With your help, more babies can be healthier.

Pregnancy Risk Assessment Monitoring System (PRAMS)
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.

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

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

- 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
- TRICARE or other military health care
- Other source(s) Please tell us:

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?

| 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  
- [ ] Yes  

Go to Question 11

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

- [ ] No
- [ ] Yes

Go to Question 14

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

- [ ] No
- [ ] Yes

11. Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?

- [ ] 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

Check one answer

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

- [ ] No
- [ ] Yes  

Go to Question 16

13. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- [ ] No
- [ ] Yes  

Go to Question 15

The next questions are about the time when you got pregnant with your new baby.
14. What were your reasons or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant?

Check all that apply:

- I didn’t mind if I got pregnant
- I thought I could not get pregnant at that time
- I had side effects from the birth control method I was using
- I had problems getting birth control when I needed it
- I thought my husband or partner or I was sterile (could not get pregnant at all)
- My husband or partner didn’t want to use anything
- Other ———— Please tell us:

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

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

Check all that apply:

- Tubes tied or closed (female sterilization)
- Vasectomy (male sterilization)
- Pill
- Condoms
- Injection once every 3 months (Depo-Provera®)
- Withdrawal (pulling out)
- Other ———— Please tell us:

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.

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

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

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

☐ Check all that apply

☐ Health insurance from your job or the job of your husband, partner, or parents
☐ Health insurance that you or someone else paid for (not from a job)
☐ Medicaid
☐ TRICARE or other military health care
☐ PCAP
☐ Other source(s) Please tell us:

☐ I did not have health insurance to help pay for my prenatal care
21. *During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.*

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

22. *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

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

- No
- Yes

24. *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
25. 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.

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

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

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

- [ ] No
- [ ] Yes

Go to Question 27

Go to Question 30

27. 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

28. 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

29. 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

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

- [ ] 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).

31. 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
   - Yes
   Go to Page 8, Question 34

32a. 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 33a

32b. 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

33a. 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 34

33b. 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.

34. 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.)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A close family member was very sick and had to go into the hospital</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>b. I got separated or divorced from my husband or partner</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>c. I moved to a new address</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>d. I was homeless</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>e. My husband or partner lost his job</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>f. I lost my job even though I wanted to go on working</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>g. I argued with my husband or partner more than usual</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>h. My husband or partner said he didn’t want me to be pregnant</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>i. I had a lot of bills I couldn’t pay</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>j. I was in a physical fight</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>k. My husband or partner or I went to jail</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>l. Someone very close to me had a problem with drinking or drugs</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>m. Someone very close to me died</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

35. 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

36. During your most recent pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

The next questions are about your labor and delivery. (It may help to look at the calendar when you answer these questions.)

37. When was your baby due?

_______ / _______ / 20___
Month    Day    Year

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

_______ / _______ / 20___
Month    Day    Year

- I didn’t have my baby in a hospital
AFTER PREGNANCY

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

42. After your baby was born, was he or she put in an intensive care unit?
   - No
   - Yes
   - I don’t know

43. 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
   - My baby was not born in a hospital

44. Is your baby alive now?
   - No
   - Yes
   - Go to Page 11, Question 54

45. Is your baby living with you now?
   - No
   - Yes
   - Go to Page 11, Question 54

Go to Page 10, Question 46
46. 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 Question 51b
☐ Yes

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

☐ No  Go to Question 50
☐ Yes

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

☐ Less than 1 week

☐ Weeks  OR  ☐ Months

49. 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:
### 50. 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.

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

### 51a. 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)?

<table>
<thead>
<tr>
<th></th>
<th>Weeks</th>
<th>OR</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### 51b. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

- [ ] My baby was less than 1 week old
- [ ] My baby has not eaten any foods

### 52. In which one position do you most often lay your baby down to sleep now?

- On his or her side
- On his or her back
- On his or her stomach

### 53. 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?

- Yes
- No

### 54. 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 Page 12, Question 56**

**Go to Page 12, Question 55**
55. What are your reasons or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant now?

☐ 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 Question 57.

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

☐ Tubes tied or closed (female sterilization)
☐ Vasectomy (male sterilization)
☐ Pill
☐ Condoms
☐ Injection once every 3 months (Depo-Provera®)
☐ Withdrawal (pulling out)
☐ Not having sex (abstinence)
☐ Other → Please tell us: ___________________________________________________________

57. Since your new baby was born, have you had a postpartum checkup for yourself? (A postpartum checkup is the regular checkup a woman has about 6 weeks after she gives birth.)

☐ No
☐ Yes

58. 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.

59. Before you got pregnant with your new baby, had you ever heard or read about emergency birth control (the “morning-after pill”)? This combination of pills is used to prevent pregnancy up to 3 days after unprotected sex.

☐ No
☐ Yes

60. Did you receive medical treatment to help you get pregnant with your new baby?

☐ No → Go to Question 62
☐ Yes

Go to Question 61
61. Which treatment(s) did you receive?

Check all that apply

- Drugs to help you ovulate
- Artificial/intrauterine insemination
- In vitro fertilization (IVF)
- Egg donation
- Other

62. During your prenatal care, labor, or delivery, do you feel you were ever treated differently because of any of the following? For each item, circle Y (Yes) if it happened or circle N (No) if it did not happen.

- My race
- My culture
- My ability to speak or understand English

If your baby is not alive or is not living with you now, go to Question 66.

63. Where does your new baby usually sleep?

Check one answer

- In a crib, cradle or bassinet
- On an adult bed or mattress
- Someplace else? Please tell us:

64. Does your new baby usually sleep with bumpers, pillows, or toys?

No
Yes

65. Does your new baby usually sleep in the same bed with you or another adult or child?

No
Yes

66. Since your new baby was born, have you been tested for diabetes or high blood sugar?

No
Yes

Go to Question 69

67. Since your new baby was born, did a doctor, nurse, or other health care worker tell you that you had diabetes?

No
Yes

Go to Question 69

68. Did a doctor, nurse, or other health care worker tell you that you had prediabetes, borderline diabetes or high blood sugar?

No
Yes

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

No
Yes

Go to Page 14, Question 71

70. How long has it been since you had your teeth cleaned by a dentist or a dental hygienist?

- Within the past year (less than 12 months)
- 1 to less than 2 years (12 to 23 months)
- 2 to less than 5 years
- 5 or more years
71. Are you currently in school?
- No
- Yes

72. Are you currently working outside the home?
- No
- Yes

73. What language do you usually speak at home?
- English
- Spanish
- Russian
- Chinese (includes Mandarin & Cantonese)
- Indian (includes Hindi & Tamil)
- Creole
- French
- Other

74. Were you born outside the United States?
(Please include Puerto Rico as outside of the US.)
- No
- Yes

75. How old were you when you moved to the United States?
- Age in years

76. In the last 30 days, have you been concerned about having enough food for you or your family?
- No
- Yes

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

77. During the 12 months before your new baby was born, what was your yearly total household income before taxes? Include your income, your husband’s or partner’s income, and any other income you may have received. (All information will be kept private and will not affect any services you are now getting.)
- Less than $10,000
- $10,000 to $14,999
- $15,000 to $19,999
- $20,000 to $24,999
- $25,000 to $34,999
- $35,000 to $49,999
- $50,000 to $74,999
- $75,000 or more

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

79. What is today’s date?
- Month
- Day
- Year
Please use this space for any additional comments you would like to make about the health of mothers and babies in New York City.

Thanks for answering our questions!

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

December 2, 2008