

Nevada Pregnancy Risk Assessment Monitoring System State-Specific Questions

Physical Activity

Q4. At any time during the 12 months before you got pregnant with your new baby, did you exercise 3 or more days of the week for fitness outside of your regular job?

No
Yes

Q10. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about preparing for a pregnancy?

No
Yes

Health insurance

Q13. Did the cost of health insurance for your prenatal care cause financial problems for you or your family?

No
Yes

Q15. What is the reason that you do not have any health insurance now?

Health insurance is too expensive
I cannot get health insurance from my job or the job of my husband or partner
I applied for health insurance, but was waiting to get it
I had problems with the health insurance application or website
My income is too high to qualify for Medicaid
My income is too high to qualify for a tax credit from the Nevada Health Insurance Marketplace or HealthCare.gov
I don't know how to get health insurance
I am not a US citizen or I don't have the right residency documents
Other Please tell us:

Prenatal Care

Q18. Did you get prenatal care as early in your pregnancy as you wanted?

No
Yes

Q19. Did any of these things keep you from getting prenatal care when you wanted it? For each item, check No if it did not keep you from getting prenatal care or Yes if it did.

No Yes

- a. I couldn't get an appointment when I wanted one
- b. I didn't have enough money or insurance to pay for my visits
- c. I didn't have any transportation to get to the clinic or doctor's office
- d. The doctor or my health plan would not start care as early as I wanted
- e. I had too many other things going on
- f. I couldn't take time off from work or school
- g. I didn't have my Medicaid or Nevada Medicaid card
- h. I didn't have anyone to take care of my children
- i. I didn't know that I was pregnant
- j. I didn't want anyone else to know I was pregnant
- k. I didn't want prenatal care

Oral Health

Q24. This question is about other care of your teeth during your most recent pregnancy. For each item, check No if it is not true or does not apply to you or Yes if it is true.

No Yes

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

Tobacco use

Q30. Which of the following statements best describes the rules about smoking inside your home now, even if no one who lives in your home is a smoker? Check ONE answer

No one is allowed to smoke anywhere inside my home

Smoking is allowed in some rooms or at some times

Smoking is permitted anywhere inside my home

Q36. This question is about things that may have happened during the 12 months before your new baby was born. For each item, check No if it did not happen to you or Yes if it did. (It may help to look at the calendar when you answer these questions.)

No Yes

- a. A close family member was very sick and had to go into the hospital

- b. I got separated or divorced from my husband or partner
- c. I moved to a new address
- d. I was homeless or had to sleep outside, in a car, or in a shelter
- e. My husband or partner lost their job
- f. I lost my job even though I wanted to go on working
- g. My husband, partner, or I had a cut in work hours or pay
- h. I was apart from my husband or partner due to military deployment or extended work-related travel
- i. I argued with my husband or partner more than usual
- j. My husband or partner said they didn't want me to be pregnant
- k. I had problems paying the rent, mortgage, or other bills
- l. My husband, partner, or I went to jail
- m. Someone very close to me had a problem with drinking or drugs
- n. Someone very close to me died

Breastfeeding

Q45. What were your reasons for not breastfeeding your new baby? Check ALL that apply

My baby had difficulty latching or nursing

I was sick or on medicine

I had other children to take care of

I had too many household duties

I didn't like breastfeeding

I tried but it was too hard

I didn't want to

I went back to work

I went back to school

Other. Please tell us: _____

Q48. What were your reasons for stopping breastfeeding? Check ALL that apply

My baby had difficulty latching or nursing

Breast milk alone did not satisfy my baby

I thought my baby was not gaining enough weight

My nipples were sore, cracked, or bleeding or it was too painful

I thought I was not producing enough milk, or my milk dried up

I had too many other household duties

I felt it was the right time to stop breastfeeding

I got sick or I had to stop for medical reasons

I went back to work

I went back to school

My partner did not support breastfeeding

My baby was jaundiced (yellowing of the skin or whites of the eyes)

Other. Please tell us: _____

Substance Use

Q61. During your most recent pregnancy, did you take or use any of the following drugs for any reason?

Your answers are strictly confidential. For each item, check No if you did not use it or Yes if did.

- | | No | Yes |
|--|----|-----|
| a. Over the counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve® | | |
| b. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine | | |
| c. Adderall®, Ritalin® or another stimulant | | |
| d. Marijuana or hash | | |
| e. Synthetic marijuana (K2, Spice) | | |
| f. Methadone, naloxone, subutex, or Suboxone® | | |
| g. Heroin (smack, junk, Black Tar, Chiva) | | |
| h. Amphetamines (uppers, speed, crystal meth, crank, ice, agua) | | |
| i. Cocaine (crack, rock, coke, blow, snow, nieve) | | |
| j. Tranquilizers (downers, ludes) | | |
| k. Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts) | | |
| l. Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing) | | |

Q62. How would you describe the way you got the pain relievers that you used during your most recent pregnancy? Check ONE answer

I had a current prescription

I had pain relievers left over from an old prescription

I did not have any prescription for the pain relievers

Q63. During your most recent pregnancy, did you receive any of the following services? For each one, check No if you did not receive the service or Yes if you received the service.

- | | No | Yes |
|---|----|-----|
| a. Food stamps or money to buy food | | |
| b. WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children). | | |
| c. Counseling for family and personal problems | | |
| d. Help to quit smoking | | |
| e. Help to reduce violence in my home | | |
| F. Help to quit using drugs | | |
| f. Other | | |

Adverse Childhood Experiences (ACEs)

Q64. The following questions refer to the time period before you were 18 years of age.

For items a – d, check No if you did not do it or Yes if you did.

No Yes

- a. Did you live with anyone who was depressed, mentally ill, or suicidal?
- b. Did you live with anyone who was a problem drinker or alcoholic?
- c. Did you live with anyone who used illegal street drugs or who abused prescription medications?
- d. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

Q65. During the time period before you were 18 years of age, did your parents get separated or divorced?

No

Yes

They were never married

I don't know

Q66. During the time period before you were 18 years of age, how often did the following things happen to you?

For each item, check:

N if it *never* happened

O if it happened *once*

MO if it happened *more than once*, or

DK if you *don't know*