

PRAMS SURVEY PHASE 9

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**.

- Have serious difficulty hearing, or are you deaf?
- Have serious difficulty seeing, even when wearing glasses, or are you blind?
- Have serious difficulty walking or climbing stairs?
- Have serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition?
- Have difficulty with dressing or bathing yourself?
- 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.

- Type 1 or Type 2 diabetes (**not** gestational diabetes or diabetes that starts during pregnancy)
- High blood pressure or hypertension
- Depression
- Anxiety

4. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

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

5. 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****

- Regular checkup with a family doctor
- Regular checkup with an OB/GYN
- Visit for an injury, illness, or chronic condition
- Visit to urgent care or the emergency room
- Visit for family planning or to get birth control
- Visit for depression or anxiety
- Visit to have my teeth cleaned
- Other... Please tell us: _____

If you did not have any healthcare visits in the 12 months before you got pregnant, go to Question 10.

6. 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**.**

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

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

- No (Go to Question 9)
- Yes (Go to Question 8)

8. In the 12 months before you got pregnant with your new baby, did a healthcare provider talk to you about the following things? For each one, check No or Yes.

- Getting vaccines before pregnancy
- Getting counseling for any genetic diseases that run in my family
- Getting counseling or treatment for depression or anxiety
- The safety of using prescription or over-the-counter medicines during pregnancy
- How smoking during pregnancy can affect a baby
- How drinking alcohol during pregnancy can affect a baby
- How using drugs not prescribed to me during pregnancy can affect a baby

The next questions are about *your health insurance*.

9. 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)
- Private insurance from the Health Insurance Marketplace, MNSure, or HealthCare.gov
- Medicaid or Medical Assistance
- MinnesotaCare
- TRICARE or other military healthcare
- Indian Health Service (IHS) or Tribal Health Service
- Other health insurance → Please tell us: _____
- I didn't have any health insurance during the *month before* I got pregnant

10. 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)
- Private insurance from the Health Insurance Marketplace, MNSure, or HealthCare.gov
- Medicaid or Medical Assistance
- MinnesotaCare
- TRICARE or other military healthcare
- Indian Health Service (IHS) or Tribal Health Service
- Other health insurance → Please tell us: _____
- I didn't have any health insurance *during my pregnancy*

11. 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)
- Private insurance from the Health Insurance Marketplace, MNSure, or HealthCare.gov
- Medicaid or Medical Assistance
- MinnesotaCare
- TRICARE or other military healthcare
- Indian Health Service (IHS) or Tribal Health Service
- Other health insurance → Please tell us: _____
- I don't have any health insurance *now*

12. 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.)

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

- No (**Go to Question 15**)
- Yes

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

- No
- Yes (**Go to Page 4, Question 16**)

15. Did any of these things keep you from getting prenatal care when you wanted it? For each one, check **No or **Yes**.**

- I couldn't get an appointment when I wanted one
- I didn't have enough money or insurance to pay for my visits
- I didn't have any transportation to get to the clinic or doctor's office
- The doctor or my health plan wouldn't start care as early as I wanted
- I had too many other things going on
- I couldn't take time off from work or school
- I didn't have my Medicaid, Medical Assistance, or MinnesotaCare card
- I didn't have anyone to take care of my children
- I didn't know that I was pregnant
- I didn't want anyone else to know I was pregnant
- I didn't want prenatal care
- The doctor's office was too far away

If you did not get prenatal care, go to Question 17.

16. During any of your prenatal care visits, did a healthcare provider do any of the following things? For each one, check **No or **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

17. 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**.**

- a. Flu shot
- b. Tdap shot (protects against tetanus, diphtheria, and pertussis [whooping cough])
- c. COVID-19 shot

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

For each one, check ALL that apply:

B for **3 months before** pregnancy

D for **During** pregnancy

or check **N** if you **Did not** get the shot in the 3 months before or during pregnancy

- a. Flu shot
- b. Tdap shot

- c. COVID-19 shot
- d. RSV shot

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

- No
- Yes

20. The following statements are about the care of your teeth during your most recent pregnancy. For each one, check **No or **Yes**.**

- a. I knew it was important to care for my teeth and gums during my pregnancy
- b. A dental or other healthcare provider talked with me about how to care for my teeth and gums
- c. I knew it was safe to go to the dentist during pregnancy
- d. I had insurance to cover dental care during my pregnancy
- e. I needed to see a dentist for a **problem**
- f. I went to a dentist or dental clinic about a **problem**

21. Did any of the following things make it hard for you to go to a dentist or dental clinic during your most recent pregnancy? For each one, check **No or **Yes**.**

- a. I couldn't find a dentist or dental clinic that would take pregnant patients
- b. I couldn't find a dentist or dental clinic that would take Medicaid patients
- c. I didn't think it was safe to go to the dentist during pregnancy
- d. I couldn't afford to go to a dentist or dental clinic
- e. I couldn't find a dentist or dental clinic close by that I could get to

22. 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**.**

- Gestational diabetes (diabetes that started during *this* pregnancy)
- High blood pressure (that started during *this* pregnancy), pre-eclampsia, or eclampsia
- Depression
- Anxiety

If you had high blood pressure before or during your pregnancy, go to Question 23. If you didn't go to Question 24.

23. 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**.

- Refer me to a different healthcare provider
- Tell me to regularly check my blood pressure *during* pregnancy
- Talk to me about getting to a healthy weight *after* pregnancy
- Talk to me about regularly checking my blood pressure *after* pregnancy
- Talk to me about the risk for having high blood pressure (Chronic hypertension) and heart disease *after* pregnancy

24. 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 Page 6, Question 26**)
- Yes

25. 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**.

- 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.

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

- No (**Go to Question 30**)
- Yes

27. 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

28. 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

29. 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

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

- No (Go to Question 34)
- Yes (Go to Question 31)

31. 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

32. 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

33. 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.

34. During your most recent pregnancy, did you have any alcoholic drinks during...? For each one, check **No** or **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 36.

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

- The first 3 months of pregnancy (1st trimester)? *This includes the time before knowing you were pregnant*
- The second 3 months of pregnancy (2nd trimester)?
- 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.

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

- I got separated or divorced
- I was evicted or forced to move
- I didn't have a regular place to sleep
- I was homeless or had to sleep outside, in a car, or in a shelter
- My spouse, partner, or I lost a job
- My spouse, partner, or I had a cut in work hours or pay
- I had problems paying the rent, mortgage, or other bills
- My spouse or partner went to jail/prison
- I went to jail/prison
- Someone close to me had a problem with drinking or drugs
- Someone close to me was very sick or died

37. During the 12 months before your new baby was born, which of these statements best describes the food in your household? [Check ONE answer]

- Enough of the kinds of food I wanted to eat
- Enough, but not always the kinds of food I wanted to eat
- Sometimes not enough to eat
- Often not enough to eat

38. During the 12 months before your new baby was born, how often did you feel unsafe in the neighborhood where you lived?

- Always
- Often
- Sometimes
- Rarely
- Never

39. During the 12 months before your new baby was born, how often did you feel emotionally upset (for example, angry, sad, or frustrated) because of how you were treated based on your race, ethnicity, or skin color?

- Very often
- Somewhat often
- Not very often
- Never

40. 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**.

- a. My spouse or partner
- b. My ex-spouse or ex-partner

41. 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**.**

- My spouse or partner
- My ex-spouse or ex-partner

AFTER PREGNANCY

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

42. How was your new baby delivered?

- Vaginally (**Go to Question 44**)
- Cesarean delivery (c-section)

43. What was the reason that your new baby was born by cesarean delivery (c-section)?

[Check ALL that apply]

- I had a previous cesarean delivery (c-section)
- My baby was in the wrong position (such as breech)
- I was past my due date
- My healthcare provider worried that my baby was too big
- I had a medical condition that made labor dangerous for me (such as a heart condition or physical disability)
- I had a complication in my pregnancy (such as pre-eclampsia, placental problems, infection, preterm labor)
- My healthcare provider tried to induce my labor, but it didn't work
- Labor was taking too long
- The fetal monitor showed that my baby was having problems before or during labor (fetal distress)
- I wanted to schedule my delivery

- I didn't want to have my baby vaginally
- Other → Please tell us: _____

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

- Less than 3 days (**Go to Question 45**)
- 3 to 5 days (**Go to Question 45**)
- 6 to 14 days (**Go to Question 45**)
- More than 14 days (**Go to Question 45**)
- My baby was not born in a hospital (**Go to Question 45**)
- My baby is still in the hospital (**Go to Question 47**)

45. Is your baby alive now?

- No (*We are very sorry for your loss. Go to Page 10, Question 57*)
- Yes

46. Is your baby living with you now?

- No (**Go to Page 10, Question 57**)
- Yes

47. 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 50**)
- 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

48. After your new baby was born, did you get any of the following kinds of help with breastfeeding? For each one, check No or Yes.

- Someone to answer my questions
- Help getting my baby positioned correctly
- Help knowing if my baby was getting enough milk
- Help with managing pain or bleeding nipples
- Information about where to get a breast pump
- Help using a breast pump

- g. Information about breastfeeding support groups
- h. Other... Please tell us: _____

49. 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 Page 10, Question 57.

50. 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**.**

- a. On their side
- b. On their back
- c. On their stomach

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

- Always
- Often
- Sometimes
- Rarely
- Never (**Go to Question 53**)

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

- No
- Yes

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

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

55. Has your new baby had a well-baby checkup? A well-baby checkup is a regular health visit for your baby usually at 1, 2, 4, and 6 months of age.

- No
- Yes (**Go to Question 57**)

56. Did any of these things keep your baby from having a well-baby checkup? [Check ALL that apply]

- I didn't have enough money or insurance to pay for it
- I had no way to get my baby to the clinic or doctor's office
- I didn't have anyone to take care of my other children
- I couldn't get an appointment
- My baby was too sick to go for a well-baby checkup
- Other → Please tell us: _____

57. Are you or your spouse or partner doing anything *now* to keep from getting pregnant?

This can include having your tube tied, using birth control pills, condoms, natural family planning, or other methods.

- No (**Go to Question 58**)
- Yes (**Go to Question 59**)

- I'm pregnant now (**Go to Question 60**)

58. 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 Question 60.

59. 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: _____

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

- No
- Yes (**Go to Question 62**)

61. Did any of these things keep you from having a postpartum checkup? [Check ALL that apply]

- I didn't know I needed one
- I didn't have enough money or insurance to pay for the visit
- I felt fine and didn't think I needed to have a visit
- I couldn't get an appointment when I wanted one
- I didn't have any transportation to get to the clinic or doctor's office
- I had too many other things going on
- I couldn't take time off from work or school
- I didn't have anyone to take care of my children
- The doctor's office was too far away
- Other → Please tell us: _____

If you did not have a postpartum checkup, go to Question 63.

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

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
- Often
- Sometimes
- Rarely
- Never

66. Since your new baby was born, how often have you not been able to stop or control worrying?

- Always
- Often
- Sometimes
- Rarely
- Never

67. 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.

- a. During my most recent pregnancy
- b. Since my new baby was born

68. Since your new baby was born, has a healthcare provider told you that you had depression?

- No (Go to Question 71)
- Yes

69. Since your new baby was born, have you gotten counseling for your depression?

- No
- Yes

70. Since your new baby was born, have you taken prescription medicine for your depression?

- No
- Yes

OTHER EXPERIENCES

The next questions are on a variety of topics.

71. 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

72. 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**.

- Going to medical appointments
- Going to non-medical appointments, meetings, or work
- Doing errands

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

- No (**Go to Question 78**)
- Yes

74. Did you take leave from work after your new baby was born? [Check ALL that apply]

- Yes, I took *paid* leave from my job (**Go to Question 75**)
- Yes, I took *unpaid* leave from my job (**Go to Question 75**)
- No, I didn't take any leave (**Go to Question 76**)

75. How many weeks or months of leave, in total, did you take or will you take? [Write ONE answer]

- Less than 1 week
 ___ week(s) OR ___ month(s)

76. Did any of the following things affect your decision about taking leave from work after your new baby was born? For each one, check **No** or **Yes**.

- a. I couldn't financially afford to take leave
- b. I was afraid I'd lose my job if I took leave or stayed out longer
- c. I had too much work to do to take leave or stay out longer
- d. My job doesn't have paid leave
- e. My job doesn't offer a flexible work schedule
- f. I hadn't built up enough leave time to take any or more time off

77. Have you returned to the job you had during your most recent pregnancy? [Check ONE answer]

- No, and I don't plan to return
- No, but I will be returning
- Yes

78. Listed below are some statements about safety. For each one, check **No** if it does not apply to you or **Yes** if it does.

- a. I always used a seatbelt during my most recent pregnancy
- b. My home has a working smoke alarm
- c. My home has a working carbon monoxide detector
- d. I have received information about infant products that should be taken off the market (product recalls) since my new baby was born

79. Did you use doula support during any of the following time periods? A doula is a trained pregnancy and labor companion who gives comfort, emotional support, and information during birth. A doula does not provide medical care. For each time period, check **No** or **Yes**.

- a. During my most recent pregnancy
- b. During the birth of my new baby
- c. Since my new baby was born

80. Did you experience any of the following things during your pregnancy or after your baby was born? For each one, check **No** or **Yes**.

- a. I felt something wasn't right with my health
- b. I felt my concerns for my health weren't taken seriously
- c. I felt my doctor ignored my concerns about my health or symptoms

81. 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.

- 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
- 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: _____

82. 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

83. 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**.**

- 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.

84. 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

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

Number of people _____

86. What is today's date?

____ / ____ / ____

Month Day Year

The next questions are about marijuana.

D1. At any time during the 3 months before you got pregnant or during your most recent pregnancy, did you use marijuana or cannabis in any form?

- No (Go to Question D6)
- Yes (Go to Question D2)

D2. During the 3 months before 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

D3. During your most recent pregnancy, on average, about how often did you use marijuana products?

- Daily (**Go to Question D4**)
- 2-6 days a week (**Go to Question D4**)
- 1 day a week (**Go to Question D4**)
- 2-3 days a month (**Go to Question D4**)
- 1 day a month or less (**Go to Question D4**)
- I didn't use marijuana then (**Go to Question D6**)

D4. *During* your most recent pregnancy, how did you use marijuana? [Check ALL that apply]

- Smoked it
- Ate it
- Drank it
- Vaporized it
- Dabbed it
- Other → Please tell us: _____

D5. Why did you use marijuana products *during* pregnancy? For each item, check No or Yes.

- a. To relieve nausea or vomiting
- b. To relieve stress or anxiety
- c. To relieve symptoms of a chronic condition
- d. To help me sleep
- e. To relieve pain
- f. For fun or to relax
- g. Some other reason → Please tell us: _____

If you did not get prenatal, go to Question D8.

D6. *During any of your prenatal care visits, did a healthcare provider do any of the following things?* Please include if they asked you on a written form or in a conversation. For each item, check No or Yes.

- a. Ask me if I was using marijuana
- b. Recommend that I use marijuana for any reason
- c. Advise me to not use marijuana

d. Advise me not to breastfeed my baby if I was using marijuana

D7. During any of your prenatal care visits, did a healthcare provider refer you to treatment because of drug use (prescribed or non-prescribed drugs)?

- No
- Yes
- I didn't use any drugs during my pregnancy

D8. Since your new baby was born, have you used marijuana or cannabis in any form?

- No
- Yes

D9. After using marijuana, how long do you think someone should wait to breastfeed their baby? [Check ONE answer]

- I don't think they need to wait at all
- I think they should wait until they are no longer high
- I think they should wait at least 2-3 hours after they are no longer high
- I don't think it is safe to use marijuana at all while breastfeeding

The last questions are about prescription drugs.

D10. During your most recent pregnancy, did you take prescription antidepressants or selective serotonin reuptake inhibitors (SSRIs) such as Prozac, Zoloft, or Lexapro?

- No
- Yes

D11. During your most recent pregnancy, did you use prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine?

- No (Go to the end)
- Yes (Go to Question D12)

D12. How would you describe the way you got the prescription pain relievers that you used during your most recent pregnancy? [Check ALL that apply]

- I had a current prescription
- I had pain relievers left over from an old prescription
- I got the pain relievers without a prescription

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.

Thank you for answering our questions! Your answers will help us work to make mothers and babies in Minnesota healthier.

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