go to Question 22**

12. Did you have as many visits for prenatal care as you wanted?
- Yes —> **Go to Question 14**
 - I did not want prenatal care —> **Go to Question 14**
 - I wanted to go for fewer visits —> **Go to Question 14**
 - I wanted to go for more visits
13. Did any of these things keep you from having as many visits as you wanted?
Check all that apply.
- I had no one to take care of my children
 - I had no way to get to the clinic or office
 - I didn't have enough money or insurance to pay for my visits
 - I didn't know where to go
 - Other —> Please tell us:
-

If you did not go for prenatal care, Skip to Question 22.

14. Where did you go **most of the time** for your prenatal visits?
Don't include visits for WIC.
Check one answer.
- Hospital clinic
 - Health department clinic (free government clinic)
 - Private doctor's office or HMO
 - I did not go for prenatal care
 - Other —> Please tell us:
-

15. How satisfied were you with the prenatal care you got?
For each of the things listed below, circle the best answer. If you went to more than one place for prenatal care, answer for the place where you got most of your care.

How satisfied were you with . . .	Satisfied	Dissatisfied
a. The amount of time you had to wait after you arrived for your visits	S	D
b. The amount of time the doctor or nurse spent with you during your visits	S	D
c. The advice you got on how to take care of yourself	S	D
d. The hours the office or clinic was open	S	D
e. The understanding and respect that the staff showed toward you as a person	S	D

16. When you went for prenatal care, did a doctor, nurse, or other health worker ask you if you were smoking? No
 Yes
17. Did a doctor or nurse talk with you about how smoking during pregnancy could affect your baby? No
 Yes
18. When you went for prenatal care, did a doctor, nurse, or other health worker ask you if you were drinking alcoholic beverages (beer, wine, wine cooler, or liquor)? No
 Yes
19. Did a doctor or nurse talk with you about how drinking during pregnancy could affect your baby? No
 Yes
20. Did a doctor, nurse, or other health worker talk with you about what you should eat during your pregnancy? No
 Yes
21. How was your prenatal care paid for?
Check all that apply. Medicaid
 Personal income (cash, check, or credit card)
 Insurance or HMO
 I still owe
 Other —> Please tell us:
-
22. During your pregnancy, were you on WIC? No
 Yes

23. How much did you weigh during the **3 months before** you became pregnant? _____ Pounds
 I don't know
24. How tall are you without shoes? _____ feet _____ inches
25. How much did **you** weigh **when you were born?**
 Less than 5 pounds, 8 ounces
 5 pounds, 8 ounces, or more
 I don't know
26. a. Not counting your hospital stay for delivery, did you have to stay overnight in a hospital for any kind of problem during your pregnancy?
 No → **Go to Question 27**
 Yes, I stayed _____ nights
- b. What was the date during your pregnancy when you went into the hospital?
 _____ / _____ / _____
 month day year
- c. Why did you stay in the hospital?
Check all that apply.
 Vaginal bleeding or placenta problems
 Diabetes (high blood sugar)
 High blood pressure or toxemia
 Kidney infection
 Nausea, vomiting, or dehydration
 Premature labor or contractions more than 3 weeks before my due date
 Other → Please tell us:

The next questions are about cigarette smoking and alcohol drinking.

27. Have you smoked at least 100 cigarettes in your entire life?
 No → **Go to Question 31**
 Yes
28. In the **3 months before** you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day?
 A pack has 20 cigarettes.
 _____ Cigarettes or _____ packs
 Less than 1 cigarette a day
 I didn't smoke
 I don't know

29. In the **last 3 months** of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day? A pack has 20 cigarettes.

___ Cigarettes or ___ packs

- Less than 1 cigarette a day
- I didn't smoke
- I don't know

30. How many cigarettes or packs of cigarettes do you smoke on an average day **now**?

___ Cigarettes or ___ packs

- Less than 1 cigarette a day
- I don't smoke
- I don't know

31. In the **3 months before** you got pregnant, how many alcoholic drinks did you have in an average week?
(A drink is: One glass of wine.
One wine cooler.
One can or bottle of beer.
One shot of liquor.
One mixed drink.)

___ Number of drinks a week

- Less than 1 drink a week
- I didn't drink then
- I don't know

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

___ Number of drinks a week

- Less than 1 drink a week
- I didn't drink then
- I don't know

33. This question is about things that may have happened during the 12 months before your delivery. This includes the months before you got pregnant. **For each thing listed below, circle Y (Yes) if it happened to you or N (No) if it didn't. It may help to use the calendar.**

	No	Yes
a. A close family member was very sick and had to see a doctor	N	Y
b. Another close relative was very sick and had to see a doctor	N	Y
c. You got separated from your husband or partner.	N	Y
d. You got divorced	N	Y
e. You were homeless	N	Y
f. You were involved in a physical fight	N	Y
g. Your husband or partner physically hurt you	N	Y
h. You were arrested	N	Y
i. You were charged or convicted of an offense	N	Y
j. Your husband or partner was sent to jail	N	Y
k. Your husband or partner lost his job	N	Y
l. You got into debt over your head	N	Y
m. You lost your job even though you wanted to go on working	N	Y
n. Someone very close to you had a bad problem with drinking or drugs . .	N	Y
o. Your husband or partner died	N	Y
p. A close family member (other than your husband) died	N	Y
q. A close friend died	N	Y
r. A close family member tried to commit suicide	N	Y

The next questions are about your labor and delivery and the time right after you went home from the hospital after your baby was born.

34. When you went in the hospital to have your baby, how many nights did you stay? _____ Nights
 I did not stay in a hospital

35. When your baby was born, how many nights did he or she stay in the hospital? _____ Nights
 My baby did not stay in a hospital
 I don't know

36. When your baby was born, was he or she put in an intensive care unit or premature nursery?
 No
 Yes
 I don't know

37. Including the hospital costs,
how was your delivery paid for?
Check all that apply.

- Medicaid
 - Personal income (cash, check, or credit card)
 - Insurance or HMO
 - I still owe
 - Other → Please tell us:
-

38. For how many weeks or months did you breastfeed your baby before feeding him or her any other milk, formula, or food?
Check all that apply.

____ Weeks or ____ Months

- I didn't breastfeed
- I breastfed less than 1 week
- I'm still breastfeeding and have started some formula or food, too (put number of weeks or months you fed breastmilk only, then **Go to Question 40**)
- I'm still breastfeeding and haven't fed my baby any other milk, formula, or food yet → **Go to Question 40**

39. Did any of these things stop you from breastfeeding?
Check all that apply.

- I didn't want to
 - I was planning to go to work or school
 - I tried but my baby didn't breastfeed very well
 - My baby was not with me
 - I think it's better for my baby to be bottle-fed
 - I was taking medicine
 - I felt it was the right time to stop
 - Other → Please tell us:
-

40. In the **week after** you went home from the hospital, did you see a doctor or nurse for yourself?

- No → **Go to Question 42**
- Yes

41. Why did you see a doctor or nurse?
Check all that apply.

- Vaginal bleeding
 - Fever or infection
 - Other → Please tell us:
-

42. Is your baby alive now?

No → When did your baby die? ___ / ___ / ___
month day year

Yes → Is your baby living No
with you now? Yes

If your baby is not alive or is not living with you now, Skip to Question 48.

43. Before you took your new baby home No
from the hospital, did you know where Yes
you would take your baby if he or she
got sick?

44. Have you ever had a problem paying My baby has not been sick
for medical care when your baby was No
sick? Yes

45. How many times has your baby been ___ Times
to a doctor or nurse for baby
shots or *routine* well baby care? None

46. a. Has your baby gone as many No
times as you wanted for Yes → **Go to Question 47**
routine well baby care?

b. Did any of these things keep I didn't have enough money or
your baby from having *routine* insurance to pay for it
well baby care? I couldn't get an appointment
Check all that apply. I had no way to get the baby to
 the clinic or office
 I didn't have anyone to take
 care of my other children
 Other → Please tell us:

47. When your baby goes for baby shots or other ***routine*** well baby care, where do you take him or her most of the time?

Check all that apply.

- Hospital clinic
 - Private doctor's office or HMO
 - My baby has not had a visit for shots or routine care
 - Other—> Please tell us:
-

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

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

Check all that you have.

- Bedrooms —> how many? ____
- Living room
- Separate dining room
- Kitchen
- Bathroom(s)
- Recreation room, den, or family room
- Finished basement

49. a. How many babies, children, or teens who are 17 years or younger live with you?

***Count your new baby.
Don't count yourself.***

____ Person(s)

- None

b. How many people who are 18 years or older live with you?

Don't count yourself.

____ Person(s)

- None

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

- Wages or pay from a job
 - Aid such as AFDC, Welfare, Public Assistance, General Assistance, Food Stamps, or SSI
 - Unemployment benefits
 - Child support or alimony
 - Fees, rental income, commissions, interest, dividends, or income from business or farm
 - Social Security, Workers' Compensation, Veterans benefits, or pensions
 - Other → Please tell us:
-

51. What is today's date?

___ / ___ / ___
month day year

52. When were **you** born?

___ / ___ / ___
month day year

53. What was your due date?

___ / ___ / ___
month day year

I don't know

54. When was your baby born?

___ / ___ / ___
month day year

Please use this space for any additional comments you would like to make about the health of mothers and babies in _____.

Thanks for answering our questions!

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