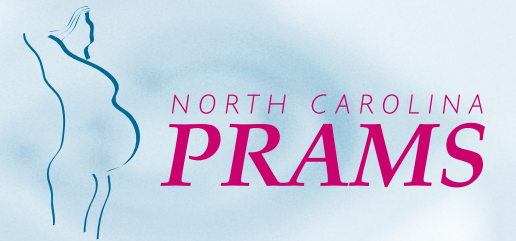


PREGNANCY RISK  
ASSESSMENT  
MONITORING  
SYSTEM



*A Survey of the Health  
of Mothers and Babies  
in North Carolina*

For further information, please call:

**PRAMS Project Office**

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State of North Carolina  
Department of Health and Human Services  
State Center for Health Statistics  
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First, we would like to ask a few questions about you and the time before you got pregnant with your new baby. Please check the box next to your answer.

1. **Just before you got pregnant, did you have health insurance?** Do not count Medicaid.

- No  
 Yes

2. **Just before you got pregnant, were you on Medicaid?**

- No  
 Yes

3. **During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin?** These are pills that contain many different vitamins and minerals.

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

4. **What is your date of birth?**

19  
 Month Day Year

5. **Just before you got pregnant with your new baby, how much did you weigh?**

Pounds **OR**  Kilos

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

Feet  Inches

**OR**  Centimeters

7. **Would you say that, in general, your health is—**

- Excellent  
 Very good  
 Good  
 Fair  
 Poor

8. **Before you got pregnant with your new baby, did you ever have any other babies who were born alive?**

- No → Go to Page 2, Question 11  
 Yes

9. **Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?**

- No  
 Yes

10. **Was the baby just before your new one born more than 3 weeks before its due date?**

- No  
 Yes

The next questions are about the time when you got pregnant with your *new* baby.

11. 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 sooner
- I wanted to be pregnant later
- I wanted to be pregnant then
- I didn't want to be pregnant then or at any time in the future

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

- No
- Yes

Go to Question 15

13. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?

(Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes

Go to Question 15

14. What were your or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

Check all that apply

- I didn't mind if I got pregnant
- I thought I could not get pregnant at that time
- I had side effects from the birth control method I was using
- I had problems getting birth control when I needed it
- I thought my husband or partner or I was sterile (could not get pregnant at all)
- My husband or partner didn't want to use anything
- Other —————> Please tell us:

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

15. How many weeks or months pregnant were you when you were *sure* you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

Weeks **OR**  Months

- I don't remember

**16. How many weeks or months pregnant were you when you had your first visit for prenatal care?** Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

Weeks **OR**  Months

I didn't go for prenatal care

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

- No  
 Yes  
 I didn't want prenatal care

—————→ **Go to Question 19**

**18. Here is a list of problems some women can have getting prenatal care.** For each item, circle **Y** (Yes) if it was a problem for you during your most recent pregnancy or circle **N** (No) if it was not a problem or did not apply to you.

- |   | <b>No</b> | <b>Yes</b> |
|---|-----------|------------|
| a. I couldn't get an appointment when I wanted one . . . . .                        | N         | Y          |
| b. I didn't have enough money or insurance to pay for my visits . . . . .           | N         | Y          |
| c. I had no way to get to the clinic or doctor's office . . . . .                   | N         | Y          |
| d. I couldn't take time off from work . . . . .                                     | N         | Y          |
| e. The doctor or my health plan would not start care as early as I wanted . . . . . | N         | Y          |
| f. I didn't have my Medicaid card . . . . .   | N         | Y          |
| g. I had no one to take care of my children . . . . .                               | N         | Y          |
| h. I had too many other things going on . . . . .                                   | N         | Y          |
| i. I didn't want anyone to know I was pregnant . . . . .                            | N         | Y          |
| j. Other . . . . .  | N         | Y          |
- Please tell us:

**If you did not go for prenatal care, go to Page 4, Question 22.**

**19. Where did you go *most of the time* for your prenatal visits?** Do not include visits for WIC.

**Check one answer**

- Hospital clinic  
 Health department clinic  
 Private doctor's office or HMO clinic  
 Other —————→ Please tell us:

**20. How was your prenatal care paid for?**

**Check all that apply**

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- Other —————> Please tell us:

---

**21. During any of your prenatal care visits, did a doctor, nurse, or other health care 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 circle **N** (No) if no one talked with you about it.

	<b>No</b>	<b>Yes</b>
a. How smoking during pregnancy could affect my baby . . . . .	N	Y
b. Breastfeeding my baby . . . . .	N	Y
c. How drinking alcohol during pregnancy could affect my baby . . . . .	N	Y
d. Using a seat belt during my pregnancy . . . . .	N	Y
e. Birth control methods to use after my pregnancy . . . . .	N	Y
f. Medicines that are safe to take during my pregnancy . . . . .	N	Y
g. How using illegal drugs could affect my baby . . . . .	N	Y
h. Doing tests to screen for birth defects or diseases that run in my family . . . . .	N	Y
i. What to do if my labor starts early . . . . .	N	Y
j. Getting tested for HIV (the virus that causes AIDS) . . . . .	N	Y
k. Physical abuse to women by their husbands or partners . . . . .	N	Y

**22. At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?**

- No
- Yes
- I don't know

**23. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?**

- No —————> **Go to Question 25**
- Yes

**24. Have you ever heard about folic acid from any of the following?**

**Check all that apply**

- Magazine or newspaper article
- Radio or television
- Doctor, nurse, or other health care worker
- Book
- Family or friends
- Other —————> Please tell us:

---

**The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.**

**25. During your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?**

- No
- Yes

**26. 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.

- |   | No | Yes |
|---|----|-----|
| a. High blood sugar (diabetes) that started <i>before</i> this pregnancy . . . . .  | N  | Y   |
| b. High blood sugar (diabetes) that started <i>during</i> this pregnancy . . . . .  | N  | Y   |
| c. Vaginal bleeding . . . . .   | N  | Y   |
| d. Kidney or bladder (urinary tract) infection . . . . .  | N  | Y   |
| e. Severe nausea, vomiting, or dehydration . . . . .  | N  | Y   |
| f. Cervix had to be sewn shut (incompetent cervix) . . . . .  | N  | Y   |
| g. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia . . . . . | N  | Y   |
| h. Problems with the placenta (such as abruptio placentae or placenta previa) . . . . .                                   | N  | Y   |
| i. Labor pains more than 3 weeks before my baby was due (preterm or early labor) . . . . .                                | N  | Y   |
| j. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]) . . . . .                 | N  | Y   |
| k. I had to have a blood transfusion . . . . .  | N  | Y   |
| l. I was hurt in a car accident . . . . .   | N  | Y   |

**If you did not have any of these problems, go to Question 28.**

**27. 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.

- |  | No | Yes |
|--|----|-----|
| a. I went to the hospital or emergency room and stayed less than 1 day . . . . .               | N  | Y   |
| b. I went to the hospital and stayed 1 to 7 days . . . . .                                     | N  | Y   |
| c. I went to the hospital and stayed more than 7 days . . . . .                                | N  | Y   |
| d. I stayed in bed at home more than 2 days because of my doctor's or nurse's advice . . . . . | N  | Y   |

**The next questions are about smoking cigarettes and drinking alcohol.**

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

- No → **Go to Page 6, Question 32**  
 Yes

**29. In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day?** (A pack has 20 cigarettes.)

- 41 cigarettes or more  
 21 to 40 cigarettes  
 11 to 20 cigarettes  
 6 to 10 cigarettes  
 1 to 5 cigarettes  
 Less than 1 cigarette  
 None (0 cigarettes)

**30. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day?** (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

**31. How many cigarettes do you smoke on an average day now?** (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

**32. Have you had any alcoholic drinks in the past 2 years?** (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)

- No → **Go to Question 35**
- Yes

**33a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?**

- 14 drinks or more a week
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

**33b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?**

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

**34a. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?**

- 14 drinks or more a week
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

**34b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?**

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

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

**35. This question is about things that may have happened during the 12 months before your new baby was born. For each item, circle Y (Yes) if it happened to you or circle N (No) if it did not. (It may help to use the calendar.)**

- |  | No | Yes |
|--|----|-----|
| a. A close family member was very sick and had to go into the hospital . . . . . | N  | Y   |
| b. I got separated or divorced from my husband or partner . . . . .              | N  | Y   |
| c. I moved to a new address . . . . .  | N  | Y   |
| d. I was homeless . . . . .  | N  | Y   |
| e. My husband or partner lost his job . . .                                      | N  | Y   |
| f. I lost my job even though I wanted to go on working . . . . .                 | N  | Y   |
| g. I argued with my husband or partner more than usual . . . . .                 | N  | Y   |
| h. My husband or partner said he didn't want me to be pregnant . . . . .         | N  | Y   |
| i. I had a lot of bills I couldn't pay . . . .                                   | N  | Y   |
| j. I was in a physical fight . . . . .   | N  | Y   |
| k. My husband or partner or I went to jail . . . . .                             | N  | Y   |
| l. Someone very close to me had a bad problem with drinking or drugs . . . . .   | N  | Y   |
| m. Someone very close to me died . . . . .                                       | N  | Y   |

**36. During the 12 months before your new baby was born, did you feel emotionally upset (for example, angry, sad, or frustrated) as a result of how you were treated *based on your race*?**

- No  
 Yes

**The next questions are about the time during the 12 months before you got pregnant with your new baby.**

**37a. During the 12 months before you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?**

- No  
 Yes

**37b. During the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner?**

- No  
 Yes

**37c. During the 12 months before you got pregnant, did anyone else physically hurt you in any way?**

- No  
 Yes

**The next questions are about the time during your most recent pregnancy.**

**38a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?**

- No  
 Yes

**38b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?**

- No  
 Yes

**38c. During your most recent pregnancy, did anyone else physically hurt you in any way?**

- No  
 Yes

**39. How would you describe the time during your most recent pregnancy?**

Check one answer

- One of the happiest times of my life  
 A happy time with few problems  
 A moderately hard time  
 A very hard time  
 One of the worst times of my life

**The next questions are about your labor and delivery.** (It may help to look at the calendar when you answer these questions.)

**40. When was your baby due?**

Month      Day      Year

**41. When did you go into the hospital to have your baby?**

Month      Day      Year

- I didn't have my baby in a hospital

**42. When was your baby born?**

Month      Day      Year

**43. When were you discharged from the hospital after your baby was born?** (It may help to use the calendar.)

Month      Day      Year

- I didn't have my baby in a hospital

**44. How was your delivery paid for?**

Check all that apply

- Medicaid  
 Personal income (cash, check, or credit card)  
 Health insurance or HMO (including insurance from your work or your husband's work)  
 Other —————> Please tell us:

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

**45. After your baby was born, was he or she put in an intensive care unit?**

- No  
 Yes  
 I don't know

**46. 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 days
- 4 days
- 5 days
- 6 days or more
- My baby was not born in a hospital
- My baby is still in the hospital → **Go to Question 49**

**47. Is your baby alive now?**

- No → **Go to Page 10, Question 59**
- Yes

**48. Is your baby living with you now?**

- No → **Go to Page 10, Question 59**
- Yes

**49. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?**

- No
- Yes → **Go to Question 51**

**50. What were your reasons for not breastfeeding your new baby?**

**Check all that apply**

- My baby was sick and could not breastfeed
- 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 didn't want to be tied down
- I was embarrassed to breastfeed
- I went back to work or school
- I wanted my body back to myself
- Other → Please tell us:

**If you did not breastfeed your new baby, go to Page 10, Question 55.**

**51. Are you still breastfeeding or feeding pumped milk to your new baby?**

- No
- Yes → **Go to Page 10, Question 54**

**52. How many weeks or months did you breastfeed or pump milk to feed your baby?**

- Weeks **OR**  Months
- Less than 1 week

**53. What were your reasons for stopping breastfeeding?**

Check all that apply

- My baby had difficulty nursing
- Breast milk alone did not satisfy my baby
- I thought my baby was not gaining enough weight
- My baby got sick and could not breastfeed
- My nipples were sore, cracked, or bleeding
- I thought I was not producing enough milk
- I had too many other household duties
- I felt it was the right time to stop breastfeeding
- I got sick and could not breastfeed
- I went back to work or school
- I wanted or needed someone else to feed the baby
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other —————> Please tell us:  
\_\_\_\_\_

**54. How old was your baby the first time you fed him or her anything besides breast milk? Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.**

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

- My baby was less than 1 week old
- I have not fed my baby anything besides breast milk

**If your baby is still in the hospital, go to Question 59.**

**55. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?**

\_\_\_\_\_ Hours

- Less than 1 hour a day
- My baby is never in the same room with someone who is smoking

**56. How do you *most often* lay your baby down to sleep now?**

Check one answer

- On his or her side
- On his or her back
- On his or her stomach

**57. Was your new baby seen by a doctor, nurse, or other health care worker during the first week after he or she left the hospital?**

- No
- Yes

**58. Has your new baby had a well-baby checkup? (A well-baby checkup is a regular health visit for your baby usually at 2, 4, or 6 months of age.)**

- No
- Yes

**59. Are you or your husband or partner doing anything *now* to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)**

- No
- Yes —————>

**Go to Question 61**

**60. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?**

**Check all that apply**

- I am not having sex
- I want to get pregnant
- I don't want to use birth control
- My husband or partner doesn't want to use anything
- I don't think I can get pregnant (sterile)
- I can't pay for birth control
- I am pregnant now
- Other  $\longrightarrow$  Please tell us:

---

**If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Question 62.**

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

**Check all that apply**

- Tubes tied or closed (female sterilization)
- Vasectomy (male sterilization)
- Pill
- Condoms
- Shot once a month (Lunelle<sup>®</sup>)
- Shot once every 3 months (Depo-Provera<sup>®</sup>)
- Contraceptive patch (OrthoEvra<sup>®</sup>)
- Diaphragm, cervical cap, or sponge
- Cervical ring (NuvaRing<sup>®</sup> or others)
- IUD (including Mirena<sup>®</sup>)
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other  $\longrightarrow$  Please tell us:

---

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

**62. During the *12 months before* your new baby was born, what were the sources of your household's income?**

**Check all that apply**

- Paycheck or money from a job
- Money from family or friends
- Money from a business, fees, dividends, or rental income
- Aid such as Temporary Assistance for Needy Families (TANF), welfare, WIC, public assistance, general assistance, food stamps, or Supplemental Security Income
- Unemployment benefits
- Child support or alimony
- Social security, workers' compensation, disability, veteran benefits, or pensions
- Other  $\longrightarrow$  Please tell us:

---

**63. During the *12 months before* your new baby was born, what was your total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have used. (All information will be kept private and will not affect any services you are now getting.)**

**Check one answer**

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more

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

People

**The next few questions are on a variety of topics.**

**If you did not go for prenatal care, go to Question 66.**

**65. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk to you about any of the things listed below?** For each item, circle **Y** (Yes) if someone talked to you about it or circle **N** (No) if no one talked to you about it.

	No	Yes
a. The “baby blues” or postpartum depression . . . . .	N	Y
b. The bacteria B Strep (or Beta Strep) that mothers can pass to their newborns during birth . . . . .	N	Y
c. Placing your baby to sleep on his or her back or side. . . . .	N	Y
d. If someone was hurting you emotionally . . . . .	N	Y

**66. How many cigarette smokers, not including yourself, lived in your home during your most recent pregnancy?**

Number of smokers

**67. During the 3 months before you got pregnant with your new baby, 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 4 days per week
- 5 or more days per week

**68. During the last 3 months of your most recent pregnancy, how often did you participate in any physical activities or exercise for 30 minutes or more?** Do not count exercise you may have done as part of your regular job.

- Less than 1 day per week
- 1 to 4 days per week
- 5 or more days per week
- I was told by a doctor, nurse, or other health care worker not to exercise

**69. During your most recent pregnancy, did you get any of these services?** Circle **Y** (Yes) if you got the service or circle **N** (No) if you did not get it.

	No	Yes
a. Childbirth classes . . . . .	N	Y
b. Parenting classes. . . . .	N	Y
c. Help to quit smoking . . . . .	N	Y
d. Visits to your home by a nurse or other health care worker . . . . .	N	Y
e. Food stamps . . . . .	N	Y
f. Work First (formerly AFDC) . . . . .	N	Y

**If your baby is no longer alive or is not living with you, go to Question 73a.**

**70. Are you currently in school or working outside the home?**

- No → Go to Question 72  
 Yes

**71. How old was your baby when you returned to school or work?**

Weeks **OR**  Months

**72. Since you delivered your new baby, would you have the kinds of help listed below if you needed them?** For each one, circle **Y** (Yes) if you would have it or circle **N** (No) if not.

- |   | No | Yes |
|---|----|-----|
| a. Someone to loan me \$50. . . . .   | N  | Y   |
| b. Someone to help me if I were sick and needed to be in bed. . . . .                   | N  | Y   |
| c. Someone to talk with about my problems . . . . .                                     | N  | Y   |
| d. Someone to take care of my baby. . .   | N  | Y   |
| e. Someone to help me if I were tired and feeling frustrated with my new baby . . . . . | N  | Y   |

**73a. Since your new baby was born, how often have you felt down, depressed, or hopeless?**

- Always  
 Often  
 Sometimes  
 Rarely  
 Never

**73b. Since your new baby was born, how often have you had little interest or little pleasure in doing things?**

- Always  
 Often  
 Sometimes  
 Rarely  
 Never

**74a. Since your new baby was born, has an ex-husband or ex-partner pushed, hit, slapped, kicked, choked, or physically hurt you in any other way?**

- No  
 Yes

**74b. Since your new baby was born, have you been physically hurt in any way by your husband or partner?**

- No  
 Yes

**74c. Since your new baby was born, has anyone else physically hurt you in any way?**

- No  
 Yes

**75. 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.

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

**76. Please tell us if you have heard of the following North Carolina programs.** For each item, circle **Y** (Yes) if you heard about it or circle **N** (No) if you did not.

	<b>No</b>	<b>Yes</b>
a. First Step Hotline . . . . .	N	Y
b. Smart Start . . . . .	N	Y
c. Baby Love. . . . .	N	Y
d. Child Service Coordination (CSC) . . .	N	Y
e. WIC. . . . .	N	Y
f. Health Check/NC Health Choice for Children. . . . .	N	Y
g. Child Resource Line . . . . .	N	Y
h. Family Support Network. . . . .	N	Y
i. NC Family Health Resource Line (1-800-367-2229) . . . . .	N	Y
j. Children’s Specialized Services Help Line (1-800-737-3028). . . . .	N	Y

**77. What is today’s date?**

<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 70px; height: 30px;" type="text"/>
Month	Day	Year

**Please use this space for any additional comments you would like to make  
about the health of mothers and babies in North Carolina.**

*Thanks for answering our questions!*

*Your answers will help us work to make North Carolina  
mothers and babies healthier.*