

***Montana Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 9
Questionnaire, January 2023-2024***

BEFORE PREGNANCY

1. What is your date of birth?

2. For the next questions, please answer Yes or No. Other response options: Refused, Don't know.

Before you got pregnant...?

- a) Did you have serious difficulty hearing, or are you deaf?
- b) Did you have serious difficulty seeing, even when wearing glasses, or are you blind?
- c) Did you have serious difficulty walking or climbing stairs?
- d) Did you have serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition?
- e) Did you have difficulty with dressing or bathing yourself?
- f) Did you have difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition?

3. During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions? For each one, answer Yes or No. Other response options: Refused, Don't know.

- 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?
- d) Anxiety?
- e) PCOS or polycystic ovarian syndrome?

4. In the 12 months before you got pregnant with your new baby, did you have any of the following healthcare visits? For each one, answer Yes or No. Other response options: Refused, Don't know.

- a) Regular checkup with a family doctor
- b) Regular checkup with an OB/GYN
- c) Visit for an injury, illness, or chronic condition
- d) Visit to urgent care or the emergency room
- e) Visit for family planning or to get birth control
- f) Visit for depression or anxiety
- g) Visit to have your teeth cleaned
- h) Did you have any other healthcare visits? IF YES, ASK: What was that?

SKIP: If the mother answered NO to all responses in Question 4, go to Question 7.

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5. During any of your healthcare visits in the *12 months before you got pregnant*, did a healthcare provider do any of the following things? For each one, answer Yes or No. Other response options: Refused, Don't know.

Did a healthcare provider talk to you about...?

- a) Your weight
- b) Regularly checking your blood pressure
- c) Your desire to have or not have children
- d) Birth control methods
- e) How you could improve your health before a pregnancy
- f) Sexually transmitted infections such as chlamydia, gonorrhea, syphilis, or HIV

Did a healthcare provider ask you...?

- g) If you smoked cigarettes or used e-cigarettes like “vapes”, or other smokeless tobacco
- h) If someone was hurting you emotionally or physically
- i) If you felt depressed or anxious

6. In the *12 months before you got pregnant with your new baby*, did a healthcare provider talk to you about preparing for a pregnancy?

No

Yes

Refused

Don't know / Don't remember

7. During the *month before* you got pregnant with your new baby, what kind of health insurance did you have? For each one, answer Yes or No. Other response options: Refused, Don't know / Don't remember.

Private health insurance paid for by you, someone else, or through a job

Medicaid

Healthy Montana Kids or Healthy Montana Kids Plus

TRICARE or other military healthcare

Indian Health Service, IHS, or other tribal program

Did you have some other type of health insurance during your pregnancy? IF YES, ASK: What did you have?

IF NONE OF THE ABOVE WERE SELECTED, ASK: Would you say that you didn't have any health insurance during the month before you got pregnant?

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8. During your most recent pregnancy, what kind of health insurance did you have? For each one, answer Yes or No. Other response options: Refused, Don't know / Don't remember.

Private health insurance paid for by you, someone else, or through a job
Medicaid

Healthy Montana Kids or Healthy Montana Kids Plus

TRICARE or other military healthcare

Indian Health Service, IHS, or other tribal program

Did you have some other type of health insurance during your pregnancy? IF YES, ASK: What did you have?

IF NONE OF THE ABOVE WERE SELECTED, ASK: Would you say that you didn't have any health insurance during your pregnancy?

9. What kind of health insurance do you have now? For each one, answer Yes or No. Other response options: Refused, Don't know / Don't remember.

Private health insurance paid for by you, someone else, or through a job
Medicaid

Healthy Montana Kids or Healthy Montana Kids Plus

TRICARE or other military healthcare

Indian Health Service, IHS, or other tribal program

Do you have some other health insurance? IF YES, ASK: What do you have?

IF NONE OF THE ABOVE WERE SELECTED, ASK: Would you say that you don't have any health insurance now?

10. 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 tell me which one best describes how you felt. Other response options: Refused, Don't know / Don't remember.

You wanted to be pregnant later

You wanted to be pregnant sooner

You wanted to be pregnant then

You didn't want to be pregnant then or at any time in the future

You weren't sure what you wanted

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

No

Yes (if marked GO TO Instruction5/Question 13)

Refused

Don't know / Don't remember

12. When you got pregnant with your new baby, were you or your spouse or partner doing anything to keep from getting pregnant? This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.

No

Yes

Refused

Don't know / Don't remember

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DURING PREGNANCY

13. Did you get prenatal care during your *most recent* pregnancy?

No (if marked GO TO Question 15)

Yes

Refused (if marked GO TO Question 15)

Don't know / Don't remember (if marked GO TO Question 15)

14. During any of your prenatal care visits, did a healthcare provider do any of the following things? For each one, answer Yes or No. Other response options: Refused, Don't know.

Did a healthcare provider talk to you about...?

a) How much weight you should gain during pregnancy?

b) Doing tests to screen for birth defects or diseases that run in your family?

c) Did they TALK to you about... the signs and symptoms of preterm labor, this is labor that happens more than 3 weeks before the baby is due?

d) What to do if you feel depressed or anxious during your pregnancy or after your baby is born?

Did a healthcare provider ask you...?

a) If you planned to breastfeed your new baby?

b) If you planned to use birth control after your baby was born?

c) If you were taking any prescription medication?

d) If you smoked cigarettes or used e-cigarettes such as “vapes” or other smokeless tobacco?

e) Did they ASK you... if you were drinking alcohol?

f) If someone was hurting you emotionally or physically?

g) If you were using illegal drugs?

h) If you were using marijuana?

i) If you wanted to be tested for HIV?

15. During the 12 months before your new baby was born, did a healthcare provider offer you the following shots or vaccinations? For each one, answer Yes or No. Other response options: Refused, Don't know.

a) Flu shot

b) Tdap shot that protects against tetanus, diphtheria, and pertussis, which is also called whooping cough

c) COVID-19 shot

16. Did you *get* the following shots or vaccinations *before or during* your pregnancy?

Other response options: No, Refused, Don't know.

a) Flu shot

b) Tdap shot

c) COVID-19 shot

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

No
Yes
Refused
Don't know / Don't remember

18. During your most recent pregnancy, did a healthcare provider tell you that you had any of the following health conditions? For each one, answer Yes or No. Other response options: No, Refused, Don't know.

- a) Gestational diabetes, which is diabetes that started during this pregnancy?
- b) High blood pressure that started during this pregnancy, pre-eclampsia, or eclampsia?
- c) Depression?
- d) Anxiety?

SKIP: If the mother had high blood pressure before or during pregnancy, go to Question 19. If she didn't, go to Question 20.

19. During your most recent pregnancy, did a healthcare provider do any of the following things to help you manage your high blood pressure? For each one, answer Yes or No. Other response options: No, Refused, Don't know.

- a) Did they refer you to a different healthcare provider?
- b) Did they tell you to regularly check your blood pressure during pregnancy?
- c) Did they talk to you about getting to a healthy weight after pregnancy?
- d) Did they talk to you about regularly checking your blood pressure after pregnancy?
- e) Did they talk to you about the risk for having high blood pressure, chronic hypertension, or heart disease after pregnancy?

20. During your most recent pregnancy, did you get information about “warning signs” you should watch for during and after your pregnancy that require immediate medical attention? Some of these “warning signs” include fever, frequent or severe headaches, dizziness, or severe stomach pain.

No (if marked GO TO Question 22)
Yes
Refused (if marked GO TO Question 22)
Don't know / Don't remember (if marked GO TO Question 22) 22

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21. During your most recent pregnancy, did you get information about warning signs from any of the following sources? For each one, answer Yes or No. Other response options: Refused, Don't know.

- a) A healthcare provider such as a doctor, nurse, or midwife
- b) Websites or social media such as Facebook, Instagram, or Twitter
- c) Any source of information that used the slogan "Hear Her" such as websites, social media, or paper handouts
- d) Family or friends

22. During your most recent pregnancy, did a healthcare provider tell you that you had any of the following infections? For each one, answer Yes or No. Other response options: Refused, Don't know.

- a) Genital warts or HPV
- b) Herpes
- c) Chlamydia
- d) Gonorrhea
- e) Pelvic inflammatory disease or PID
- f) Syphilis
- g) Group B Strep or Beta Strep
- h) Bacterial vaginosis
- i) Trichomoniasis or Trich
- j) Yeast infection
- k) Urinary tract infection or UTI
- l) Were you told that you had any other infection? IF YES, ASK: What was it?

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

No (if marked GO TO Question 30)

Yes

Refused (if marked GO TO Question 30)

Don't know / Don't remember (if marked GO TO Question 30)

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24. In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day?

Did you smoke ...? Other response options: Refused, Don't know/Don't remember.

More than one pack, that's 21 or more cigarettes

One-half to one pack, that's 11 to 20 cigarettes

Less than half a pack, that's 1 to 10 cigarettes

OR, you didn't smoke then? (if marked GO TO Question 28)

25. During any of your prenatal care visits, did a healthcare provider advise you to quit smoking? Other response options: Refused, Don't know/Don't remember.

No

Yes

You didn't go for prenatal care (if marked GO TO Question 27)

26. During any of your prenatal visits, did a healthcare provider do any of the following things to help you quit smoking? For each one, answer Yes or No. Other response options: Refused, Don't know.

- a) Spend time with you discussing how to quit smoking
- b) Suggest that you set a specific date to stop smoking
- c) Suggest you attend a class or program to stop smoking
- d) Provide you with booklets, videos, or other materials to help you quit smoking on your own
- e) Refer you to counseling for help with quitting
- f) Ask if a family member or friend would support your decision to quit
- g) Refer you to a national or state quit line
- h) Recommend using or prescribe a nicotine gum
- i) Recommend using or prescribe a nicotine patch
- j) Recommend using or prescribe a nicotine lozenge
- k) Prescribe a nicotine nasal spray or nicotine oral inhaler
- l) Prescribe a pill like Zyban® or Wellbutrin® (also known as bupropion) to help you quit
- m) Prescribe a pill like Chantix® (also known as varenicline) to help you quit

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27. During your most recent pregnancy, did you try any of the following things to quit smoking? For each one, answer Yes or No. Other response options: Refused, Don't know.

- a) Set a specific date to stop smoking
- b) Use a text-messaging program for help with quitting
- c) Use websites or apps for help with quitting
- d) Use social media for help with quitting (such as Facebook, Instagram, TikTok)
- e) Call a national or state quit line
- f) Attend a class or program to stop smoking
- g) Go to counseling for help with quitting
- h) Use a nicotine patch, gum, lozenge, nasal spray, or oral inhaler
- i) Take a pill like Zyban® or Wellbutrin® (also known as bupropion) to stop smoking
- j) Take a pill like Chantix® (also known as varenicline) to stop smoking
- k) Try to quit on your own or cold turkey
- l) Did you do anything else to quit smoking? IF YES, ASK: What did you do?

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

Did you smoke ...? Other response options: Refused, Don't know/Don't remember.

More than one pack, that's 21 or more cigarettes
One-half to one pack that's 11 to 20 cigarettes
Less than half a pack that's 1 to 10 cigarettes
OR, you didn't smoke then?

29. How many cigarettes do you smoke on an average day now? Other response options: Refused, Don't know/Don't remember.

Do you smoke ...?

More than one pack, that's 21 or more cigarettes
One-half to one pack that's 11 to 20 cigarettes
Less than half a pack that's 1 to 10 cigarettes
OR, you don't smoke now?

30. In the past 2 years, have you used e-cigarettes such as “vapes” or other electronic nicotine products?

No (if marked GO TO Question 34)
Yes
Refused (if marked GO TO Question 34)
Don't know / Don't remember (if marked GO TO Question 34)

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31. During the 3 months before you got pregnant, on average, how often did you use e-cigarettes such as “vapes” or other electronic nicotine products?

Did you use them ...? Other response options: Refused, Don't know/Don't remember.

Every day?

Some days?

OR, you didn't use e-cigarettes or other electronic nicotine products then?

32. During the last 3 months of your pregnancy, on average, how often did you use e-cigarettes such as “vapes” or other electronic nicotine products?

Did you use them ...? Other response options: Refused, Don't know/Don't remember.

Every day?

Some days?

OR, you didn't use e-cigarettes or other electronic nicotine products then?

33. In the past 2 years, did you ever use e-cigarettes such as “vapes” or other electronic nicotine products as a way of cutting down or stopping cigarette smoking?

No

Yes

Refused

Don't know / Don't remember

34. During your most recent pregnancy, did you have any alcoholic drinks during...? For each one, answer Yes or No. Other response options: Refused, Don't know.

a) The first 3 months of pregnancy or the first trimester? This includes the time before knowing you were pregnant

b) The second 3 months of pregnancy or the second trimester?

c) The last 3 months of pregnancy or third trimester?

SKIP: If the mother did not have any alcoholic drinks during her pregnancy, go to Instruction 8/Question 36.

35. During your most recent pregnancy, did you have 4 or more alcoholic drinks in a 2-hour time span during...? For each one, answer Yes or No. Other response options: Refused, Don't know.

a) The first 3 months of pregnancy or the first trimester? This includes the time before knowing you were pregnant

b) The second 3 months of pregnancy or the second trimester?

c) The last 3 months of pregnancy or third trimester?

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36. Did any of the following things happen during the 12 months before your new baby was born? For each one, answer Yes or No. Other response options: Refused, Don't know.

- a) Did you get separated or divorced?
- b) Were you evicted or forced to move?
- c) Did you not have a regular place to sleep?
- d) Were you homeless, or did you have to sleep outside, in a car, or in a shelter?
- e) Did you or your spouse or partner lose a job?
- f) Did you or your spouse or partner have a cut in work hours or pay?
- g) Did you have problems paying the rent, mortgage, or other bills?
- h) Did your spouse or partner go to jail or prison?
- i) Did you go to jail or prison?
- j) Did someone close to you have a problem with drinking or drugs?
- k) Was someone close to you very sick or did someone close to you die?

37. During the 12 months before your new baby was born, how often did you feel emotionally upset (for example, angry, sad, or frustrated) because of how you were treated based on your race, ethnicity, or skin color? Other response options: Refused, Don't know/Don't remember.

Would you say it was ...?

- Very often
- Somewhat often
- Not very often
- OR, never?

38. In the 12 months before you got pregnant with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each one, answer Yes or No. Other response options: Refused, Don't know.

- a) Your spouse or partner
- b) Your ex-spouse or ex-partner
- c) Someone else

39. During your most recent pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each one, answer Yes or No. Other response options: Refused, Don't know.

- a) Your spouse or partner
- b) Your ex-spouse or ex-partner
- c) Someone else

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AFTER PREGNANCY

40. Did your healthcare provider try to induce your labor to start your contractions?

No (if marked GO TO Question 42)

Yes

Refused (if marked GO TO Question 42)

Don't know / Don't remember (if marked GO TO Question 42)

41. Why did your healthcare provider try to induce your labor? For each one, answer Yes or No. Other response options: Refused, Don't know / Don't remember.

Was it because ...?

Your water broke, and there was a fear of infection

You were past your due date

Your healthcare provider worried about the size of the baby

Your baby was not doing well and needed to be born

You had a complication in your pregnancy such as low amniotic fluid or pre-eclampsia

You wanted to schedule your delivery

You wanted to give birth with a specific healthcare provider

Was there any other reason? IF YES, ASK: What was the reason?

42. Did you plan or schedule a cesarean delivery or c-section at least one week before your new baby was born?

No

Yes

Refused

Don't know / Don't remember

43. How was your new baby delivered?

Was it ...?

Vaginally (if marked GO TO Question 46)

Or a cesarean delivery or c-section

Refused (if marked GO TO Question 46)

Don't know / Don't remember (if marked GO TO Question 46)

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44. What was the reason that your new baby was born by cesarean delivery (c-section)? For each one, answer Yes or No. Other response options: Refused, Don't know / Don't remember.

Was it because ...?

You had a previous cesarean delivery or c-section

Your baby was in the wrong position such as breech

You were past your due date

Your health care provider worried that your baby was too big

You had a medical condition that made labor dangerous for you, such as a heart condition or a physical disability

You had a complication in your pregnancy, such as pre-eclampsia, placental problems, infection, or preterm labor

Your health care provider tried to induce your labor, but it didn't work

Labor was taking too long

The fetal monitor showed that your baby was having problems before or during labor or fetal distress

You wanted to schedule your delivery

You didn't want to have your baby vaginally

Was there any other reason? IF YES, ASK: What was the reason?

45. Which statement best describes whose idea it was for you to have a cesarean delivery or c-section? Other response options: Refused, Don't know / Don't remember.

Please tell me which one applies to you.

Your healthcare provider recommended a cesarean delivery before you went into labor

Your healthcare provider recommended a cesarean delivery while you were in labor

You asked for the cesarean delivery

46. After the delivery, how long did your new baby stay in the hospital? Other response options: Refused, Don't know / Don't remember.

Less than 3 days

3 to 5 days

6 to 14 days

More than 14 days

Your baby was not born in a hospital

Your baby is still in the hospital (if marked GO TO Question 49)

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47. Is your baby alive now?

No (if marked GO TO Question 56)

Yes

Refused (if marked GO TO Question 56)

Don't know / Don't remember (if marked GO TO Question 56)

48. Is your baby living with you now?

No (if marked GO TO Question 55)

Yes

Refused (if marked GO TO Question 55)

Don't know / Don't remember (if marked GO TO Question 55)

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

Didn't breastfeed the baby

Breastfed for less than 1 week

Breastfed the baby for: week(s) (Range: 1-40) OR month(s) (Range: 1-9)

Still breastfeeding or feeding pumped milk to the baby

Refused

Don't know / Don't remember

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

50. In the *past 2 weeks*, how did you place your new baby to sleep at night and during naps?

For each one, answer Yes or No. Other response options: Refused, Don't know.

a) On their side

b) On their back

c) On their stomach

51. In the *past 2 weeks*, when you were sleeping, how often has your new baby slept alone in their own crib or bed?

Would you say it has been...?

Always

Often

Sometimes

Rarely

OR, never? (if marked GO TO Question 53)

Refused (if marked GO TO Question 53)

Don't know / Don't remember (if marked GO TO Question 53)

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52. In the *past 2 weeks*, was your baby's crib or bed in the same room where you or another adult slept? Other response options: Refused, Don't know / Don't remember.

No
Yes

53. In the *past 2 weeks*, where have you placed your new baby to sleep at night or during naps? For each one, answer Yes or No. Other response options: Refused, Don't know.

- a) In a crib, portable crib, or bassinet
- b) On a twin or larger mattress or bed
- c) On a couch, sofa, or armchair
- d) In an infant car seat
- e) In a swing, rocker, or other inclined sleeper
- f) In an in-bed sleeper
- g) In a baby board or cradleboard
- h) Was your baby placed to sleep somewhere else? IF YES, ASK: Where?

54. In the *past 2 weeks*, has your new baby been placed to sleep with the following? For each one, answer Yes or No.

- a) In a sleeping sack or wearable blanket
- b) In a swaddled blanket
- c) With comforters, quilts, blankets, or non-fitted sheets
- d) With soft toys, cushions, or pillows, including nursing pillows
- e) With crib bumper pads with or without mesh
- f) Was there something else your baby was placed to sleep with? IF YES, ASK: What was it?

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, healthcare provider, doula, social worker, or another person who works for a program that helps families with newborns. Other response options: Refused, Don't know / Don't remember.

No
Yes

56. Are you or your spouse or partner doing anything *now* to keep from getting pregnant? This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.

No
Yes (if marked GO TO Question 58)
You're pregnant now (if marked GO TO Question 59)
Refused (if marked GO TO Question 59)
Don't know / Don't remember (if marked GO TO Question 59)

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57. What are your reasons for not doing anything to keep from getting pregnant *now*? For each one, answer Yes or No. Other response options: Refused, Don't know / Don't remember.

Is it because ...?

You want to get pregnant or don't mind if you do

You had your tubes tied or blocked

Your spouse or partner had a vasectomy

You don't want to use birth control

You're worried about side effects from birth control

Your spouse or partner doesn't want to use condoms

Your spouse or partner doesn't want you to use birth control

You are same-sex spouses or partners

You have problems getting birth control you want

You don't think you can get pregnant because you're breastfeeding

You're not having sex

Is there any other reason you're not doing anything to keep from getting pregnant now? IF YES,

ASK: What is the reason?

SKIP: If the mother is not doing anything to keep from getting pregnant now, go to Question 59.

58. What kind of birth control are you or your spouse or partner using *now* to keep from getting pregnant? For each one, answer Yes or No. Other response options: Refused, Don't know / Don't remember.

Tubes tied or blocked

Your spouse or partner had a vasectomy

Birth control pills

Condoms

Shots or injections

Contraceptive patch or vaginal ring

IUD

Contraceptive implant in the arm

Withdrawal method, where he pulls out

Natural family planning or fertility awareness methods such as rhythm or calendar method or fertility apps

Breastfeeding for birth control, which is called Lactational Amenorrhea Method or LAM

Are you or your spouse or partner using anything else to keep from getting pregnant now? IF

YES, ASK: What are you using?

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59. Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is a regular health checkup you have up to 12 weeks after giving birth.

No

Yes (if marked GO TO Question 61)

Refused (if marked GO TO Question 62)

Don't know / Don't remember (if marked GO TO Question 62)

60. Did any of these things keep you from having a postpartum checkup? For each one, answer Yes or No. Other response options: Refused, Don't know/Don't remember.

Was it because ...?

You didn't know you needed one

You didn't have enough money or insurance to pay for the visit

You felt fine and didn't think you needed to have a visit

You couldn't get an appointment when you wanted one

You didn't have any transportation to get to the clinic or doctor's office

You had too many other things going on

You couldn't take time off from work or school

You didn't have anyone to take care of your children

The doctor's office was too far away

Did you have some other reason? IF YES, ASK: What kept you from having a postpartum checkup?

SKIP: If the mother did not have a postpartum checkup, go to Question 62.

61. During your postpartum checkup, did a healthcare provider do any of the following things? For each one, answer Yes or No. Other response options: Refused, Don't know.

Did a healthcare provider talk to you about...?

a) Healthy eating, exercise, and losing weight gained during pregnancy?

b) How long to wait before getting pregnant again?

c) Birth control methods?

d) Warning signs of medical problems you might be at risk for due to your pregnancy?

e) Regularly checking your blood pressure?

f) What to do if you feel depressed or anxious?

Did a healthcare provider ask you...?

a) If you were smoking cigarettes or using e-cigarettes such as "vapes" or other smokeless tobacco?

b) If someone was hurting you emotionally or physically?

Did a healthcare provider...?

a) Test you for diabetes?

b) Prescribe you medication for depression or anxiety?

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

Other response options: Refused, Don't know/Don't remember.

Would you say that it's been ...?

Always

Often

Sometimes

Rarely

OR, never?

63. Since your new baby was born, how often have you had little interest or little pleasure in doing things? Other response options: Refused, Don't know/Don't remember.

Would you say that it's been ...?

Always

Often

Sometimes

Rarely

OR, never?

64. Since your new baby was born, how often have you felt nervous, anxious, or on edge?

Other response options: Refused, Don't know/Don't remember.

Would you say that it's been ...?

Always

Often

Sometimes

Rarely

OR, never?

65. Since your new baby was born, how often have you not been able to stop or control worrying? Other response options: Refused, Don't know/Don't remember.

Would you say that it's been ...?

Always

Often

Sometimes

Rarely

OR, never?

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66. Has a healthcare provider asked you a series of questions, in person or on a form, to know if you were feeling down, depressed, anxious, or irritable during the following time periods? For each one, answer Yes or No. Other response options: Refused, Don't know.

- a) During your most recent pregnancy
- b) Since your new baby was born

67. *Since your new baby was born*, have you felt that you've needed mental health services such as counseling, medications, or support groups to help with feelings of anxiety, depression, grief, or other issues?

No (if marked GO TO Question 69)

Yes

Refused (if marked GO TO Question 69)

Don't know / Don't remember (if marked GO TO Instruction 10/Question 69)

68. Were you able to get the mental health services that you needed? Other response options: Refused, Don't know/Don't remember.

No

Yes

**Montana Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 9
Questionnaire, January 2023-2024**

OTHER EXPERIENCES

69. Please tell us how often each of the following happened during the *12 months before* your new baby was born. For each one, say if it was often, sometimes, or never.

You worried whether your food would run out before you got money to buy more.

Would you say it was...? Other response options: Refused, Don't know.

Often

Sometimes

OR, never?

The food that you bought just didn't last, and you didn't have money to get more.

Would you say this happened...? Other response options: Refused, Don't know.

Often

Sometimes

OR, never?

70. During the *12 months before* your new baby was born, did lack of transportation keep you from any of the following? For each one, answer Yes or No. Other response options: Refused, Don't know.

a) Going to medical appointments

b) Going to non-medical appointments, meetings, or work

c) Doing errands

71. At any time *during* your most recent pregnancy, did you work at a job for pay?

No (if marked GO TO Question 74)

Yes

Refused (if marked GO TO Question 74)

Don't know / Don't remember (if marked GO TO Question 74)

72. Did you take leave from work *after* your new baby was born? For each one, answer Yes or No. Other response options: Refused, Don't know/Don't remember.

You took paid leave from your job

You took unpaid leave from your job

IF NONE OF THE ABOVE WERE SELECTED, ASK: Would you say that you didn't take any leave from work after the birth of your new baby?

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73. Have you returned to the job you had *during* your most recent pregnancy?

I'm going to read three options. Please tell me which one applies to you. Other response options: Refused, Don't know/Don't remember.

No, and you don't plan to return
No, but you will be returning
Yes, you have returned

74. *After* your new baby was born, did your spouse or partner take time off from work?

Would you say...? Other response options: Refused, Don't know/Don't remember.

They didn't take leave from work
They took paid leave from work
They took unpaid leave from work
They took paid and unpaid leave from work
Your spouse or partner didn't work at a job for pay
You didn't have a spouse or partner

75. *Since your new baby was born*, how often would you say you have been worried or stressed about having enough money to pay your bills?

Would you say ...? Other response options: Refused, Don't know/Don't remember.

Always
Often
Sometimes
Rarely
OR, never?

SKIP: If the baby is not alive or is not living with the mother, go to Question 80.

76. What are your plans for vaccinating your new baby?

I'm going to read a list of options, please tell me which one applies to you.

Would you say ...? Other response options: Refused, Don't know/Don't remember.

Your baby will be vaccinated the way your baby's doctor recommends
Your baby will get every vaccine but at different times than your baby's doctor recommends
Your baby will get only some of the recommended vaccines
Your baby will not get any vaccines

SKIP: If the baby is still in the hospital, go to Question 80.

**Montana Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 9
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77. Are you currently in school or working? For each one, answer Yes or No.

No, you don't go to school or work (if marked GO TO Question 80)

Yes, you go to school or work outside the home

Yes, you go to school or work from home

Refused (if marked GO TO Question 80)

Don't know / Don't remember (if marked GO TO Question 80)

78. Which *one* of the following people spends the most time taking care of your new baby when you are in school or working?

Would you say it's...?

Your spouse or partner

Your baby's grandparent

Another close family member or relative

A friend or neighbor

A babysitter, nanny, or other childcare provider

Staff at day care center

Someone else, IF YES, ASK: Who takes care of them?

Or the baby is with you while you are at school or working (if marked GO TO Question 80)

Refused (if marked GO TO Question 80)

Don't know / Don't remember (if marked GO TO Question 80)

79. While you are away from your new baby for school or work, how often do you feel that they are well cared for?

Would you say it's...? Other response options: Refused, Don't know/Don't remember.

Always

Often

Sometimes

Rarely

OR, never?

***Montana Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 9
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80. While getting healthcare during your pregnancy, at delivery, or at postpartum care, did you experience discrimination or were you prevented from doing something, hassled, or made to feel inferior? For each one, answer Yes or No.

Did you experience discrimination while getting healthcare because of ...? Other response options: Refused, Don't know.

- a) Your race, ethnicity, or skin color
- b) Your disability status
- c) Your immigration status
- d) Your age
- e) Your weight
- f) Your income
- g) Your sex or gender
- h) Your sexual orientation
- i) Your religion
- j) Your language or accent
- k) Your type or lack of health insurance
- l) Your use of substances like alcohol, tobacco, or other drugs
- m) Your involvement with the justice system like jail or prison
- n) Did you experience discrimination while getting healthcare because of another reason? IF YES, ASK: What was it?

81. During your life until now, how often have you been discriminated against, prevented from doing something, hassled, or made to feel inferior because of your race, ethnicity, or skin color?

Would you say that it has been ...? Other response options: Refused, Don't know/Don't remember.

Very often
Somewhat often
Not very often
OR, never?

***Montana Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 9
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82. Have you *ever* been treated unfairly due to your race, ethnicity, or skin color in any of the following situations? For each one, answer Yes or No.

Have you been treated unfairly ...?

- a) In a job such as hiring, promotion, or firing
- b) With housing such as renting, buying, or getting a mortgage
- c) With the police such as being stopped, searched, or threatened
- d) In the courts
- e) At school or your child's school
- f) Getting medical care

83. During the *12 months before* your new baby was born, what was your yearly total household income before taxes? Include your income, your spouse 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 getting now.

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 ...? Other response options: Refused, Don't know/Don't remember.

\$0 to \$18,000
\$18,001 to \$23,000
\$23,001 to \$27,000
\$27,001 to \$32,000
\$32,001 to \$37,000
\$37,001 to \$42,000
\$42,001 to \$48,000
\$48,001 to \$60,000
\$60,001 to \$85,000
\$85,001 or more

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

Number of people: Write in answer within the range 1 – 30. Other response options: Refused, Don't know/Don't remember.

85. What is today's date?

Comments. This finishes the interview. We would love to hear more about your story. Is there anything you would like to share with us about your experiences around the time of your pregnancy?