

# Pregnancy Risk Assessment



azio racing

If you would like to take the survey by phone, call us at: 406-252-2500

## IMPORTANT INFORMATION

### **Please Read Before Starting the Survey**

This survey is part of a research project sponsored by the Montana and Wyoming Tribal Leaders Council's Rocky Mountain Tribal Epidemiology Center (MT-WYTLC/RMTEC).

The purpose of the study is to find out why some babies are born healthy and others are not.

We are asking mothers from two Reservations in Montana and Wyoming to answer the same questions. All of your names were picked by a computer from recent birth certificates.

It takes about 20 minutes to answer all the questions. Some questions may be sensitive, such as questions about smoking or drinking during pregnancy.

You are free to do the survey or not. If you don't want to do the survey at all, or if you don't want to answer all the questions, that's okay. There is no penalty and you will not lose benefits at IHS, WIC, Healthy Start, or any other program for not doing the survey or answering all the questions.

Your survey may be combined with information the Rocky Mountain Tribal Epidemiology Center has from other sources.

If you choose to do the survey, your answers will be kept private to the extent allowed by law and will be used only for research. **If you are currently in jail, your participation in the study will have no effect on parole.**

Your name will not be on any reports. The booklet has a number so we will know when it is returned.

Your answers will be grouped with those from other women. What we learn from this study will be used to plan programs to help American Indian mothers and babies in Montana.

**Questions and Concerns:** Do you have questions about your rights in this project or about this study? Do you want to do the survey by telephone? Please call Folorunso Akintan (Folo), RMTEC "Survey to Assess Pregnancy Risk" Project Coordinator at 406-252-2550.

Please check the box next to your answer.



First, we would like to ask a few questions about you and the time before you got pregnant with your new baby.

1. **Just before you got pregnant, did you have health insurance?** (Do not count Medicaid.)

- No
- Yes

2. **Just before you got pregnant, were you on Medicaid?**

- No
- Yes

3. **During the *month* before you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin?** (These are pills that contain many different vitamins and minerals.)

- I didn't take a multivitamin or a prenatal vitamin at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

4. **What is *your* date of birth?**

\_\_\_\_\_ / \_\_\_\_\_ / 19\_\_\_\_\_  
 Month                  Day                  Year

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

\_\_\_\_\_ Pounds OR \_\_\_\_\_ Kilos

6. **How tall are you without shoes?**

\_\_\_\_\_ Feet    \_\_\_\_\_ Inches  
 OR                          \_\_\_\_\_ Centimeters

7. **Before you got pregnant with your new baby, did you ever have any other babies who were born alive?**

- No → **Go to Question 10**
- Yes



The next questions are about the baby born just before your new baby.

8. **Did the baby born *just before* your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?**

- No
- Yes

9. **Was the baby *just before* your new one born *more* than 3 weeks before its due date?**

- No
- Yes



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

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

Check one answer

- I wanted to be pregnant sooner
- I wanted to be pregnant later
- I wanted to be pregnant then
- I didn't want to be pregnant then or any time in the future

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

- No
- Yes → **Go to Question 14**

12. 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 [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes → **Go to Question 14**

13. What were you 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:

\_\_\_\_\_



The next questions are about the prenatal care you received during your most recent pregnancy.

Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

14. 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

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

\_\_\_\_\_ Weeks **OR** \_\_\_\_\_ Months

I didn't go for prenatal care

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

No

Yes

I didn't want prenatal

care → **Go to Question 23**

17. Here is a list of problems some women can have getting prenatal care. (For each item, circle Y (Yes) if it was a problem for you during your most recent pregnancy or circle N (No) if it was not a problem or did not apply to you.)

**No Yes**

- |   |   |   |
|---|---|---|
| a. I couldn't get an appointment when I wanted one .....                        | N | Y |
| b. I didn't have enough money or insurance to pay for my visits.....            | N | Y |
| c. I had no way to get to the clinic or doctor's office .....                   | N | Y |
| d. I couldn't take time off from work.....                                      | N | Y |
| e. The doctor or my health plan would not start care as early as I wanted ..... | N | Y |
| f. I didn't have my Medicaid card.....  | N | Y |
| g. I had no one to take care of my children .....                               | N | Y |
| h. I had too many other things going on .....                                   | N | Y |
| i. I didn't want anyone to know I was pregnant .....                            | N | Y |
| j. Other.....   | N | Y |

Please tell us:  
\_\_\_\_\_

**If you did not go for prenatal care, go to Page 5, Question 23.**

**18. During your most recent pregnancy, where did you go *most of the time* for your prenatal visits?** (Do not count a visit that was only for a pregnancy test or for WIC.)

**Check one answer**

- Indian Health Service (IHS) Clinic or Hospital
- Tribal Health Clinic
- Native Women’s Health Center
- Private Office, for example, a doctor, midwife, or nurse practitioner
- Other → Please tell us:

\_\_\_\_\_

**19. During your most recent pregnancy, did you go anywhere else for regular prenatal visits besides the place you went most of the time?** (Do not include visits for WIC or visits to see a specialist.)

- No
- Yes

**20. How was your prenatal care paid for?**

**Check all that apply**

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband’s work)
- Indian Health Services (IHS)
- Other → Please tell us:

\_\_\_\_\_

**21. During your most recent pregnancy, 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 to you about it.)

**No Yes**

- a. How smoking during pregnancy could affect my baby..... N Y
- b. Breastfeeding my baby..... N Y
- c. How drinking alcohol during pregnancy could affect my baby ..... N Y
- d. Using a seat belt during my pregnancy..... N Y
- e. Birth control methods to use after my pregnancy..... N Y
- f. Medicines that are safe to take during my pregnancy... N Y
- g. How using illegal drugs could affect my baby ..... N Y
- h. Doing tests to screen for birth defects or diseases that run in my family ..... N Y
- i. What to do if my labor starts early ..... N Y
- j. Getting tested for HIV (the virus that causes AIDS)..... N Y
- k. Physical abuse to women by their husbands or partners ..... N Y
- l. Other..... N Y

Please tell us:

\_\_\_\_\_

22. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about how much weight you should gain during your pregnancy?

- No
- Yes

23. 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

24. Some health experts recommend taking folic acid for which of the following reasons?

- To make strong bones
- To prevent birth defects
- To prevent high blood pressure
- I don't know



The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.

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

- No
- Yes

26. Did you have any of these 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.)

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

**27a. Did you do any of the following things because of these problems?**

(For each item, circle **Y** (Yes) if you did that thing or circle **N** (No) if you did not.)

- |  | <u>No</u> | <u>Yes</u> |
|--|-----------|------------|
| a. I went to the hospital or emergency room and stayed less than one day ....              | N         | Y          |
| b. I went to the hospital and stayed 1 to 7 days .....                                     | N         | Y          |
| c. I went to the hospital and stayed more than 7 days.....                                 | N         | Y          |
| d. I stayed in bed at home more than 2 days because of my doctor's or nurse's advice ..... | N         | Y          |

**27b. During your most recent pregnancy, did you get any of these services?**

(For each one, circle **Y** (Yes) if you got the service or circle **N** (No) if you did not get it.)

- |  | <u>No</u> | <u>Yes</u> |
|--|-----------|------------|
| a. Childbirth classes .....  | N         | Y          |
| b. Parenting classes .....   | N         | Y          |
| c. Classes on how to stop smoking .....                            | N         | Y          |
| d. Classes on how to stop drinking alcohol .....                   | N         | Y          |
| e. Visits to your home by a nurse or other health care worker..... | N         | Y          |
| f. Food Stamps .....   | N         | Y          |
| g. TANF (welfare) .....  | N         | Y          |



The next questions are about smoking cigarettes and drinking alcohol.



**28. Have you smoked at least 100 cigarettes in the past 2 years?** (A pack has 20 cigarettes.)

- No → **Go to Question 32**  
 Yes

**29. 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
- None (0 cigarettes)

**30. 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
- None (0 cigarettes)

**31a. How many cigarettes do you smoke on an average day *now*?** (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 20 to 41 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

**31b. Listed below are some things about smoking that a doctor, nurse, or other health care worker might have done during any of your prenatal care visits.** (For each thing, circle **Y** (Yes) if it applied to you during any of your prenatal care visits or circle **N** (No) if it did not.

**During any of your prenatal care visits, did a doctor, nurse, or other health care worker...**

	<u>No</u>	<u>Yes</u>
a. Spend time with you discussing how to quit smoking .....	N	Y
b. Suggest that you set a specific date to stop smoking .....	N	Y
c. Prescribe a nicotine nasal spray or nicotine inhaler .....	N	Y
d. Prescribe a pill like Zyban (also known as Wellbutrin or Bupropion) to help you quit.....	N	Y
e. Recommend using nicotine gum .....	N	Y
f. Recommend using a nicotine patch .....	N	Y
g. Suggest you attend a class or program to stop smoking .....	N	Y
h. Provide you with booklets, videos, or other materials to help you quit smoking on your own .....	N	Y
i. Refer you to counseling for help with quitting .....	N	Y
j. Ask if a family member or friend would support your decision to quit .....	N	Y
k. Refer you to a national or state quit line .....	N	Y

**31c. During your most recent pregnancy, about how many hours a day, on average, were you in the same room with another person who was smoking?**

\_\_\_\_\_ Hours

- Less than 1 hour a day
- I was never in the same room with someone who is smoking

**32. Have you had any alcoholic drinks in the *past 2 years*? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)**

- No → **Go to Question 35**
- Yes

**33a. 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

**33b. During the *3 months before you got pregnant*, how many times did you drink 5 alcoholic drinks or more in one sitting?**

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

**34a. 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

**34b. During the *last 3 months of your pregnancy*, how many times did you drink 5 alcoholic drinks or more in one sitting?**

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in one sitting
- I didn't drink then

**34c. Listed below are some things about drinking alcohol that a doctor, nurse, or other health care worker might have done during any of your prenatal care visits.** (For each thing, circle **Y** (Yes) if it applied to you during any of your prenatal care visits or circle **N** (No) if it did not.)

**During any of your prenatal care visits, did a doctor, nurse, or other health care worker...**

	<u>No</u>	<u>Yes</u>
a. Spend time with you discussing how to quit drinking alcohol .....	N	Y
b. Suggest that you set a specific date to stop drinking alcohol .....	N	Y
c. Prescribe any medication to help you quit drinking alcohol .....	N	Y
d. Suggest you attend a class or program to stop drinking alcohol .....	N	Y
e. Provide you with booklets, videos, or other materials to help you quit drinking alcohol on your own .....	N	Y
f. Refer you to counseling for help with quitting .....	N	Y
g. Ask if a family member or friend would support your decision to quit .....	N	Y
h. Refer you to a national or state quit line .....	N	Y



**Pregnancy can be a difficult time for some women. These next questions are about things that may have happened before and during your most recent pregnancy.**



**The next question is about the time during the 12 months before your new baby was born.**

**35. 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 use the calendar.))

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

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

- No
- Yes



The next questions are about the time during the 12 months before you got pregnant with your new baby.

37a. During the 12 months before you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

37b. During the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner?

- No
- Yes



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

38a. Do you consider yourself as stressed during the following periods of your life? (For each item, circle Y (Yes) if it applied to you or circle N (No) if it did not.)

	<u>No</u>	<u>Yes</u>
a. During the 3 months before your last pregnancy..	N	Y
b. During the first 3 months of your pregnancy.....	N	Y
c. During the last 3 months of your pregnancy.....	N	Y
d. During the first 3 months after your pregnancy .....	N	Y

38b. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

38c. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?

- No
- Yes



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

**39. When was your baby due?**

\_\_\_\_\_  
 Month                  Day                  Year

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

\_\_\_\_\_  
 Month                  Day                  Year

I didn't have my baby in a hospital.

**41. When was your baby born?**

\_\_\_\_\_  
 Month                  Day                  Year

**42. When were you discharged from the hospital after your baby was born?**  
 (It may help to use the calendar.)

\_\_\_\_\_  
 Month                  Day                  Year

I didn't have my baby in a hospital

**43. How was your delivery paid for?**

**Check all that apply**

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- Indian Health Service (IHS)
- Other → Please tell us:  
 \_\_\_\_\_



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

**44. After your baby was born, was he or she put in an intensive care unit?**

- No
- Yes
- I don't know

**45. 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 (1 to 2 days)
- 3 days
- 4 days
- 5 days
- 6 days or more
- My baby was not born in a hospital
- My baby is still in the hospital → **Go to Question 48**

46. Is your baby alive now?

- No → **Go to Question 58**
- Yes

47. Is your baby living with you now?

- No → **Go to Question 58**
- Yes

48. During your most recent pregnancy, what did you think about breastfeeding your new baby?

**Check one answer**

- I knew I would breastfeed
- I thought I might breastfeed
- I knew I would *not* breastfeed
- I didn't know what to do about breastfeeding

49. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

- No → **Go to Question 53**
- Yes

50. Are you still breastfeeding or feeding pumped milk to your new baby?

- No
- Yes → **Go to Question 52**

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

\_\_\_\_\_ Weeks **OR** \_\_\_\_\_ Months

- Less than 1 week

52. How old was your new baby the first time you fed him or her anything besides breast milk? (Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you feed your baby.)

\_\_\_\_\_ Weeks **OR** \_\_\_\_\_ Months

- My baby was less than 1 week old
- I have not fed my baby anything besides breast milk

**If your baby is still in the hospital, please go to Page 13. Question 58.**

53. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

\_\_\_\_\_ Hours

- Less than 1 hour a day
- My baby is never in the same room with someone who is smoking

54. How do you *most often* lay your baby down to sleep now?

**Check one answer**

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

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

- Always
- Often
- Sometimes
- Rarely
- Never

56. Was your new baby seen by a doctor, nurse, or other health care worker during the first week after he or she left the hospital?

- No
- Yes

57a. Has your new baby had a well-baby checkup? (A well-baby checkup is a regular health visit for your baby usually at 2, 4 or 6 months of age.)

- No
- Yes

57b. Listed below are some statements about safety. (For each one, circle Y (Yes) if it applies to you or circle N (No) if it does not.)

**No Yes**

- a. My infant was brought home from the hospital in an infant car seat..... N Y
- b. My baby always or almost always rides in an infant car seat..... N Y
- c. My home has a working smoke alarm..... N Y
- d. There are **loaded** guns, rifles, or other firearms in my home..... N Y

58. 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 [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes

**Go to Question 60**

**59. What are you or your husband's or partner's reason 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:

\_\_\_\_\_



**The next few questions are on a variety of topics about the 12 months before your new baby was born.**



**60. During the *12 months before your new baby was born*, what were the sources of your household's income?**

**Check all that apply**

- Paycheck or money from a job
- Money from family or friends
- Money from a business, fees, dividends, or rental income
- Aid such as Temporary Assistance for Needy Families (TANF), welfare, WIC, public assistance, general assistance, food stamps, or Supplemental Security Income
- Unemployment benefits
- Child support or alimony
- Social security, workers' compensation, disability, veteran benefits, or pensions
- Other —————> Please tell us:

\_\_\_\_\_

61. During the *12 months before your new baby was born*, what was your total household income before taxes? (Include your income, your husband's or partner's income, and any other income you may have used. All information will be kept private and will not affect any services you are now getting.)

Check one answer

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more

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

\_\_\_\_\_ People

63. During the *12 months before your new baby was born*, did you feel that when you went to get health care you were treated worse than people of other races?

- No
- Yes



The next few questions are on a variety of topics about the time just before you got pregnant with your new baby.

64. Thinking back to *just before you got pregnant with your new baby*, how did your husband or partner feel about you becoming pregnant?

- He wanted me to be pregnant sooner
- He wanted me to be pregnant later
- He wanted me to be pregnant then
- He didn't want me to be pregnant then or at any time in the future
- I don't know
- I didn't have a husband or partner

65. *Before you got pregnant with your new baby*, had you ever heard or read about emergency birth control pills ("ECPs", "Plan B<sup>®</sup>", "morning after pill")? (ECPs are birth control that prevents pregnancy after sex. ECPs are NOT the abortion pill.)

- No
- Yes

**66. Did you use any of these drugs in the *three months* before you got pregnant?** (For each item, circle **Y** (Yes) if you used it or circle **N** (No) if you did not.)

- |   | <u>No</u> | <u>Yes</u> |
|---|-----------|------------|
| a. Prescription drugs .....<br>Which ones? _____                          | N         | Y          |
| b. Marijuana (weed, peji) .....   | N         | Y          |
| c. Methamphetamines<br>(meth, crystal, glass) .....                       | N         | Y          |
| d. Cocaine (coke, crack) .....  | N         | Y          |
| e. Heroin (smack, junk) .....   | N         | Y          |
| f. Hallucinogens (ecstasy, X,<br>LSD) or tranquilizers<br>(downers) ..... | N         | Y          |
| g. Glue, aerosol spray cans,<br>or paint to get high<br>(huffing) .....   | N         | Y          |
| h. Something else .....   | N         | Y          |

Please tell us:  
\_\_\_\_\_



The next few questions are on a variety of topics about your most recent pregnancy.

**67. This question is about things that may have happened during your most recent pregnancy.** (For each thing, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not.)

**During your most recent pregnancy...**

- |   | <u>No</u> | <u>Yes</u> |
|---|-----------|------------|
| a. Your husband or partner threatened you or made you feel unsafe in some way .....   | N         | Y          |
| b. You were frightened for the safety of yourself or your family because of the anger or threats of your husband or partner .....                     | N         | Y          |
| c. Your husband or partner tried to control your daily activities, for example, controlling who you could talk to or where you could go.....          | N         | Y          |
| d. Your husband or partner forced you to take part in any sexual activity when you did not want to (including touch that made you uncomfortable)..... | N         | Y          |

**68. During your most recent pregnancy, did you receive any of the following services?** (For each one, circle Y (Yes) if you received the service or N (No) if you did not receive the service.)

**Did you receive...**

	<u>No</u> <u>Yes</u>	
	N	Y
a. Dental care .....	N	Y
b. Healthy Start Home Visits (available on Reservations only).....	N	Y
c. Public Health Nurse or other Health Worker Home Visits .....	N	Y
d. Help to quit smoking or to not start smoking again .....	N	Y
e. Food stamps, commodities, or food from a food pantry .....	N	Y
f. Help with an alcohol or drug problem .....	N	Y
g. Help to reduce violence in your home .....	N	Y
h. Counseling information for family and personal problems.....	N	Y
i. Information about breastfeeding .....	N	Y
j. Other .....	N	Y

Please tell us:  
\_\_\_\_\_

**69. Where did you receive helpful information about breastfeeding?**

- Doctor, midwife, or nurse
- WIC
- Healthy Start
- Childbirth or breastfeeding class
- Family member or friend
- Book, magazine, Internet, etc.
- Mother-to-mother support group
- Other ———> Please tell us:

\_\_\_\_\_

I didn't receive information about breastfeeding



**The next few questions are on a variety of topics about the time after your new baby was born.**

**70. Since you delivered your new baby, who would have helped you if a problem had come up?** (For example, who would have helped you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks?)

**Check all that apply**

- My husband or partner
- My mother, father, or in-laws
- Other family member or relative
- A friend
- Someone else ———> Please tell us:

\_\_\_\_\_

No one would have helped me

**71. Since your new baby was born, have you received any of the following services?** (For each one, circle **Y** (Yes) if you received the service or circle **N** (No) if you did not receive the service.)

**Have you received...**

	<u>No</u>	<u>Yes</u>
a. Dental care .....	N	Y
b. A health check up for yourself.....	N	Y
c. Healthy Start Home Visits (available on reservations only).....	N	Y
d. Public Health Nurse Home Visits.....	N	Y
e. WIC .....	N	Y
f. Help to quit smoking or to not start smoking again .....	N	Y
g. Advice from a doctor, nurse, or other health care worker about birth control....	N	Y
h. Food stamps, commodities, or food from a food pantry .....	N	Y
i. Help with an alcohol or drug problem .....	N	Y
j. Help to reduce violence in your home .....	N	Y
k. Counseling information for family and personal problems.....	N	Y
l. Help with or information about breastfeeding .....	N	Y
m. Help with installing an infant car seat.....	N	Y
n. Other .....	N	Y

Please tell us:  
\_\_\_\_\_

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

- Always
- Often
- Sometimes
- Rarely
- Never

**73. Since your new baby was born, how often have you had little interest or little pleasure in doing things?**

- Always
- Often
- Sometimes
- Rarely
- Never



**The next few questions are about your present situation.**

**74. In the past week, how many days did you get at least 30 minutes of physical activities or exercise such as walking, dancing, vacuuming, or something else that makes you breathe harder and your heart beat faster?**

- Less than 1 day per week
- 1 to 2 days per week
- 3 to 4 days per week
- 5 or more days per week

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

Check one answer

- No one is allowed to smoke anywhere inside my home
- Smoking is allowed in some rooms or at some times
- Smoking is permitted anywhere inside my home



The next few questions are about traditions.

76. What is your tribal enrollment or your primary tribal affiliation?

\_\_\_\_\_

77. If you had a cradleboard, would you use it for your baby?

- Yes
- No
- Other → Please tell us:

\_\_\_\_\_

78. In some communities, elders are looked up to for guidance. Do you look up to your community elders (including your child's grandparents) for guidance in making choices for your baby?

- Yes
- No
- Other → Please tell us:

\_\_\_\_\_



79a. Do you take Traditional Herbs or Tea?

- Yes
- No
- Other → Please tell us:

\_\_\_\_\_

79b. Did you take Traditional Herbs or Tea during your pregnancy?

- Yes
- No
- Other → Please tell us:

\_\_\_\_\_

79c. If Yes, Please specify which Traditional Herb or Tea.

\_\_\_\_\_

80. 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 American Indian mothers and babies in Montana or Wyoming.**

***Thanks for answering our questions!***

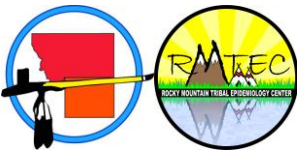
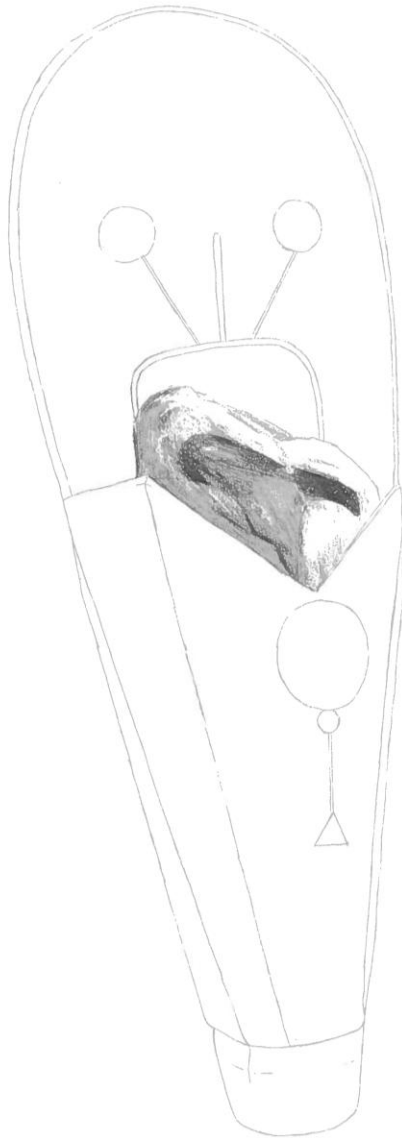
***Your answers will help us work to make American Indian mothers and babies healthier in Montana and Wyoming.***

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The most of the questions were adapted from the CDC PRAMS questions





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