

PRAMS-2 Measures (at 2 yrs)

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)?
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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?

Scale: 0-7 days

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**

NSCH Measures (0-5 yrs)

- B5. How old was this child when he or she COMPLETELY stopped breastfeeding or being fed breast milk?
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DURING THE PAST WEEK, how many days did you or other family members read to this child?

Scale: 0 days, 1-3 days, 4-6 days, every day

12. Does anyone living in your household use cigarettes, cigars, or pipe tobacco?

If yes, does anyone smoke inside your home?

NONE

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)

NONE

- 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 hospitalN Y
- b. I was very sickNY
- 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 homelessN Y
- f. My spouse or partner lost his or her jobN 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 usualN Y
- i. I had a lot of bills I couldn't pay.....N Y
- j. I was in a physical fightN 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 drugsN Y
- m. Someone very close to me diedN Y

Family stress

The next questions are about events that may have happened during this child's life. These things can happen in any family, but some people may feel uncomfortable with these questions. You may skip any questions you do not want to answer.

To the best of your knowledge, has this child EVER experienced any of the following?

- a. Parent or guardian divorced or separated
- b. Parent or guardian died
- c. Parent or guardian served time in jail
- d. Saw or heard parents or adults slap, hit, kick, punch one another in the home
- e. Was a victim of violence or witnessed violence in his or her neighborhood
- f. Lived with anyone who was mentally ill, suicidal, or severely depressed
- g. Lived with anyone who had a problem with alcohol or drugs
- h. Treated or judged unfairly because of his or her race or ethnic group

PRAMS-2

NSCH

Measure: ***Social-emotional 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 bedN 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 talkN Y
- e. You have someone who shows you love and affection other than your childN Y

H12. DURING THE PAST 12 MONTHS, was there someone that you could turn to for day-to-day emotional support with parenting or raising children?

H13. If yes, did you receive emotional support from...

- a. Spouse or domestic partner?
- b. Other family member or close friend?
- c. Health care provider?
- d. Place of worship or religious leader?
- e. Support or advocacy group related to specific health condition?
- f. Peer support group?
- g. Counselor or other mental health professional?
- h. Other: