

PREGNANCY  
RISK  
ASSESSMENT  
MONITORING  
SYSTEM

A Survey of the Health of Mothers and Babies in Rhode Island

MAKE HEALTH PART OF YOUR FAMILY  
RHODE ISLAND DEPARTMENT OF HEALTH



PRAMS

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

1. *Just before you got pregnant, did you have health insurance?* Do not count Medicaid or Rite Care.

- No  
 Yes

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

- 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

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 at 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 15**

**13. What were your 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:

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**If you were not trying to get pregnant when you got pregnant with your new baby, go to Question 15.**

**14. Did you receive treatment from a doctor, nurse, or other health care worker to help you get pregnant with your new baby?**

(This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.)

No

Yes

**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.)

**15. 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

**16. 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

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

- No
- Yes
- I didn't want prenatal care

**Go to Question 19**

**18. 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 or RItE Care 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 4, Question 21.**

**19. 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)
- RItE Care
- Other

→ Please tell us:

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

- |  | No | Yes |
|--|----|-----|
| a. How smoking during pregnancy could affect my baby . . . . .                         | N  | Y   |
| b. Breastfeeding my baby . . . . .   | N  | Y   |
| c. How drinking alcohol during pregnancy could affect my baby . . . . .                | N  | Y   |
| d. Using a seat belt during my pregnancy . . . . .                                     | N  | Y   |
| e. 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   |

**21. 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

**22. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker offer you a flu vaccination or tell you to get one?**

- No  
 Yes

**23. Did you get a flu vaccination during your most recent pregnancy?**

- No  
 Yes

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

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

- No  
 Yes

**25. 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.

- |   | No | Yes |
|---|----|-----|
| 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 abruptio 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   |

**If you did not have any of these problems, go to Question 27.**

**26. 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.

- |  | No | Yes |
|--|----|-----|
| a. I went to the hospital or emergency room and stayed less than 1 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   |

**The next questions are about smoking cigarettes and drinking alcohol.**

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

- No  $\longrightarrow$  **Go to Question 31**
- Yes

**28. 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)

**29. 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)

**30. 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
- None (0 cigarettes)

**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  $\longrightarrow$  **Go to Page 6, Question 34**
- Yes

**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

**32b. 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

**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

**33b. 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 1 sitting  
 I didn't drink then

**Pregnancy can be a difficult time for some women. The next question is 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 use the calendar.)

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

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

**35a. 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

**35b. 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.

**36a. 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

**36b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?**

- No  
 Yes

**37. How would you describe the time during your most recent pregnancy?**

Check one answer

- One of the happiest times of my life  
 A happy time with few problems  
 A moderately hard time  
 A very hard time  
 One of the worst times of my life

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

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

Month Day Year

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

Month Day Year

- I didn't have my baby in a hospital

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

Month Day Year

**41. 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



**42. 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)
- Rite Care
- Other —————> Please tell us:

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

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

- No
- Yes
- I don't know

**44. 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 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 47**

**45. Is your baby alive now?**

- No —————> **Go to Question 56**
- Yes

**46. Is your baby living with you now?**

- No —————> **Go to Question 56**
- Yes

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

- No
- Yes —————> **Go to Question 49**

**48. What were your reasons for not breastfeeding your new baby?****Check all that apply**

- My baby was sick and could not breastfeed
- I was sick or on medicine
- I had other children to take care of
- I had too many household duties
- I didn't like breastfeeding
- I didn't want to be tied down
- I was embarrassed to breastfeed
- I went back to work or school
- I wanted my body back to myself
- Other —————> Please tell us:

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**If you did not breastfeed your new baby, go to Question 52.**

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

- No
- Yes —————> **Go to Question 51**

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

Weeks **OR**  Months

- Less than 1 week

**51. How old was your 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 fed 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, go to Question 56.**

**52. 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

**53. 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

**54. 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

**55. 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

**56. 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 Page 10, Question 58**

**57. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?**

**Check all that apply**

- I am not having sex  
 I want to get pregnant  
 I don't want to use birth control  
 My husband or partner doesn't want to use anything  
 I don't think I can get pregnant (sterile)  
 I can't pay for birth control  
 I am pregnant now  
 Other → Please tell us:

\_\_\_\_\_

**If you are not doing anything to keep from getting pregnant *now*, go to Page 10, Question 59.**

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

Check all that apply

- Tubes tied or closed (female sterilization)
- Vasectomy (male sterilization)
- Pill
- Condoms
- Shot once a month (Lunelle®)
- Shot once every 3 months (Depo-Provera®)
- Contraceptive patch (OrthoEvra®)
- Diaphragm, cervical cap, or sponge
- Cervical ring (NuvaRing® or others)
- IUD (including Mirena®)
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other —————> Please tell us:

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**59. Since your new baby was born, have you had a postpartum checkup for yourself?**

(A postpartum checkup is the regular checkup a woman has after she gives birth.)

- No
- Yes

**The next few questions are about the time during 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:

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**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

The next few questions are on a variety of topics.

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

Check one answer

- 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

64. Before you got pregnant with your new baby, did either of the following things happen?

For each item, circle Y (Yes) if it did happen, N (No) if it did not happen, or DK (Don't Know) if you don't know if it happened.

- |    |   |     |            |
|----|---|-----|------------|
|    | No  | Yes | Don't Know |
| a. | You heard or read that taking the vitamin folic acid or foods that contain it (orange juice, citrus fruits, broccoli, green leafy vegetables, and fortified cereal) could help prevent some birth defects. . . . . N Y DK |     |            |
| b. | Your doctor or nurse instructed you on how to get enough folic acid . . . N Y DK  |     |            |

65. During the 12 months before you got pregnant with your new baby, did a doctor, nurse, or other health care worker diagnose you with depression?

- No → Go to Question 68
- Yes

66. During the 12 months before you got pregnant, did you take prescription medicine for your depression?

- No
- Yes

67. During the 12 months before you got pregnant, did you get counseling for your depression?

- No
- Yes

68. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker diagnose you with depression?

- No → Go to Page 12, Question 72
- Yes

69. At any time during your most recent pregnancy, did you take prescription medicine for your depression?

- No
- Yes

70. At any time during your most recent pregnancy, did you get counseling for your depression?

- No
- Yes

**71. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker talk with you about the benefits and risks of taking antidepressants during pregnancy?**

- No
- Yes

**72. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker talk to you about the following things?** For each item, circle Y (Yes) if it applies to you or circle N (No) if it does not.

	No	Yes
a. “Baby blues” or postpartum depression . . . . .	N	Y
b. Getting your blood tested for hepatitis C virus (the virus that can hurt your liver) . . . . .	N	Y

**If your baby is not alive or is not living with you now, go to Question 80.**

**73. Listed below are some things that describe the care of your new baby.** For each item, circle A if it always applies to you, circle S if it sometimes applies to you, or circle N if it never applies to you.

	Never	Sometimes	Always
a. My new baby rides in an infant car seat . . . . .	N	S	A
b. My new baby sleeps on something soft, like a fluffy blanket or comforter, soft pillow, featherbed, or sheepskin . . . . .	N	S	A
c. My new baby sleeps in the same bed with me or with someone else . . . . .	N	S	A
d. I test my smoke alarm every 6 months to make sure the batteries are working . . . . .	N	S	A

**74. Have you ever heard or read about what can happen if a baby is shaken?**

- No
- Yes

**75. Do you have health insurance, Medicaid, or RIte Care for your new baby?**

- No → Go to Question 77
- Yes

**76. What type of insurance is your new baby covered by?**

Check all that apply

- Medicaid  
 RItE Care → Enter plan name:  
 (United, Neighborhood, Blue Chip, etc.)

- Private insurance or HMO  
 Other → Please tell us:

**77. Do you have a doctor, nurse, or other health care worker that you can get in contact with 24 hours a day, 7 days a week, who will take care of your baby for both sick and “well-baby” care?**

- No  
 Yes

**78. In general, how easy is it to calm your baby when he or she is crying or fussing?**

Check one answer

- Very easy  
 Somewhat easy  
 Somewhat difficult  
 Very difficult

**79. Since you delivered your new baby, would you have the kinds of help listed below if you needed them?** For each item, circle Y (Yes) if you would have it or circle N (No) if not.

- |  | No | Yes |
|--|----|-----|
| a. Someone to loan me \$50. . . . .  | N  | Y   |
| b. Someone to help me if I were sick and needed to be in bed. . . . .                                    | N  | Y   |
| c. Someone to talk with about my problems . . . . .  | N  | Y   |
| d. Someone to help me if I were tired and feeling frustrated with my new baby . . . . .                  | N  | Y   |
| e. Someone to take me and my baby to the doctor’s office if I had no other way of getting there. . . . . | N  | Y   |

**80. Are you limited in any way in any activities because of physical, mental, or emotional problems?**

- No  
 Yes

**81a. Since your new baby was born, how often have you felt down, depressed, or hopeless?**

- Always  
 Often  
 Sometimes  
 Rarely  
 Never

**81b. Since your new baby was born, how often have you had little interest or little pleasure in doing things?**

- Always  
 Often  
 Sometimes  
 Rarely  
 Never

**82. Are you aware that babies are tested in the hospital for the following conditions?** For each item, circle Y (Yes) if you are aware of this or circle N (No) if you are not.

- |   | No | Yes |
|---|----|-----|
| a. Hearing loss . . . . .   | N  | Y   |
| b. Conditions that run in families, such as sickle cell disease and PKU . . . . . | N  | Y   |

**83. Was the house or apartment you live in now built after 1977?**

- No  
 Yes →  
 I don't know

**Go to Question 85**

**84. What are you currently doing to protect your family (your children, your partner, and yourself) from lead poisoning?** For each one, please circle Y (Yes) if you are doing it or circle N (No) if you are not doing it.

- |  | No | Yes |
|--|----|-----|
| a. Washing windows, doorways, floors, and dusty areas with a wet mop or cloth . . . . .                    | N  | Y   |
| b. Blocking chipped or peeling paint with furniture, or covering it with duct tape . . . . .               | N  | Y   |
| c. Eating foods that are rich in iron and calcium . . . . .  | N  | Y   |
| d. Washing hands frequently . . . . .  | N  | Y   |
| e. Running cold water for 1 minute before using for cooking or drinking . . . . .                          | N  | Y   |
| f. Storing food in clean plastic or glass containers, not in crystal, pottery, or ceramic dishes . . . . . | N  | Y   |

**85. How many times have you moved in the last 3 years?**

Number of times

**86. During the next 12 months, do you plan on:**

Check one answer

- Staying in your current home or apartment
- Moving to a different home or apartment in the same neighborhood
- Moving to a different neighborhood in the same city
- Moving to a different city
- Moving to a different state
- Moving out of the country

**87. What is today's date?**

<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>
Month	Day	Year

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

*Thanks for answering our questions!*

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



Your experiences, thoughts and feelings are important! Please complete the survey and mail it in the enclosed postage paid envelope. Your help is voluntary, and your answers are completely confidential. Your answers will help us improve the health of mothers and babies throughout Rhode Island.

If you would like to learn more about PRAMS, call the Family Health Information Line at 1-800-942-7434. Our staff speaks English and Spanish.



This finishes the survey. However, when your baby is two years old, we would like to contact you to see how he/she is doing. Please write your address and phone number AND the address of a friend or relative who would know how to reach you if you move. This information will be kept completely private as will all of your other information. We would only contact your friend or relative if we could not reach you. When the Department of Health receives your completed survey, this page will be immediately separated from your survey responses.

YOUR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_