

**Montana Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 9 Phone Questionnaire,
January 2023 – Present**

Instruction1	I am going to read the questions. For each one, please provide your responses.
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BEFORE PREGNANCY

Instruction2	I am going to read the questions. For each one, please provide your responses.
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1. What is your date of birth?

2. For the next questions, please answer **Yes** or **No**.

Before you got pregnant...?

	No	Yes	Refused	Don't know
a) Did you have serious difficulty hearing, or are you deaf?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Did you have serious difficulty seeing, even when wearing glasses, or are you blind?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Did you have serious difficulty walking or climbing stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Did you have serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Did you have difficulty with dressing or bathing yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Did you have difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Instruction3	The next questions are about the time <u>before</u> you got pregnant.
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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, answer **Yes** or **No**.

	No	Yes	Refused	Don't Know
a) Type 1 or Type 2 diabetes? This is not the same as gestational diabetes or diabetes that starts during pregnancy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) High blood pressure or hypertension?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Depression?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Anxiety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) PCOS or polycystic ovarian syndrome?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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, answer **Yes** or **No**.

(**PROBE:** Did you have a _____ in the 12 months before you got pregnant?)

	No	Yes	Refused	Don't know
a) Regular checkup with a family doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Regular checkup with an OB/GYN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Visit for an injury, illness, or chronic condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Visit to urgent care or the emergency room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Visit for family planning or to get birth control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Visit for depression or anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Visit to have your teeth cleaned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Did you have any other healthcare visits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

↳ **IF YES, ASK:** What was that?

SKIP: If the mother answered NO to all responses in Question 4, go to Question 7.

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, answer **Yes** or **No**.

	No	Yes	Refused	Don't know
Did a healthcare provider talk to you about...?				
a) Your weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Regularly checking your blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Your desire to have or not have children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Birth control methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) How you could improve your health before a pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Sexually transmitted infections such as chlamydia, gonorrhea, syphilis, or HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did a healthcare provider ask you...?				
g) If you smoked cigarettes or used e-cigarettes like “vapes”, or other smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) If someone was hurting you emotionally or physically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) If you felt depressed or anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

(Don't Read)

- No
- Yes
- Refused
- Don't know / Don't remember

Instruction4 The next questions are about your <i>health insurance</i> .

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

For each one, answer **Yes** or **No**.

(PROBE: Did you have _____ during the *month before* you got pregnant?)

- Private health insurance paid for by you, someone else, or through a job
 - Medicaid
 - Healthy Montana Kids or Healthy Montana Kids Plus
 - TRICARE or other military healthcare
 - Indian Health Service, IHS, or other tribal program
 - Did you have some other type of health insurance *during your pregnancy*?
↳ **IF YES, ASK:** What did you have?
-

- IF NONE OF THE ABOVE WERE SELECTED, ASK:** Would you say that you didn't have any health insurance during the *month before* you got pregnant?
INTERVIEWER: *Select this option if she didn't have health insurance during this time.*

(Don't Read)

- Refused
- Don't know / Don't remember

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

For each one, answer **Yes** or **No**.

(**PROBE:** Did you have _____ during your most recent pregnancy?)

- Private health insurance paid for by you, someone else, or through a job
 - Medicaid
 - Healthy Montana Kids or Healthy Montana Kids Plus
 - TRICARE or other military healthcare
 - Indian Health Service, IHS, or other tribal program
 - Did you have some other type of health insurance *during your pregnancy*?
↳ **IF YES, ASK:** What did you have?
-

- IF NONE OF THE ABOVE WERE SELECTED, ASK:** Would you say that you didn't have any health insurance *during your pregnancy*?
INTERVIEWER: *Select this option if she didn't have health insurance during this time.*

(Don't Read)

- Refused
- Don't know / Don't remember

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

For each one, answer **Yes** or **No**.

(**PROBE:** Do you have _____ now?)

- Private health insurance paid for by you, someone else, or through a job
 - Medicaid
 - Healthy Montana Kids or Healthy Montana Kids Plus
 - TRICARE or other military healthcare
 - Indian Health Service, IHS, or other tribal program
 - Do you have some other health insurance?
↳ **IF YES, ASK:** What do you have?
-

- IF NONE OF THE ABOVE WERE SELECTED, ASK:** Would you say that you don't have any health insurance *now*?
INTERVIEWER: *Select this option if she doesn't have health insurance now.*

(Don't Read)

- Refused
- Don't know / Don't remember

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

I'm going to read a list of options. Please tell me which one best describes how you felt.

- You wanted to be pregnant later
- You wanted to be pregnant sooner
- You wanted to be pregnant then
- You didn't want to be pregnant then or at any time in the future
- You weren't sure what you wanted

(Don't Read)

- Refused
- Don't know / Don't remember

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

(Don't Read)

- No
- Yes ⇒ GO TO Instruction5/Question 13
- Refused
- Don't know / Don't remember

12. When you got pregnant with your new baby, were you or your spouse or partner doing anything to keep from getting pregnant? This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.

(Don't Read)

- No
- Yes
- Refused
- Don't know / Don't remember

DURING PREGNANCY

Instruction5 **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?

(Don't Read)

- No ⇒ GO TO Question 15
- Yes
- Refused ⇒ GO TO Question 15
- Don't know / Don't remember ⇒ GO TO Question 15

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14. During any of your prenatal care visits, did a healthcare provider do any of the following things?

For each one, answer **Yes** or **No**.

Did a healthcare provider talk to you about...?	No	Yes	Refused	Don't know
a) How much weight you should gain during pregnancy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Doing tests to screen for birth defects or diseases that run in your family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) <i>Did they <u>TALK</u> to you about... the signs and symptoms of preterm labor, this is labor that happens more than 3 weeks before the baby is due?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) What to do if you feel depressed or anxious during your pregnancy or after your baby is born?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did a healthcare provider ask you...?	No	Yes	Refused	Don't know
a) If you planned to breastfeed your new baby?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) If you planned to use birth control after your baby was born?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) If you were taking any prescription medication?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) If you smoked cigarettes or used e-cigarettes such as “vapes” or other smokeless tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) <i>Did they <u>ASK</u> you... if you were drinking alcohol?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) If someone was hurting you emotionally or physically?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) If you were using illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) If you were using marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) If you wanted to be tested for HIV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. During the 12 months before your new baby was born, did a healthcare provider offer you the following shots or vaccinations?

For each one, answer **Yes** or **No**.

	No	Yes	Refused	Don't Know
a) Flu shot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Tdap shot that protects against tetanus, diphtheria, and pertussis, which is also called whooping cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) COVID-19 shot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

I am going to read a list of vaccines. For each one, please tell me if you got it in the **3 months before pregnancy, during your pregnancy, or during both time periods**. Answer **No** if you didn't get it during any of those times.

(**PROBE:** Did you get a _____ in the 3 months before pregnancy, during pregnancy, or during both of those time periods?)

	Before	During	No	Refused	Don't Know
a) Flu shot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Tdap shot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) COVID-19 shot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

(*Don't Read*)

- No
- Yes
- Refused
- Don't know / Don't remember

18. During your most recent pregnancy, did a healthcare provider tell you that you had any of the following health conditions?

For each one, answer **Yes** or **No**.

(**PROBE:** During your most recent pregnancy, did they tell you that you had _____?)

	No	Yes	Refused	Don't Know
a) Gestational diabetes, which is diabetes that <u>started</u> during <i>this</i> pregnancy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) High blood pressure that <u>started</u> during <i>this</i> pregnancy, pre-eclampsia, or eclampsia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Depression?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Anxiety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SKIP: If the mother had high blood pressure before or during pregnancy, go to Question 19. If she didn't, go to Question 20.

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20. 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, answer **Yes** or **No**.

	No	Yes	Refused	Don't Know
a) Did they refer you to a different healthcare provider?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Did they tell you to regularly check your blood pressure <i>during</i> pregnancy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Did they talk to you about getting to a healthy weight <i>after</i> pregnancy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Did they talk to you about regularly checking your blood pressure <i>after</i> pregnancy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Did they talk to you about the risk for having high blood pressure, chronic hypertension, or heart disease <i>after</i> pregnancy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. 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.

(Don't Read)

- No ⇒ *GO TO* Question 22
- Yes
- Refused ⇒ *GO TO* Question 22
- Don't know / Don't remember ⇒ *GO TO* Question 22

22. During your most recent pregnancy, did you get information about warning signs from any of the following sources?

For each one, answer **Yes** or **No**.

	No	Yes	Refused	Don't Know
a) A healthcare provider such as a doctor, nurse, or midwife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Websites or social media such as Facebook, Instagram, or Twitter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Any source of information that used the slogan " Hear Her " such as websites, social media, or paper handouts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. During your most recent pregnancy, did a healthcare provider tell you that you had any of the following infections?

For each one, answer **Yes** or **No**.

(**PROBE:** During your most recent pregnancy, did a healthcare provider tell you that you had _____?)

	No	Yes	Refused	Don't Know
a) Genital warts or HPV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Herpes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Chlamydia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Gonorrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Pelvic inflammatory disease or PID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Syphilis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Group B Strep or Beta Strep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Bacterial vaginosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Trichomoniasis or Trich	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Yeast infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Urinary tract infection or UTI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Were you told that you had any other infection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
↳ IF YES, ASK: What was it?				

Instruction6 The next questions are about cigarettes, e-cigarettes, and other tobacco products.

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

(Don't Read)

- No ⇒ *GO TO* Question 30
- Yes ⇒ *GO TO* Question 30
- Refused ⇒ *GO TO* Question 30
- Don't know / Don't remember ⇒ *GO TO* Question 30

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

Did you smoke ...?

(**PROBE:** How many cigarettes did you smoke in the 3 months before you got pregnant?)

- More than one pack, that's 21 or more cigarettes
- One-half to one pack, that's 11 to 20 cigarettes
- Less than half a pack, that's 1 to 10 cigarettes
- OR, you didn't smoke then? ⇒ GO TO Question 28

(Don't Read)

- [88] Refused
- [99] Don't know / Don't remember

26. *During any of your prenatal care visits, did a healthcare provider advise you to quit smoking?*

(Don't Read)

- No
- Yes
- You didn't go for prenatal care ⇒ GO TO Question 27
- Refused
- Don't know / Don't remember

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27. During any of your prenatal visits, did a healthcare provider do any of the following things to help you quit smoking?

For each one, answer **Yes** or **No**.

(PROBE: During any of your prenatal care visits, did a healthcare provider _____?

	No	Yes	Refused	Don't Know
a) Spend time with you discussing how to quit smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Suggest that you set a specific date to stop smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Suggest you attend a class or program to stop smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Provide you with booklets, videos, or other materials to help you quit smoking on your own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Refer you to counseling for help with quitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Ask if a family member or friend would support your decision to quit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Refer you to a national or state quit line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Recommend using or prescribe a nicotine gum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Recommend using or prescribe a nicotine patch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Recommend using or prescribe a nicotine lozenge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Prescribe a nicotine nasal spray or nicotine oral inhaler	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Prescribe a pill like Zyban® or Wellbutrin® (also known as bupropion) to help you quit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Prescribe a pill like Chantix® (also known as varenicline) to help you quit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. *During your most recent pregnancy, did you try any of the following things to quit smoking?*

For each one, answer **Yes** or **No**.

(**PROBE:** During your most recent pregnancy, did you _____?)

	No	Yes	Refused	Don't Know
a) Set a specific date to stop smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Use a text-messaging program for help with quitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Use websites or apps for help with quitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Use social media for help with quitting (such as Facebook, Instagram, TikTok)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Call a national or state quit line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Attend a class or program to stop smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Go to counseling for help with quitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Use a nicotine patch, gum, lozenge, nasal spray, or oral inhaler	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Take a pill like Zyban® or Wellbutrin® (also known as bupropion) to stop smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Take a pill like Chantix® (also known as varenicline) to stop smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Try to quit on your own or cold turkey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Did you do anything else to quit smoking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

↳ **IF YES, ASK:** What did you do?

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

Did you smoke ...?

(**PROBE:** How many cigarettes did you smoke in the last 3 months of your pregnancy?)

- More than one pack, that's 21 or more cigarettes
 - One-half to one pack that's 11 to 20 cigarettes
 - Less than half a pack that's 1 to 10 cigarettes
 - OR, you didn't smoke then?
- (Don't Read)**
- Refused
 - Don't know / Don't remember

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

Do you smoke ...?

- More than one pack, that's 21 or more cigarettes
- One-half to one pack that's 11 to 20 cigarettes
- Less than half a pack that's 1 to 10 cigarettes
- OR, you don't smoke now?

(Don't Read)

- Refused
- Don't know / Don't remember

31. In the *past 2 years*, have you used e-cigarettes such as “vapes” or other electronic nicotine products?

(Don't Read)

- No ⇒ *GO TO* Instruction7/Question 34
- Yes
- Refused ⇒ *GO TO* Instruction7/Question 34
- Don't know / Don't remember ⇒ *GO TO* Instruction7/Question 34

32. During the 3 months before you got pregnant, on average, how often did you use e-cigarettes such as “vapes” or other electronic nicotine products?

Did you use them ...?

- Every day?
- Some days?
- OR, you didn't use e-cigarettes or other electronic nicotine products then?

(Don't Read)

- Refused
- Don't know / Don't remember

33. During the *last 3 months* of your pregnancy, on average, how often did you use e-cigarettes such as “vapes” or other electronic nicotine products?

Did you use them ...?

- Every day?
- Some days?
- OR, you didn't use e-cigarettes or other electronic nicotine products then?

(Don't Read)

- Refused
- Don't know / Don't remember

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34. In the *past 2 years*, did you ever use e-cigarettes such as “vapes” or other electronic nicotine products as a way of cutting down or stopping cigarette smoking?

(Don't Read)

- No
- Yes
- Refused
- Don't know / Don't remember

Instruction7 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.

35. *During your most recent pregnancy*, did you have any alcoholic drinks during...?

For each one, answer **Yes** or **No**.

- | | No | Yes | Refused | Don't Know |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a) The first 3 months of pregnancy or the first trimester? <i>This includes the time before knowing you were pregnant</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) The second 3 months of pregnancy or the second trimester? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) The last 3 months of pregnancy or third trimester? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

SKIP: If the mother did not have any alcoholic drinks during her pregnancy, go to Instruction 8/Question 36.

36. *During your most recent pregnancy*, did you have 4 or more alcoholic drinks in a 2-hour time span during...?

For each one, answer **Yes** or **No**.

- | | No | Yes | Refused | Don't Know |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a) The first 3 months of pregnancy or the first trimester?
<i>This includes the time before knowing you were pregnant</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) The second 3 months of pregnancy or the second trimester? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) The last 3 months of pregnancy or third trimester? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Instruction8 Pregnancy can be a difficult time. The next questions are about things that may have happened *before* and *during* your most recent pregnancy.

**Montana Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 9 Phone Questionnaire,
January 2023 – Present**

37. Did any of the following things happen during the 12 months before your new baby was born?

For each one, answer **Yes** or **No**.

(**PROBE:** During the 12 months before your new baby was born, _____?)

	No	Yes	Refused	Don't Know
a) Did you get separated or divorced?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Were you evicted or forced to move?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Did you not have a regular place to sleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Were you homeless, or did you have to sleep outside, in a car, or in a shelter?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Did you or your spouse or partner lose a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Did you or your spouse or partner have a cut in work hours or pay?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Did you have problems paying the rent, mortgage, or other bills?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Did your spouse or partner go to jail or prison?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Did you go to jail or prison?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Did someone close to you have a problem with drinking or drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Was someone close to you very sick or did someone close to you die?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. 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?

Would you say it was ...?

- Very often
- Somewhat often
- Not very often
- OR, never?
- (Don't Read)**
- Refused
- Don't know / Don't remember

39. 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, answer **Yes** or **No**.

	No	Yes	Refused	Don't Know
a) Your spouse or partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Your ex-spouse or ex-partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Someone else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. ***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, answer **Yes** or **No**.

	No	Yes	Refused	Don't Know
a) Your spouse or partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Your ex-spouse or ex-partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Someone else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

AFTER PREGNANCY

Instruction9 The next questions are about the time since your new baby was born.

41. **Did your healthcare provider try to induce your labor to start your contractions?**

(Don't Read)

- No ⇒ *GO TO* Question 42
- Yes
- Refused ⇒ *GO TO* Question 42
- Don't know / Don't remember ⇒ *GO TO* Question 42

42. **Why did your healthcare provider try to induce your labor?**

For each one, answer **Yes** or **No**.

Was it because ...?

(PROBE: Was your healthcare provider trying to induce your labor because _____?)

- Your water broke, and there was a fear of infection
- You were past your due date
- Your healthcare provider worried about the size of the baby
- Your baby was not doing well and needed to be born
- You had a complication in your pregnancy such as low amniotic fluid or pre-eclampsia
- You wanted to schedule your delivery
- You wanted to give birth with a specific healthcare provider
- Was there any other reason?

↳ **IF YES, ASK:** What was the reason? _____

(Don't Read)

- Refused
- Don't know / Don't remember

43. Did you plan or schedule a cesarean delivery or c-section at least one week before your new baby was born?

- No
- Yes
- Refused
- Don't know / Don't remember

45. How was your new baby delivered?

Was it ...?

- Vaginally ⇒ *GO TO* Question 46
- Or a cesarean delivery or c-section
(Don't Read)
- Refused ⇒ *GO TO* Question 46
- Don't know / Don't remember ⇒ *GO TO* Question 46

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

For each one, answer **Yes** or **No**.

Was it because ...?

(PROBE: Was your new baby born by cesarean delivery because _____?)

- You had a previous cesarean delivery or c-section
- Your baby was in the wrong position such as breech
- You were past your due date
- Your health care provider worried that your baby was too big
- You had a medical condition that made labor dangerous for you, such as a heart condition or a physical disability
- You had a complication in your pregnancy, such as pre-eclampsia, placental problems, infection, or preterm labor
- Your health care provider tried to induce your labor, but it didn't work
- Labor was taking too long
- The fetal monitor showed that your baby was having problems before or during labor or fetal distress
- You wanted to schedule your delivery
- You didn't want to have your baby vaginally
- Was there any other reason?

↳ **IF YES, ASK:** What was the reason?

(Don't Read)

- Refused
- Don't know / Don't remember

47. Which statement best describes whose idea it was for you to have a cesarean delivery or c-section?

Please tell me which one applies to you.

- Your healthcare provider recommended a cesarean delivery *before* you went into labor
 - Your healthcare provider recommended a cesarean delivery while you were in labor
 - You asked for the cesarean delivery
- (Don't Read)**
- Refused
 - Don't know / Don't remember

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

(PROBE: Was your baby in the hospital _____?)

- Less than 3 days
 - 3 to 5 days
 - 6 to 14 days
 - More than 14 days
 - Your baby was not born in a hospital
 - Your baby is still in the hospital ⇒ *GO TO* Question 49
- (Don't Read)**
- Refused
 - Don't know / Don't remember

49. Is your baby alive now?

(Don't Read)

- No ⇒ **We are very sorry for your loss. GO TO** Question 56
- Yes
- Refused ⇒ *GO TO* Question 56
- Don't know / Don't remember ⇒ *GO TO* Question 56

50. Is your baby living with you now?

(Don't Read)

- No ⇒ *GO TO* Question 55
- Yes
- Refused ⇒ *GO TO* Question 55
- Don't know / Don't remember ⇒ *GO TO* Question 55

Montana Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 9 Phone Questionnaire,
January 2023 – Present

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

(PROBE: About how many weeks or months?)

INTERVIEWER: Select the option that best represents the mother’s response.

- Didn't breastfeed the baby
- Breastfed for less than 1 week
- Breastfed the baby for:
week(s) (Range: 1-40)

OR

- month(s) (Range: 1-9)
- Still breastfeeding or feeding pumped milk to the baby
- Refused
- Don't know / Don't remember

SKIP: If the baby is still in the hospital, go to Question 55.

52. In the past 2 weeks, how did you place your new baby to sleep at night and during naps?

For each one, answer **Yes** or **No**.

(PROBE: In the past 2 weeks, did you place your baby _____?)

	No	Yes	Refused	Don't Know
a) On their side	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) On their back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) On their stomach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Would you say it has been...?

- Always
- Often
- Sometimes
- Rarely
- OR, never? ⇒ GO TO Question 53
(Don't Read)
- Refused ⇒ GO TO Question 53
- Don't know / Don't remember ⇒ GO TO Question 53

Montana Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 9 Phone Questionnaire, January 2023 – Present

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

(Don't Read)

- No
- Yes
- Refused
- Don't know / Don't remember

55. In the *past 2 weeks*, where have you placed your new baby to sleep at night or during naps?

For each one, answer **Yes** or **No**.

(PROBE: In the past 2 weeks, would you say that you have placed your new baby to sleep _____?)

	No	Yes	Refused	Don't know
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) Was your baby placed to sleep somewhere else?	○	○	○	○
↳ IF YES, ASK: Where?				

56. In the *past 2 weeks*, has your new baby been placed to sleep with the following?

For each one, answer **Yes** or **No**.

	No	Yes	Refused	Don't know
a) In a sleeping sack or wearable blanket	○	○	○	○
b) In a swaddled blanket	○	○	○	○
c) With comforters, quilts, blankets, or non-fitted sheets	○	○	○	○
d) With soft toys, cushions, or pillows, including nursing pillows	○	○	○	○
e) With crib bumper pads with or without mesh	○	○	○	○
f) Was there something else your baby was placed to sleep with?	○	○	○	○
↳ IF YES, ASK: What was it?				

Montana Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 9 Phone Questionnaire, January 2023 – Present

57. Since your new baby was born, has a home visitor come to your home to help you learn how to take care of yourself or your new baby? A home visitor is a nurse, healthcare provider, doula, social worker, or another person who works for a program that helps families with newborns.

(Don't Read)

- No
- Yes
- Refused
- Don't know / Don't remember

58. 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.

(Don't Read)

- No
- Yes ⇒ *GO TO* Question 58
- You're pregnant now ⇒ *GO TO* Question 59
- Refused ⇒ *GO TO* Question 59
- Don't know / Don't remember ⇒ *GO TO* Question 59

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

For each one, answer **Yes** or **No**.

Is it because ...?

(PROBE: Are you not doing anything to keep from getting pregnant now because _____?)

- You want to get pregnant or don't mind if you do
- You had your tubes tied or blocked
- Your spouse or partner had a vasectomy
- You don't want to use birth control
- You're worried about side effects from birth control
- Your spouse or partner doesn't want to use condoms
- Your spouse or partner doesn't want you to use birth control
- You are same-sex spouses or partners
- You have problems getting birth control you want
- You don't think you can get pregnant because you're breastfeeding
- You're not having sex
- Is there any other reason you're not doing anything to keep from getting pregnant now?
↳ **IF YES, ASK:** What is the reason?

(Don't Read)

- Refused
- Don't know / Don't remember

**Montana Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 9 Phone Questionnaire,
January 2023 – Present**

SKIP: If the mother is not doing anything to keep from getting pregnant now, go to Question 59.

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

For each one, answer **Yes** or **No**.

(PROBE: What are you or your spouse or partner using now to keep from getting pregnant?)

- Tubes tied or blocked
- Your 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 method, where he pulls out
- Natural family planning or fertility awareness methods such as rhythm or calendar method or fertility apps
- Breastfeeding for birth control, which is called Lactational Amenorrhea Method or LAM
- Are you or your spouse or partner using anything else to keep from getting pregnant now?
↳ **IF YES, ASK:** What are you using? _____

(Don't Read)

- Refused
- Don't know / Don't remember

61. *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.

(Don't Read)

- No
- Yes ⇒ *GO TO* Question 61
- Refused ⇒ *GO TO* Question 62
- Don't know / Don't remember ⇒ *GO TO* Question 62

63. Did any of these things keep you from having a postpartum checkup?

For each one, answer **Yes** or **No**.

Was it because ...?

- You didn't know you needed one
- You didn't have enough money or insurance to pay for the visit
- You felt fine and didn't think you needed to have a visit
- You couldn't get an appointment when you wanted one
- You didn't have any transportation to get to the clinic or doctor's office
- You had too many other things going on
- You couldn't take time off from work or school
- You didn't have anyone to take care of your children
- The doctor's office was too far away
- Did you have some other reason?

↳ **IF YES, ASK:** What kept you from having a postpartum checkup?

(Don't Read)

- Refused
- Don't know / Don't remember

SKIP: If the mother did not have a postpartum checkup, go to Question 62.

64. During your postpartum checkup, did a healthcare provider do any of the following things?

For each one, answer **Yes** or **No**.

Did a healthcare provider talk to you about...?	No	Yes	Refused	Don't know
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 you might be at risk for due to your pregnancy?	○	○	○	○
e) Regularly checking your blood pressure?	○	○	○	○
f) What to do if you feel depressed or anxious?	○	○	○	○
Did a healthcare provider ask you...?	No	Yes	Refused	Don't know
a) If you were smoking cigarettes or using e-cigarettes such as "vapes" or other smokeless tobacco?	○	○	○	○
b) If someone was hurting you emotionally or physically?	○	○	○	○
Did a healthcare provider...?	No	Yes	Refused	Don't know
a) Test you for diabetes?	○	○	○	○
b) Prescribe you medication for depression or anxiety?	○	○	○	○

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

Would you say that it's been ...?

- Always
- Often
- Sometimes
- Rarely
- OR, never?

(Don't Read)

- Refused
- Don't know / Don't remember

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

Would you say that it's been ...?

- Always
- Often
- Sometimes
- Rarely
- OR, never?

(Don't Read)

- Refused
- Don't know / Don't remember

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

Would you say that it's been ...?

- Always
- Often
- Sometimes
- Rarely
- OR, never?

(Don't Read)

- Refused
- Don't know / Don't remember

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

Would you say that it's been ...?

- Always
- Often
- Sometimes
- Rarely
- OR, never?

(Don't Read)

- Refused
- Don't know / Don't remember

69. **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, answer **Yes** or **No**.

	No	Yes	Refused	Don't know
a) During your most recent pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Since your new baby was born	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

70. *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?*

(Don't Read)

- No ⇒ *GO TO* Instruction10/Question 69
- Yes
- Refused ⇒ *GO TO* Instruction10/Question 69
- Don't know / Don't remember ⇒ *GO TO* Instruction10/Question 69

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

(Don't Read)

- No
- Yes
- Refused
- Don't know / Don't remember

Header4 **OTHER EXPERIENCES**

Instruction10 The next questions are on a variety of topics.

**Montana Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 9 Phone Questionnaire,
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72. Please tell us how often each of the following happened during the 12 months before your new baby was born.

For each one, say if it was often, sometimes, or never.

You worried whether your food would run out before you got money to buy more.

Would you say it was...?

- Often
- Sometimes
- OR, never?
- (Don't Read)**
- Refused
- Don't know / Don't remember

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

Would you say this happened...?

- Often
- Sometimes
- OR, never?
- (Don't Read)**
- Refused
- Don't know / Don't remember

74. During the 12 months before your new baby was born, did lack of transportation keep you from any of the following?

For each one, answer **Yes** or **No**.

(PROBE: Would you say lack of transportation kept you from _____?)

	No	Yes	Refused	Don't Know
a) Going to medical appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Going to non-medical appointments, meetings, or work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Doing errands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

(Don't Read)

- No ⇒ *GO TO* Question 74
- Yes
- Refused ⇒ *GO TO* Question 74
- Don't know / Don't remember ⇒ *GO TO* Question 74

76. Did you take leave from work *after* your new baby was born?

For each one, answer **Yes** or **No**.

- You took *paid* leave from your job
- You took *unpaid* leave from your job
- IF NONE OF THE ABOVE WERE SELECTED, ASK:** Would you say that you didn't take any leave from work after the birth of your new baby?

(Don't Read)

- Refused
- Don't know / Don't remember

77. Have you returned to the job you had *during* your most recent pregnancy?

I'm going to read three options. Please tell me which one applies to you.

- No, and you don't plan to return
- No, but you will be returning
- Yes, you have returned

(Don't Read)

- Refused
- Don't know / Don't remember

78. *After* your new baby was born, did your spouse or partner take time off from work?

Would you say...?

- They didn't take leave from work
- They took *paid* leave from work
- They took *unpaid* leave from work
- They took *paid and unpaid* leave from work
- Your spouse or partner didn't work at a job for pay
- You didn't have a spouse or partner

(Don't Read)

- Refused
- Don't know / Don't remember

79. Since your new baby was born, how often would you say you have been worried or stressed about having enough money to pay your bills?

Would you say ...?

- Always
- Often
- Sometimes
- Rarely
- OR, never?

(Don't Read)

- Refused
- Don't know / Don't remember

SKIP: If the baby is not alive or is not living with the mother, go to Question 80.

80. What are your plans for vaccinating your new baby?

I'm going to read a list of options, please tell me which one applies to you.

Would you say ...?

- Your baby will be vaccinated the way your baby's doctor recommends
- Your baby will get every vaccine but at different times than your baby's doctor recommends
- Your baby will get only some of the recommended vaccines
- Your baby will not get any vaccines

(Don't Read)

- Refused
- Don't know / Don't remember

SKIP: If the baby is still in the hospital, go to Question 80.

81. Are you currently in school or working?

For each one, answer **Yes** or **No**.

- No, you don't go to school or work ⇒ *GO TO* Question 80
- Yes, you go to school or work outside the home
- Yes, you go to school or work from home

(Don't Read)

- Refused ⇒ *GO TO* Question 80
- Don't know / Don't remember ⇒ *GO TO* Question 80

82. Which *one* of the following people spends the most time taking care of your new baby when you are in school or working?

Would you say it's...?

(PROBE: Who spends the most time taking care of your baby when you are at school or work?)

- Your spouse or partner
- Your baby's grandparent
- Another close family member or relative
- A friend or neighbor
- A babysitter, nanny, or other childcare provider
- Staff at day care center
- Someone else

↳ **IF YES, ASK:** Who takes care of them?

- Or the baby is with you while you are at school or working ⇒ *GO TO* Question 80
(Don't Read)
- Refused ⇒ *GO TO* Question 80
- Don't know / Don't remember ⇒ *GO TO* Question 80

83. While you are away from your new baby for school or work, how often do you feel that they are well cared for?

Would you say it's...?

- Always
- Often
- Sometimes
- Rarely
- OR, never?
- (Don't Read)**
- Refused
- Don't know / Don't remember

84. **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, answer **Yes** or **No**.

Did you experience discrimination while getting healthcare because of ...?

	No	Yes	Refused	Don't know
a) Your race, ethnicity, or skin color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Your disability status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Your immigration status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Your age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Your weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Your income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Your sex or gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Your sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Your religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Your language or accent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Your type or lack of health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Your use of substances like alcohol, tobacco, or other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Your involvement with the justice system like jail or prison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) Did you experience discrimination while getting healthcare because of another reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

↳ **IF YES, ASK:** What was it?

85. **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?**

Would you say that it has been ...?

- Very often
- Somewhat often
- Not very often
- OR, never?
- (Don't Read)**
- Refused
- Don't know / Don't remember

Montana Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 9 Phone Questionnaire, January 2023 – Present

86. Have you *ever* been treated unfairly due to your race, ethnicity, or skin color in any of the following situations?

For each one, answer **Yes** or **No**.

Have you been treated unfairly ...?

	No	Yes	Refused	Don't Know
a) In a job such as hiring, promotion, or firing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) With housing such as renting, buying, or getting a mortgage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) With the police such as being stopped, searched, or threatened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) In the courts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) At school or your child's school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Getting medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Instruction 11 The next questions are about the time during the *12 months before* your new baby was born.

87. 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.

I'm going to read you a list of options. You can stop me when I read your household income level.

Was your yearly household income from ...?

- \$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

(Don't Read)

- Refused
- Don't know / Don't remember

**Montana Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 9 Phone Questionnaire,
January 2023 – Present**

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

Number of people: *Write in answer within the range 1 – 30*

- Refused
- Don't know / Don't remember

Comments **This finishes the interview. We would love to hear more about your story.**
Is there anything you would like to share with us about your experiences around the time of your pregnancy?

INTERVIEWER: Record respondent's verbatim comments below.

Write in answer. Maximum number of characters: 500

Thanks for answering our questions. Your answers will help us work to make mothers and babies in Montana healthier. Goodbye.

89. **INTERVIEWER:** Fill in today's date.