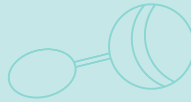


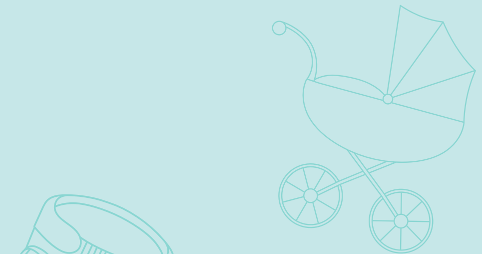
OKLAHOMA

PRAMS

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

A health survey about Oklahoma mothers and their babies.

SHARE YOUR STORY!



OKLAHOMA State Department of Health | Maternal & Child Health Service

Important Information About PRAMS

What is PRAMS?

PRAMS is a survey that asks mothers about their health and pregnancy experiences. The purpose is to learn why some babies are born healthy while others are not.

The survey asks questions about behaviors and experiences around the time of pregnancy. No matter how your pregnancy went, your answers are important and will help us learn ways to improve the health of Oklahoma mothers and babies.

How was I chosen for the PRAMS survey?

Your name was randomly picked from the Oklahoma Birth Certificate registry. You are one of a small number chosen to help in this study.

Are my answers kept private?

Yes! Your personal information and responses are not linked. In reports, you will not be identified by name, and your answers will be grouped with those from other mothers. We follow strict rules about privacy and confidentiality.

Are my answers really important?

Yes, very important!

Every mother has unique experiences, and many things in life may affect a pregnancy. We also know moms can do everything right but still have problems with their pregnancy. This survey helps us get an overall picture of pregnancies and births in Oklahoma. By sharing your story, you can help other mothers and babies.

What does PRAMS do with the information?

Answers to the survey:

- Help health professionals improve care
- Provide a way to develop and measure health programs
- Guide better use of resources
- Help mothers learn more about health before, during, and shortly after pregnancy

What if I want to know more?

If you have questions or want to answer the survey by phone, call 405-521-6918 or toll-free at 1-800-766-2223. You can also visit Oklahoma.gov/health/PRAMS for more information.

PRAMS is a joint research project between the Oklahoma State Department of Health (OSDH) and the Centers for Disease Control and Prevention (CDC).

What women who answer the survey say about PRAMS:

"I hope my answers will help other mothers to know they are not alone."

"If I could do just one thing to save babies, I would do anything it takes!"

"Thank you for asking me for my opinion."

Form Approved
OMB No. 0920-1273
Exp. Date 03/31/2026
Public Reporting of this collection of information is estimated to average 25-31 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS H21-8, Atlanta, GA, 30329 ATTN: PRA (0920-1273).

The information you are being asked to provide is authorized to be collected under Section 301 of The Public Health Service Act (42 USC 241). Providing this information is voluntary. CDC will use this information as part of the Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS data are used to inform efforts to improve health among mothers and infants. The information you give us will be kept private and will be protected under the Privacy Act (System of Records Notice 09-20-0136).

Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

BEFORE PREGNANCY

The first questions are about *you*.

1. What is *your* date of birth?

____ / ____ / ______

Month Day Year

2. Before you got pregnant, did you...?
For each one, check **No** or **Yes**.

	No	Yes
a. Have serious difficulty hearing, or are you deaf?	❑	❑
b. Have serious difficulty seeing, even when wearing glasses, or are you blind?	❑	❑
c. Have serious difficulty walking or climbing stairs?	❑	❑
d. Have serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition?	❑	❑
e. Have difficulty with dressing or bathing yourself?	❑	❑
f. Have difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition?	❑	❑

The next questions are about the time *before* you got pregnant.

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, check **No** if you did not have the condition or **Yes** if you did.

	No	Yes
a. Type 1 or Type 2 diabetes (**not** gestational diabetes or diabetes that starts during pregnancy)	❑	❑
b. High blood pressure or hypertension	❑	❑
c. Depression	❑	❑
d. Anxiety	❑	❑

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, check **No** or **Yes**.

	No	Yes
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 my teeth cleaned	❑	❑
h. Other	❑	❑

Please tell us:

____

If you did not have any healthcare visits in the 12 months before you got pregnant, go to Question 6.

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, check **No** or **Yes**.

	No	Yes
Talk to me about...		
a. My weight	❑	❑
b. Regularly checking my blood pressure	❑	❑
c. My desire to have or not have children	❑	❑
d. Birth control methods	❑	❑
e. How I could improve my health before a pregnancy	❑	❑
f. Sexually transmitted infections such as chlamydia, gonorrhea, syphilis, or HIV	❑	❑
Ask me...		
g. If I smoked cigarettes or used e-cigarettes (“vapes”) or other smokeless tobacco	❑	❑
h. If someone was hurting me emotionally or physically	❑	❑
i. If I felt depressed or anxious	❑	❑

The next questions are about your *health insurance*.

6. During the *month before* you got pregnant with your new baby, what kind of health insurance did you have?

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Medicaid (SoonerCare or other Medicaid programs)
- ❑ TRICARE or other military healthcare
- ❑ Indian Health Service (IHS) or tribal
- ❑ Other health insurance → Please tell us: ____________
- ❑ I didn’t have any health insurance during the *month before* I got pregnant

7. *During* your most recent pregnancy, what kind of health insurance did you have?

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Medicaid (SoonerCare or other Medicaid programs)
- ❑ TRICARE or other military healthcare
- ❑ Indian Health Service (IHS) or tribal
- ❑ Other health insurance → Please tell us: ____________
- ❑ I didn’t have any health insurance *during my pregnancy*

8. What kind of health insurance do you have *now*?

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Medicaid (SoonerCare or other Medicaid programs)
- ❑ TRICARE or other military healthcare
- ❑ Indian Health Service (IHS) or tribal
- ❑ Other health insurance → Please tell us: ____________
- ❑ I don't have any health insurance *now*

9. 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 later
- ❑ I wanted to be pregnant sooner
- ❑ I wanted to be pregnant then
- ❑ I didn't want to be pregnant then or at any time in the future
- ❑ I wasn't sure what I wanted

DURING PREGNANCY

The next questions are about your prenatal care. This can include visits to a doctor, nurse, or other healthcare worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar to answer these questions.)

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

- ❑ No → **Go to Page 4, Question 12**
- ❑ Yes

Go to Question 11

11. *During any of your prenatal care visits*, did a healthcare provider <u>do</u> any of the following things?
For each one, check **No** or **Yes**.

	No	Yes
Talk to me about...		
a. How much weight I should gain during pregnancy	❑	❑
b. Doing tests to screen for birth defects or diseases that run in my family	❑	❑
c. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)	❑	❑
d. What to do if I feel depressed or anxious during my pregnancy or after my baby is born	❑	❑
Ask me...		
e. If I planned to breastfeed my new baby	❑	❑
f. If I planned to use birth control after my baby was born	❑	❑
g. If I was taking any prescription medication	❑	❑
h. If I smoked cigarettes or used e-cigarettes ("vapes") or other smokeless tobacco	❑	❑
i. If I was drinking alcohol	❑	❑
j. If someone was hurting me emotionally or physically	❑	❑
k. If I was using illegal drugs	❑	❑
l. If I was using marijuana	❑	❑
m. If I wanted to be tested for HIV	❑	❑

12. During the *12 months before* your new baby was born, did a healthcare provider *offer* you the following shots or vaccinations?
For each one, check **No** or **Yes**.

	No	Yes
a. Flu shot	❑	❑
b. Tdap shot (protects against tetanus, diphtheria, and pertussis [whooping cough])	❑	❑
c. COVID-19 shot	❑	❑

13. Did you *get* the following shots or vaccinations *before* or *during* your pregnancy?
For each shot, check ALL that apply:
B for **3 months before** pregnancy
D for **During** pregnancy
or check **N** if you **Did <u>not</u>** get the shot in the 3 months before or during pregnancy

	B	D	N
a. Flu shot	❑	❑	❑
b. Tdap shot	❑	❑	❑
c. COVID-19 shot	❑	❑	❑

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

❑ No
❑ Yes

15. *During* your most recent pregnancy, did a healthcare provider tell you that you had any of the following health conditions?
For each one, check **No** or **Yes**.

	No	Yes
a. Gestational diabetes (diabetes that **<u>started</u>** during *this* pregnancy)	❑	❑
b. High blood pressure (that **<u>started</u>** during *this* pregnancy), pre-eclampsia, or eclampsia	❑	❑
c. Depression	❑	❑
d. Anxiety	❑	❑

If you <u>had</u> high blood pressure <u>before</u> or <u>during</u> your pregnancy, go to Question 16.
If you didn't, go to Question 17.

16. *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, check **No** or **Yes**.

	No	Yes
a. Refer me to a different healthcare provider	❑	❑
b. Tell me to regularly check my blood pressure ***during*** pregnancy	❑	❑
c. Talk to me about getting to a healthy weight ***after*** pregnancy	❑	❑
d. Talk to me about regularly checking my blood pressure ***after*** pregnancy	❑	❑
e. Talk to me about the risk for having high blood pressure (chronic hypertension) and heart disease ***after*** pregnancy	❑	❑

17. *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 → **Go to Question 19**
- ❑ Yes

18. *During* your most recent pregnancy, did you get information about warning signs from any of the following sources?
For each one, check **No** or **Yes**.

	No	Yes
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	❑	❑

The next questions are about cigarettes, e-cigarettes, and other tobacco products.

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

- ❑ No → **Go to Question 23**
- ❑ Yes → **Go to Question 20**

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

- ❑ More than one pack (21 or more cigarettes)
- ❑ One-half to one pack (11 to 20 cigarettes)
- ❑ Less than half a pack (1 to 10 cigarettes)
- ❑ I didn't smoke then

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

- ❑ More than one pack (21 or more cigarettes)
- ❑ One-half to one pack (11 to 20 cigarettes)
- ❑ Less than half a pack (1 to 10 cigarettes)
- ❑ I didn't smoke then

22. How many cigarettes do you smoke on an average day *now*?

- ❑ More than one pack (21 or more cigarettes)
- ❑ One-half to one pack (11 to 20 cigarettes)
- ❑ Less than half a pack (1 to 10 cigarettes)
- ❑ I don't smoke now

23. In the *past 2 years*, have you used e-cigarettes ("vapes") or other electronic nicotine products?

- ❑ No → **Go to Page 6, Question 27**
- ❑ Yes → **Go to Page 6, Question 24**

24. During the *3 months* *before* you got pregnant, on average, how often did you use e-cigarettes ("vapes") or other electronic nicotine products?

- ❑ Every day
- ❑ Some days
- ❑ I didn't use e-cigarettes or other electronic nicotine products then

25. During the *last 3 months* of your pregnancy, on average, how often did you use e-cigarettes ("vapes") or other electronic nicotine products?

- ❑ Every day
- ❑ Some days
- ❑ I didn't use e-cigarettes or other electronic nicotine products then

26. In the *past 2 years*, did you ever use e-cigarettes ("vapes") or other electronic nicotine products as a way of cutting down or stopping cigarette smoking?

- ❑ No
- ❑ Yes

The next questions are about drinking alcohol. A drink can be 1 glass of wine, can or bottle of beer or hard seltzer, shot of liquor, or mixed drink.

27. *During* your most recent pregnancy, did you have any alcoholic drinks during...?
For each one, check **No** or **Yes**.

	No	Yes
a. The first 3 months of pregnancy (1st trimester)? *This includes the time before knowing you were pregnant*	❑	❑
b. The second 3 months of pregnancy (2nd trimester)?	❑	❑
c. The last 3 months of pregnancy (3rd trimester)?	❑	❑

If you did not have any alcoholic drinks during your pregnancy, go to Question 29.

28. *During* your most recent pregnancy, did you have 4 or more alcoholic drinks in a 2-hour time span during…?
For each one, check **No** or **Yes**.

	No	Yes
a. The first 3 months of pregnancy (1st trimester)? *This includes the time before knowing you were pregnant*	❑	❑
b. The second 3 months of pregnancy (2nd trimester)?	❑	❑
c. The last 3 months of pregnancy (3rd trimester)?	❑	❑

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

29. Did any of the following things happen during the *12 months before* your new baby was born?
For each one, check **No** or **Yes**.

	No	Yes
a. I got separated or divorced	❑	❑
b. I was evicted or forced to move	❑	❑
c. I didn't have a regular place to sleep	❑	❑
d. I was homeless or had to sleep outside, in a car, or in a shelter	❑	❑
e. My spouse, partner, or I lost a job	❑	❑
f. My spouse, partner, or I had a cut in work hours or pay	❑	❑
g. I had problems paying the rent, mortgage, or other bills	❑	❑
h. My spouse or partner went to jail/prison	❑	❑
i. I went to jail/prison	❑	❑
j. Someone close to me had a problem with drinking or drugs	❑	❑
k. Someone close to me was very sick or died	❑	❑

30. 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, check **No** or **Yes**.

	No	Yes
a. My spouse or partner	❑	❑
b. My ex-spouse or ex-partner	❑	❑
c. Another family member	❑	❑
d. Someone else	❑	❑

31. *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, check **No** or **Yes**.

	No	Yes
a. My spouse or partner	❑	❑
b. My ex-spouse or ex-partner	❑	❑
c. Another family member	❑	❑
d. Someone else	❑	❑

AFTER PREGNANCY

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

32. *After* the delivery, how long did your new baby stay in the hospital?

- ❑ Less than 3 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 → **Go to Page 8, Question 35**

33. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 9, Question 43**
- ❑ Yes

34. Is your baby living with you now?

- ❑ No → **Go to Page 9, Question 43**
- ❑ Yes

Go to Page 8, Question 35

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

Check ONE answer

- ❑ I didn't breastfeed my baby → **Go to Question 37**
- ❑ I breastfed my baby for less than 1 week
- ❑ I breastfed my baby for:

  ____ week(s) **OR** ____ month(s)
- ❑ I'm still breastfeeding or feeding pumped milk to my new baby

36. How old was your new baby the first time they had liquids other than breast milk (such as formula, water, juice, or cow's milk)?

Check ONE answer

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

  ____ week(s) **OR** ____ month(s)

If your baby is still in the hospital, go to Question 43.

37. In the *past 2 weeks*, how did you place your new baby to sleep at night and during naps?
For each one, check **No** or **Yes**.

	No	Yes
a. On their side	❑	❑
b. On their back	❑	❑
c. On their stomach	❑	❑

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never → **Go to Question 40**

39. In the *past 2 weeks*, was your baby's crib or bed in the same room where you or another adult slept?

- ❑ No
- ❑ Yes

40. In the *past 2 weeks*, where have you placed your new baby to sleep at night or during naps?
For each one, check **No** or **Yes**.

	No	Yes
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. Other	❑	❑

Please tell us: ____________

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

	No	Yes
a. In a sleeping sack or wearable blanket	❑	❑
b. In a swaddled blanket	❑	❑
c. Comforters, quilts, blankets, or non-fitted sheets	❑	❑
d. Soft toys, cushions, or pillows, including nursing pillows	❑	❑
e. Crib bumper pads (mesh or non-mesh)	❑	❑
f. Other	❑	❑

Please tell us:

42. Did you get information about how to place your new baby to sleep from any of the following sources?
For each one, check **No** or **Yes**.

	No	Yes
a. My family doctor	❑	❑
b. My OB/GYN	❑	❑
c. A nurse or midwife	❑	❑
d. Doula or a childbirth educator	❑	❑
e. My baby's doctor or healthcare provider	❑	❑
f. Websites or apps about pregnancy or infant care	❑	❑
g. Social media (such as Facebook, Instagram, TikTok)	❑	❑
h. Other sources	❑	❑

Please tell us:

43. 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 → **Go to Page 10, Question 45**
❑ I'm pregnant now → **Go to Page 10, Question 46**

44. What are your reasons for not doing anything to keep from getting pregnant *now*?

Check ALL that apply

❑ I want to get pregnant or don't mind if I do
❑ I had my tubes tied or blocked
❑ My spouse or partner had a vasectomy
❑ I don't want to use birth control
❑ I'm worried about side effects from birth control
❑ My spouse or partner doesn't want to use condoms
❑ My spouse or partner doesn't want me to use birth control
❑ We are same-sex spouses/partners
❑ I have problems getting birth control I want
❑ I don't think I can get pregnant because I'm breastfeeding
❑ I'm not having sex
❑ Other → Please tell us:

If you're not doing anything to keep from getting pregnant now, go to Page 10, Question 46.

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

Check ALL that apply

- ❑ Tubes tied or blocked
- ❑ My 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 (pulling out)
- ❑ Natural family planning or fertility awareness methods (such as rhythm or calendar method or fertility apps)
- ❑ Breastfeeding for birth control (Lactational Amenorrhea Method or LAM)
- ❑ Other → Please tell us: ____________

46. *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 → **Go to Question 48**
- ❑ Yes → **Go to Question 47**

47. *During your postpartum checkup,* did a healthcare provider do any of the following things?
For each one, check **No** or **Yes**.

	No	Yes
Talk to me 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 I might be at risk for due to my pregnancy	❑	❑
e. Regularly checking my blood pressure	❑	❑
f. What to do if I feel depressed or anxious	❑	❑
Ask me...		
g. If I was smoking cigarettes or using e-cigarettes (“vapes”) or other smokeless tobacco	❑	❑
h. If someone was hurting me emotionally or physically	❑	❑
A healthcare provider...		
i. Tested me for diabetes	❑	❑
j. Prescribed me medication for depression or anxiety	❑	❑

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

51. ***Since your new baby was born*, how often have you <u>not</u> been able to stop or control worrying?**

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

52. **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, check **No** or **Yes**.

	No	Yes
a. During my most recent pregnancy....	❑	❑
b. Since my new baby was born...............	❑	❑

53. ***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 → **Go to Page 12, Question 56**
- ❑ Yes

54. **Were you able to get the mental health services that you needed?**

- ❑ No
- ❑ Yes → **Go to Page 12, Question 56**

55. **Which of these statements explains why you did not get the mental health services you needed?**

Check ALL that apply

- ❑ I couldn't afford the cost
- ❑ I couldn't get an appointment as soon as I needed
- ❑ My health insurance doesn't cover any type of mental health services
- ❑ My health insurance doesn't pay enough for mental health services
- ❑ I didn't know where to go to get services
- ❑ I was concerned that the information I shared might not be kept confidential
- ❑ I didn't want others to find out that I needed treatment
- ❑ I was concerned that I might be committed to a psychiatric hospital
- ❑ I was concerned that I might have to take medicine
- ❑ I had no transportation, treatment was too far away, or the hours were not convenient
- ❑ I didn't have time (because of a job, childcare, or other commitments)
- ❑ Other → Please tell us:

____

OTHER EXPERIENCES

The next questions are on a variety of topics.

56. Please tell us how often each of the following happened during the *12 months before* your new baby was born.

a. I worried whether my food would run out before I got money to buy more

❏ Often ❏ Sometimes ❏ Never

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

❏ Often ❏ Sometimes ❏ Never

57. During the *12 months before* your new baby was born, did lack of transportation keep you from any of the following?
For each one, check **No** or **Yes**.

	No	Yes
a. Going to medical appointments	❏	❏
b. Going to non-medical appointments, meetings, or work	❏	❏
c. Doing errands	❏	❏

58. During the *3 months* <u>*before*</u> you got pregnant, on average, about how often did you use marijuana products?

❏ Daily
❏ 2-6 days a week
❏ 1 day a week
❏ 2-3 days a month
❏ 1 day a month or less
❏ I didn't use marijuana then

59. *During* your most recent pregnancy, which types of <u>*prenatal care*</u> appointments did you attend?

Check ONE answer

❏ In-person appointments only
❏ Virtual appointments (video or telephone) only
❏ Both, in-person and virtual appointments
❏ I didn't have prenatal care

If your baby is not alive or is not living with you, go to Question 62.

60. *Since your new baby was born*, how often does your baby's father or other parent contribute things such as money, food, clothing, shelter, or healthcare to provide for your new baby's basic needs?

❏ Always
❏ Often
❏ Sometimes
❏ Rarely
❏ Never

If your baby is still in the hospital, go to Question 62.

61. When riding in a car, truck, or van, how often does your baby ride in an infant car seat?

❏ Always
❏ Often
❏ Sometimes
❏ Rarely
❏ Never

62. *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, check **No** if you did not experience discrimination because of it or **Yes** if you did.

	No	Yes
a. My race, ethnicity, or skin color	❑	❑
b. My disability status	❑	❑
c. My immigration status	❑	❑
d. My age	❑	❑
e. My weight	❑	❑
f. My income	❑	❑
g. My sex or gender	❑	❑
h. My sexual orientation	❑	❑
i. My religion	❑	❑
j. My language or accent	❑	❑
k. My type or lack of health insurance	❑	❑
l. My use of substances (alcohol, tobacco, or other drugs)	❑	❑
m. My involvement with the justice system (jail or prison)	❑	❑
n. Another reason	❑	❑

Please tell us: ______________________

63. *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?

❑ Very often
❑ Somewhat often
❑ Not very often
❑ Never

64. Have you *ever* been treated unfairly due to your race, ethnicity, or skin color in any of the following situations?
For each one, check **No** or **Yes**.

	No	Yes
a. Job (hiring, promotion, firing)	❑	❑
b. Housing (renting, buying, mortgage)	❑	❑
c. Police (stopped, searched, threatened)	❑	❑
d. In the courts	❑	❑
e. At school or my child's school	❑	❑
f. Getting medical care	❑	❑

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

65. 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.

❑ $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

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

Number of people ____

67. What is today's date?

____ / ____ / ________

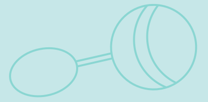
Month Day Year

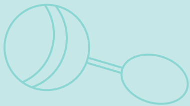
We would love to hear more about your story!
Is there anything else you would like to share with us about your experiences around the time of your pregnancy? Please use this space to tell us.

Thanks for answering our questions!

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

Because you have completed PRAMS, you may be selected to participate in an additional survey called TOTS (The Oklahoma Toddler Survey). This survey asks how you and your child are doing in two years. If you do not wish to be contacted about this survey, please call 1-800-766-2223, and we will remove your name from the list of potential participants.





OKLAHOMA

PRAMS

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

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