

## Attachment 2 – PRAMS Instrument to be cognitively tested

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OMB #0920-0222; Expiration Date: 02/28/10

### New Questions for Consideration for Phase 6 of the PRAMS Survey

#### Screening questions to be asked to determine skip patterns

- a. How many children do you have? \_\_\_\_\_
- b. What are there ages? \_\_\_\_\_
- c. Is your [2-12 month old/fill months old] male or female?  
 Male  
 Female
- d. Are you married or living with a partner?  
 No  
 Yes

#### CONCEPTION SPACING

[Note to Interviewer: Ask if R has more than one child]

##### 1. When you got pregnant with your new baby, how old was the child born just before your new baby?

- 0-12 months
- 13 to 18 months
- 19 to 24 months
- More than 2 years but less than 3 years
- 3 to 5 years
- More than 5 years

#### GESTATIONAL DIABETES

##### 2. Before this pregnancy began, were you ever told by a doctor, nurse or other health care provider that you had any kind of diabetes?

- No - skip to question 4
- Yes

##### 3. Before this pregnancy began, what kind of diabetes were you told you had?

- a. Type I or Type II diabetes
- b. Gestational diabetes (diabetes during another pregnancy)
- c. Both "a" and "b"

##### 4. During *this* pregnancy, were you told by a doctor, nurse or other health care provider *during* this pregnancy that you had gestational diabetes?

- No - Go to question 9
- Yes

##### 5. Since your new baby was born, have you been tested for high blood sugar or diabetes?

- No 0- Go to question 9
- Yes

**6. Since your new baby was born, did a doctor, nurse or other health care provider tell you that you *still* had diabetes?**

- No - Go to question 9
- Yes

**7. When you were told that you had high blood sugar (diabetes), did the doctor, nurse or other health care provider tell you to make an appointment with a different doctor because of your high blood sugar (diabetes)?**

- No
- Yes

**8. During *this* pregnancy, when you were told that you had gestational diabetes, did a doctor, nurse or other health care provider do any of the things listed below?**

	No	Yes
a. Refer you to a nutritionist.....	N	Y
b. Talk to you about the importance of exercise.....	N	Y
c. Suggest that you breastfeed your new baby.....	N	Y
d. Talk to you about staying at a healthy weight after delivery.....	N	Y
e. Talk to you about your risk for Type II diabetes.....	N	Y

**FAMILY HISTORY**

**9. When you were born, were you born more than 3 weeks before your due date?**

- No
- Yes
- I don't know

**10. Have any of your close family members who are related to you by blood (grandparents, mother, father, sisters or brothers) ever been treated for any of the problems listed below?** For each item, please circle N (no) if no one in your family has been treated for the problem, Y (yes) if someone in your family has been treated for the problem, or DK (don't know) if you don't know if anyone in your family has been treated for the problem.

	No	Yes	Don't Know
a. High blood sugar (diabetes).....	N	Y	DK
b. Heart problems.....	N	Y	DK
c. High blood pressure (hypertension).....	N	Y	DK
d. Depression.....	N	Y	DK
e. Postpartum depression.....	N	Y	DK
f. Anxiety.....	N	Y	DK

**11. Did your mother, any grandmother or any sister who is related to you by blood have any of the following problems *during* pregnancy?** For each item, please circle N (no) if no one in had the problem during pregnancy, Y (yes) if someone had the problem during pregnancy, or DK (don't know) if you don't know.

	No	Yes	Don't Know
a. A baby that was born more than 3 weeks before the due date.....	N	Y	DK
b. High blood sugar or diabetes that started during pregnancy (gestational diabetes)....	N	Y	DK
c. High blood pressure during pregnancy.....	N	Y	DK

**INDUCTION OF LABOR**

**12. Did your doctor, nurse or other health care provider try to induce your labor?** That is, did your provider try to cause your labor to begin by the use of drugs or some other technique?

- No – Go to question 15
- Yes
- I don't know

**13. Did the drugs or other techniques that your health care provider used actually start your labor?**

- No
- Yes
- I don't know

**14. Why did your doctor, nurse or other health care provider try to start your labor? Check all that apply.**

- I was past my due date
- My water had broken and there was a fear of infection
- My provider worried about the size of the baby
- My provider was concerned that the baby was not doing well and needed to be born soon
- I had a health problem and needed to deliver the baby soon
- I wanted to get the pregnancy over with
- I wanted to schedule my delivery
- I wanted to give birth with a specific provider
- I don't know
- Other .....Please tell us:\_\_\_\_\_

**POSTPARTUM OBESITY/PREGNANCY WEIGHT GAIN**

**15. During your most recent pregnancy, did a doctor, nurse or other health worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos.**

	<b>Yes</b>	<b>No</b>
a. Foods that are good to eat during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
b. How much weight to gain	<input type="checkbox"/>	<input type="checkbox"/>
c. Exercise during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>

**16a. How much weight did you gain during this pregnancy?**

- \_\_\_ Pounds OR \_\_\_ Kilos
- I LOST weight during this pregnancy
  - I don't know

**16b. How much did your weight change during this pregnancy?**

- I gained \_\_\_ pounds or \_\_\_ kilos
- I stayed the same
- I lost \_\_\_ pounds or \_\_\_ kilos

**17. How do you feel about your weight now?**

- I am happy with my weight
- I want to lose weight
- I want to gain weight

**18. Since your new baby was born, how often did you participate in any physical activities or exercise for 30 minutes or more? (For example, walking for exercise, swimming, cycling, dancing, or gardening.) Do not count exercise you may have done as part of your regular job.**

- Less than 1 day per week
- 1 to 2 days per week
- 3 to 4 days per week
- 5 or more days per week

**PRETERM LABOR PREVENTION**

**19. During your most recent pregnancy, did a doctor, nurse or other health care provider give you a drug to keep your baby from being born too early (more than 3 weeks before the due date)? Some drugs that are used to keep the baby from being born early are 17P and progesterone.**

- No
- Yes
- I don't know

[Note to Interviewer: Ask if R is married or living with a partner]

**ABUSE**

**20. During the 12 months before your new baby was born, did you miss any doctor appointments because you were worried about what your partner would do if you went?**

- No
- Yes

**21. Before you got pregnant with your new baby, did your husband or partner ever try to keep you from using your birth control so that you would get pregnant when you didn't want to?** For example, did he hide your birth control, throw it away or do anything else to keep you from using it?

- No
- Yes

**FERTILITY TREATMENT**

**22a. Did you receive treatment from a doctor, nurse, or other health care provider to help you get pregnant with your new baby?** (This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology).

9 No → Go to Question 25

9 Yes

**22b. How long had you been trying to get pregnant before you took any fertility drugs or used any medical procedures to help you get pregnant with your new baby?** Do not count long periods of time when you and your partner were apart or not having sex.

- 0 to 5 months
- 6 to 11 months
- 1 to 2 years
- More than 2 years to 4 years
- More than 4 years to 6 years
- More than 6 years

**23. Did you become pregnant with your new baby as a result of the treatments listed above?**

- No => skip next question
- Yes

**24. How long did you receive fertility treatments before you became pregnant?** Do not count times when you had long interruptions in treatment.

- 0 to 3 months
- More than 3 to 6 months
- More than 6 to 9 months
- More than 9 to 12 months
- More than 12 months

**BREASTFEEDING SUPPORT**

**25. Since your new baby was born, have you used WIC services for yourself or your new baby?**

- No – Go to Question 27
- Yes, both my new baby and I use WIC services
- Yes, only my new baby uses WIC services
- Yes, only I am use WIC services

**26. When you went for WIC visits during your most recent pregnancy, did you speak with a breastfeeding peer counselor or another staff person about breastfeeding?**

- No
- Yes

**27. Before your new baby was born, did any of the following things happen?**

- a. Someone answered my questions about breastfeeding
- b. I was offered a class on breastfeeding
- c. I attended a class on breastfeeding
- d. I discussed feeding *only* breast milk to my baby with my family
- e. I discussed feeding *only* breast milk to my baby with my health care provider
- f. I planned to breastfeed within the first hour after giving birth

**CESAREAN SECTION**

**28a. Did you deliver your new baby by cesarean section? (when a doctor cuts through the mother's belly to bring out the baby)?**

- No –Go to question 32a
- Yes

**28b. Whose idea was it for you to have a cesarean delivery? Check one answer.**

- My health care provider recommended a cesarean delivery before I went into labor.
- My health care provider recommended a cesarean delivery while I was in labor.
- I wanted the cesarean delivery before I went into labor.
- I asked for the cesarean delivery while I was in labor.

**29. What was the reason that your new baby was born by cesarean section? Check all that apply.**

- I had a previous cesarean section
- The baby was in the wrong position
- I was past my due date
- My provider worried that the baby was too big
- I had a medical condition that made labor dangerous for me
- My age
- My weight
- Labor was taking too long
- The fetal monitor showed that the baby was having problems during labor
- I wanted to schedule my delivery
- I was afraid to go into labor and have my baby vaginally
- I thought it would help me avoid having problems with urine control later in life
- I thought it would help me avoid stretching out my vagina
- I don't know
- Other reason: Please tell us

**30. Had you planned or scheduled a caesarean delivery at least one week before your new baby was born?**

- No
- Yes

**31. When did you go to the hospital to deliver your baby?**

- Before labor started
- After labor started

**CIRCUMCISION**

**[Note to interviewer: Ask if R has a male infant 2-12 months old]**

**32a. Did you have your new baby boy circumcised?**

- No – Go to Question 33
- Yes

**32b. What is the reason for having your baby boy circumcised? Check all that apply.**

- I thought that it was the usual thing to do
- The baby's father wanted the baby circumcised
- Religious reasons
- I heard that being circumcised can help men avoid diseases such as sexually transmitted diseases and HIV or AIDS later in life
- A doctor, nurse or other healthcare provider said that it was a good idea
- Other reason=> Please tell us: \_\_\_\_\_

**FOOD SECURITY**

**33. In the last 12 months, did you ever get emergency food from a church, a food pantry, or a food bank or eat in a food kitchen?**

- No
- Yes

**FOLIC ACID**

**34a. During your most recent pregnancy, did you take a multivitamin, prenatal vitamin or vitamin containing folic acid in the month before you got pregnant?**

- No
- Yes – Go to question 35

**34b. What were your reasons for not taking a multivitamin, prenatal vitamin or vitamin containing folic acid in the month before you got pregnant? Check all that apply.**

- I wasn't planning to get pregnant
- I didn't think I needed to take vitamin
- The vitamins were too expensive
- I didn't know where to get the vitamins
- I didn't want to take vitamins

**35. During the *month* before you got pregnant with your new baby, did you drink orange juice or eat citrus fruits, broccoli, green leafy vegetables, breakfast cereals, or store-bought bread regularly?**

- No
- Yes

**PRECONCEPTION CARE**

**36a. During the 12 months before you became pregnant with your new baby, did a doctor, nurse or other health worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, circle Y (Yes) if someone talked with you about it or N (No) if no one talked with you about it.**

- |  | No | Yes |
|--|----|-----|
| a. Taking a multivitamin with folic acid before pregnancy.....                             | N  | Y   |
| b. Visiting a dentist or dental hygienist before pregnancy ....                            | N  | Y   |
| c. Being a healthy weight before pregnancy.....  | N  | Y   |
| d. Controlling any health conditions such as diabetes and depression before pregnancy..... | N  | Y   |
| e. Getting treatment for any infections before pregnancy....                               | N  | Y   |
| f. Getting counseling for diseases that may run in your family.....                        | N  | Y   |
| g. How using prescription drugs during pregnancy may affect a baby                         |    |     |
| h. How smoking during pregnancy can affect a baby...                                       | N  | Y   |
| i. How drinking during pregnancy can affect a baby...                                      | N  | Y   |

**PRECONCEPTION READINESS**

**36b. During the 12 months before you became pregnant with your new baby, did you do any of the things listed below? For each item, circle Y (Yes) if you did it or N (No) if you didn't do it.**

- |  | No | Yes |
|--|----|-----|
| a. Take a multivitamin with folic acid most days of the week.....                | N  | Y   |
| b. Visit a dentist or dental hygienist ....                                      | N  | Y   |
| c. Diet or change eating habits to get to a healthy weight before pregnancy..... | N  | Y   |
| d. Control any health conditions such as diabetes or high blood pressure         |    |     |
| e. Get counseling for depression or anxiety.....                                 | N  | Y   |
| f. Get treatment for any infections before pregnancy....                         | N  | Y   |
| g. Get counseling for diseases that may run in my family.....                    | N  | Y   |
| h. Get my vaccinations updated   |    |     |
| i. Cut back or quit smoking ...  | N  | Y   |
| j. Cut back or quit drinking alcohol ...   | N  | Y   |

**POSTPARTUM CARE**

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

	<b>No</b>	<b>Yes</b>
a. Breastfeeding and how to get help if you needed it ....	N	Y
b. Healthy eating and exercise.....	N	Y
c. How long to wait before getting pregnant again.....	N	Y
d. Birth control methods that you can use after giving birth.....	N	Y
e. Postpartum depression.....	N	Y
f. Support groups for new parents...	N	Y
g. Resources in your community such as nurse home visitation programs, telephone hotlines, services for children, etc.....	N	Y

**NEWBORN SCREENING**

**38. Did you receive counseling or were you informed about sickle disease?**

- No
- Yes

**39. Does anyone in your family have sickle cell disease?**

- No
- Yes
- I don't know

**SLEEP POSITION**

**40. Listed below are some things that describe how your new baby sleeps.** For each item, circle **A** (always) if it always applies to your baby, circle **S (Sometimes)** if it sometimes applies to your baby, or circle **N (Never)** if it never applies to your baby.

	A	S	N
My new baby sleeps in a crib or portable crib to sleep.....	A	S	N
My new baby sleeps on his or her back .....	A	S	N
My new baby sleeps on a firm mattress .....	A	S	N
My new baby sleeps without pillows, bumper pads, plush blankets, or stuffed toys	A	S	N
My new baby sleeps alone.....	A	S	N

**ENVIRONMENTAL EXPOSURE**

**41. During your most recent pregnancy, did you work outside of the home at any time?**

- No **Go to Question 44**
- Yes

**42. Did you work with any chemicals, paints, solvents, drugs or inks?** Don't count inks from regular office work unless you were in charge of handling inks or printer cartridges on a regular basis.

- No **Go to Question 44**
- Yes
- I don't know

**43. During your most recent pregnancy, did you ever feel sick or have an illness that you thought was caused by the chemicals, paints, solvents, drugs or inks in your workplace?**

- No
- Yes

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

- No
- Yes → **Go to Question 46**
- I don't know

**45. Have you done any of the things listed below since you moved into your house?**

- I have had the house tested for lead
- I have made changes to the house to remove paint or other things that have lead in them
- The house was remodeled before I moved in

**INSURANCE COVERAGE**

**46. During the *month before* you got pregnant with your new baby, were you covered by any of these types of health plans? Check all that apply**

- Medicaid (state Medicaid name)
- Health insurance from a job or that you or someone else paid for
- TRICARE or other military health care
- State option (IHS, etc.)
- State option (state name for indigent care)
- I didn't have any insurance or health plan
- Other source => Please tell us
- None – Go to Question 49

**47. Did any of these kinds of health plans help you pay for your prenatal care? Check all that apply**

- Medicaid (state name for Medicaid)
- Health insurance from a job or that you or someone else paid for
- TRICARE or other military health care
- State-specific (IHS, or tribal/state name)
- State-specific (state name for indigent care)
- I didn't have a health plan or insurance to help pay for my prenatal care
- Other sources Please tell us:

**48. Did any of these kinds of health plans help you pay for the delivery of your new baby? Check all that apply**

- Medicaid (state name for Medicaid)
- Health insurance from a job or that you or someone else paid for
- TRICARE or other military health care
- State-specific (IHS, or tribal/state name)
- State-specific (state name for indigent care)
- I didn't have a health plan or insurance to help pay for my prenatal care
- Other sources  Please tell us:

**49. How tall are you without shoes?**

\_\_\_\_\_ Feet \_\_\_\_\_ Inches  
**OR** \_\_\_\_\_ Meters

**50. Did you have any of these problems during your most recent pregnancy?** For each item, circle **Y** (Yes) if you had the problem or circle **N** (No) if you did not.

- |   | <b>No</b> | <b>Yes</b> |
|---|-----------|------------|
| a. Vaginal bleeding.....  | N         | Y          |
| d. Kidney or bladder (urinary tract) infection.....   | N         | Y          |
| e. <b>Severe</b> nausea, vomiting, or dehydration.....  | N         | Y          |
| f. Cervix had to be sewn shut (incompetent cervix).....   | N         | Y          |
| g. High blood pressure, hypertension that started during this pregnancy (including pregnancy-induced hypertension [PIH], preeclampsia, or toxemia)..... | N         | Y          |
| h. Problems with the placenta (such as abruptio placentae or placenta previa) .....   | N         | Y          |

**[Note to interviewer: If NO to all, go to question 52]**

**51. Did you do any of the following things because of these problems?** For each item, circle **Y** (Yes) if you did that thing or circle **N** (No) if you did not.

- |  | <b>No</b> | <b>Yes</b> |
|--|-----------|------------|
| a. I went to the hospital and delivered the baby   | N         | Y          |
| b. I went to the hospital or emergency room and stayed less than 1 day, but did not deliver the baby | N         | Y          |
| c. I went to the hospital and stayed 1 to 7 days, but did not deliver the baby                       | N         | Y          |
| d. I went to the hospital and stayed more than 7 days, but did not deliver the baby                  | N         | Y          |
| e. I stayed in bed at home more than 2 days because of my doctor's or nurse's advice.                | N         | Y          |

**52. After your baby was born, how long did he or she stay in the hospital?**

- Less than 24 hours (less than 1 day)
- 24 to 48 hours (1 to 2 days)
- 3 to 5 days
- 6 days to 14 days
- More than 14 days but less than 1 month
- 1 to 3 months
- More than 3 months
- My baby did not go to the hospital after he or she was born
- My baby is still in the hospital

**53. How old was your new baby when he or she completely stopped breastfeeding or being fed breast milk?**

\_\_\_\_ Days **OR** \_\_\_\_ Weeks **OR** \_\_\_\_ Months

**54. How old was your new baby the first time he or she drank liquids other than breast milk such as formula, sugar water, juice water, cow's milk?**

\_\_\_\_ [Days **OR** \_\_\_\_ Weeks **OR** \_\_\_\_ Months

My baby has not had any liquids other than besides breast milk

**55. How old was your new baby the first time he or she ate baby food, baby cereal or any soft foods?**

\_\_\_\_ Days **OR** \_\_\_\_ Weeks **OR** \_\_\_\_ Months

My baby has not had any soft foods

**56. During the week before your *new baby* was born, did you expect your baby to be delivered vaginally (naturally) or by cesarean delivery?**

- Vaginally
- Cesarean delivery

**DEPRESSION**

**57. At any time during your most recent pregnancy, did you *ask for help* for depression from a doctor, nurse, or other health care worker?**

- No
- Yes

**58. Since your *new baby* was born, has a doctor, nurse, or other health care worker *told you that you had depression*?**

- No **Go to Question 60**
- Yes

**59. Since your *new baby* was born, did a doctor, nurse or other healthcare provider give you medicine or give you a prescription for medicine for your depression?**

- No
- Yes

Sometimes women have different feelings and experience different emotions after childbirth. Check the choice the best describes how often you have felt the ways listed below.

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

- Always
- Often
- Sometimes
- Rarely
- Never

**61. Since your *new baby* was born, how often have you felt hopeless?**

- Always
- Often
- Sometimes
- Rarely
- Never

**62. Since your *new baby* was born, how often have you felt slowed down?**

- Always
- Often
- Sometimes
- Rarely
- Never

**ANXIETY**

Sometimes women have different feelings and experience different emotions after childbirth. Check the choice the best describes how often you have felt the ways listed below.

**63. Since your *new baby* was born, how often have you felt panicky?**

- Always
- Often
- Sometimes
- Rarely
- Never

**64. Since your new baby was born, how often have you felt restless?**

- Always
- Often
- Sometimes
- Rarely
- Never

**SAFETY**

**65. 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 **Go to Question 67**
- Never **Go to Question 67**

**66. During the 12 months before your new baby was born, did you do any of the following things because you felt it was unsafe to leave or return to the neighborhood where you lived? Check all that apply.**

- I missed doctor or other appointments
- I limited grocery or other shopping
- I stayed with other family members or friends

**DENTAL HYGIENE**

**67. This question is about the care of your teeth during your most recent pregnancy.** For each item, circle **Y** (Yes) if it is true or circle **N** (No) if it is not true.

	<b>No</b>	<b>Yes</b>
a. I went to a dentist or dental clinic.....	N	Y
b. I needed to see a dentist for a problem.....	N	Y
c. A dental or other health care worker talked with me about how to care for my teeth and gums.....	N	Y

**68. Have you ever had your teeth cleaned by a dentist or dental hygienist?**

- No **Go to Question 70**
- Yes

**69. Did you have your teeth cleaned by a dentist or dental hygienist during the time periods listed below? For each of the three time periods, circle Y (Yes) if you had your teeth cleaned then or circle N (No) if you did not have your teeth cleaned then.**

	<b>No</b>	<b>Yes</b>
a. In the year before my most recent pregnancy.....	N	Y
b. During my most recent pregnancy.....	N	Y
c. After my most recent pregnancy.....	N	Y

**SMOKING**

**70a. Have you smoked at least 100 cigarettes in the past 2 years? (A pack has 20 cigarettes.)**

- 9 No → **Go to end**
- 9 Yes

**70b. During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you to stop smoking?**

- No
- Yes
- I had quit smoking before my first prenatal care visit

**71. Listed below are some things about quitting smoking.** For each thing, circle Y (Yes) if it applied to you

during your most recent pregnancy or circle N (No) if it did not.

*During* your most recent pregnancy, did you—

- a. Set a specific date to stop smoking
- b. Use booklets, videos, or other materials to help you quit
- c. Call a national or state quit line or go to a website
- d. Attend a class or program to stop smoking
- e. Go to counseling for help with quitting
- f. Use a nicotine patch, gum, lozenge, nasal spray or inhaler
- g. Take a pill like Zyban® (also known as Wellbutrin® or Bupropion®) or Chantix® (also known as Varenicline) to stop smoking
- h. Tried to quit on your own (e.g., cold turkey)
- i. Other: Please tell us: \_\_\_\_\_

**72. Listed below are some things about quitting smoking that a doctor, nurse, or other health care worker might have done during any of your prenatal care visits.** For each thing, circle **Y** (Yes) if it applied to you during any of your prenatal care visits or circle **N** (No) if it did not.

**During any of your prenatal care visits, did a doctor, nurse, or other health care worker—**

	<b>No</b>	<b>Yes</b>
a. Spend time with you discussing how to quit smoking.....	N	Y
b. Suggest that you set a specific date to stop smoking.....	N	Y
c. Provide you with booklets, videos, or other materials to help you quit smoking on your own.....	N	Y
d. Refer you to a national or state quit line.....	N	Y
e. Suggest you attend a class or program to stop smoking.....	N	Y
f. Refer you to counseling for help with quitting.....	N	Y
g. Recommend a nicotine patch, gum, lozenge, nasal spray or inhaler.....	N	Y
h. Prescribe a pill like Zyban® (also known as Wellbutrin® or Bupropion®) or Chantix® (also known as Varenicline) to stop smoking	N	Y
i. Ask if a family member or friend would support your decision to quit.....	N	Y

**73. Did you quit smoking?**

No - End

**74. When did you quit smoking?**

- Before I found out I was pregnant
- When I found out I was pregnant
- Later in my pregnancy