

## PRAMS-2 Measures

Measure: **Exclusive breastfeeding first 6 months**

5. How old was your 2-year-old the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)?

Measure: **Frequency of reading to children**

41. How many days in a *typical week* do you, or someone else in your household, read a book or story to your 2-year-old?

Measure: **Maternal tobacco use**

53. Have you smoked any cigarettes in the *past two years*?

- No → Go to Page 10, Question 55
- Yes

54. 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)

Measure: **Maternal alcohol use**

- 56a. In the *past 12 months*, how many alcoholic drinks did you have in a typical week? (A drink is one glass of wine, wine cooler, can or bottle of beer, shot of liquor or mixed drink.)

- 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 → Go to Question 57

Measure: **Maternal depression**

57. Below is a list of feelings and experiences that women sometimes have. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you felt or experienced things this way *during the past 12 months*. Use the scale when answering: (Scale: 1 – 5)

- a. I felt down, depressed, or sad \_\_\_\_\_
- b. I felt hopeless \_\_\_\_\_
- c. I felt slowed down \_\_\_\_\_

Measure: **Maternal stress**

**58. This question is about things that may have happened to you in the past 12 months.**

For each item, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not.

- a. A close family member was very sick and had to go into the hospital .....N Y
- b. I was very sick .....N Y
- c. I got separated or divorced from my spouse or partner.....N Y
- d. I moved to a new address.....N Y
- e. I was homeless .....N Y
- f. My spouse or partner lost his or her job .....N Y
- g. I lost my job even though I wanted to go on working. ....N Y
- h. I argued with my spouse or partner more than usual .....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 spouse 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

Measure: **Social support**

**63. For each of the following items, circle Y (Yes) if it describes your current situation or circle N (No) if it does not.**

- a. You have someone who would loan you money for food or bills if you needed it.....N Y
- b. You have someone who would help you if you were sick and needed to be in bed .....N Y
- c. You have someone who would take you to the clinic or doctor's office if you needed a ride.....N Y
- d. You have someone you can count on to listen to you when you need to talk .....N Y
- e. You have someone who shows you love and affection other than your child .....N Y