

Louisiana PRAMS Opioid Call Back Survey

The first questions are about you.

1 Are you *currently* working for pay?

No → **Go to Question 4**

Yes

2 Please tell us about your MAIN job *now*. What is your job title and what are your usual activities or duties?

Job Title: _____

Job Duties: _____

3 Thinking about your MAIN job *now*, what type of company do you work for? (What does the company do or make?)

Type of Company: _____

I don't know

4 What type of health care visit have you had *since your baby was born*?

Check ALL that apply

Private health insurance from your job or the job of your husband or partner

Private health insurance from your parents

Private health insurance from the Health Insurance Marketplace or HealthCare.gov

Medicaid

State Specific Options

LA → Medicaid or LA Moms or Bayou Health

WV → Medicaid or Medical Card

MO → Medicaid or MO HealthNet

MA → Medicaid or MassHealth

PA → Medicaid or Medical Assistance

TRICARE or other military health care

Other → Please tell us : _____

I don't have health insurance

The next question is about your health.

5 Do you *currently* have any of the following health conditions? For each one, check **No** if you do not have the condition or **Yes** if you do.

GRID: No/Yes

Depression

Anxiety

Hepatitis B

Hepatitis C

Chronic Pain (pain on most days or every day in the past 6 months)

The following questions are about your use of medications or other substances *since your baby was born*.

6 *Since your baby was born*, have you taken any of the following prescription pain relievers? Please include any medications that you may have taken to relieve pain associated with your baby's birth. For each item, check **No** if you have not taken it since your baby was born, or **Yes** if you have.

GRID: No/Yes

Hydrocodone like Vicodin®, Norco®, or Lortab®

Codeine like Tylenol® 3 or 4, these are not regular Tylenol®
Oxycodone like Percocet®, Percodan®, OxyContin®, or Roxicodone®

Tramadol like Ultram® or Ultracet®

Hydromorphone or meperidine like Demerol®, Exalgo®, or Dilaudid®

Oxymorphone like Opana®

Morphine like MS Contin®, Avinza®, or Kadian®

Fentanyl like Duragesic®, Fentora®, or Actiq®

If you haven't used any prescription pain relievers *since your baby was born*, go to Question 10.

7 Where did you get the prescription pain relievers that you used *since your baby was born*?

Check ALL that apply

In the hospital, right after the birth of my baby

From an OB-GYN, midwife, or prenatal care provider

From a family doctor or primary care provider

From a dentist or oral health care provider

From a doctor in the emergency room

They were pain relievers left over from an old prescription

Did a friend or family member give them to you?

I got them without a prescription in some other way

Somewhere else → Please tell us : _____

8 Since your baby was born, what were your reasons for using prescription pain relievers?

Check ALL that apply

- To relieve pain associated with your baby's birth, such as pain from the C-Section or a tear
- To relieve pain from an injury, condition, or surgery you've had since your baby was born
- To relax or relieve tension or stress
- To help you with your feelings or emotions
- To help you sleep
- To feel good or get high
- Because you were "hooked" or you had to have them
- Other reason → Please tell us : _____

9 Since your baby was born, how many week or months have you used prescription pain relievers? Please write the total number of weeks or months you have used prescription pain relievers *since your baby was born*.

- Number of weeks _____
- Number of months _____
- Less than a week

10 Since your baby was born, have you used any of the following medications or drugs for any reason? For each item, check **No** if you have not used it or **Yes** if you have.

- Over-the-counter pain medication (Aspirin, Tylenol®, Tylenol PM®, Tylenol Extra Strength®, Advil®, Motrin®, Aleve®, or Panadol®)
- Medication for depression (Prozac®, Zoloft®, Lexapro®, Paxil®, or Celexa®)
- Medication for anxiety (Valium®, Xanax®, Ativan®, Klonopin®, or other benzodiazepines, also known as "benzos")
- Adderall®, Ritalin®, or another stimulant
- Methadone, Subutex®, Suboxone®, or buprenorphine
- Naloxone or Narcan®
- Cannabidiol or CBD products
- Marijuana or hash
- Synthetic marijuana (K2 or Spice)
- Heroin, also known as smack, junk, Black Tar, or *Chiva*
- Amphetamines (uppers, speed, crystal meth, crank, ice, or *agua*)
- Cocaine (crack, rock, coke, blow, snow, or *nieve*)
- Tranquilizers (downers or ludes)
- Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, or bath salts)
- Sniffing gasoline, glue, aerosol spray cans, or paint to get high, also known as huffing

The next questions are about alcohol use.

11 Since your baby was born, has a doctor, nurse, or other health care worker asked you, in person or on a form, if you drink alcohol?

- No
- Yes

12 Have you had any alcoholic drinks *since your baby was born*?

A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

- No → **Go to Question 17**
- Yes

13 Since your baby was born, how many alcoholic drinks did you have in an average week?

- 14 drinks or more a week
- 8 to 13 drinks a week
- 4 to 7 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week

14 Since your baby was born, how many times did you drink 4 alcoholic drinks or more in a 2 hour time span?

- Would you say that it was _____?
- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- You didn't have 4 drinks or more in a 2 hour time span

15 Since your baby was born, were you offered advice by a doctor, nurse, or other health care worker about what level of drinking alcohol is harmful or risky for your health?

- No
- Yes

16 Since your baby was born, were you advised to reduce or quit your drinking by a doctor, nurse, or other health care worker?

- No
- Yes

If you didn't use any SUBSTANCE (alcohol, prescription medications, other medications, or drugs) or only used prescription pain relievers for less than 1 week since her baby was born, go to Question 25.

The next questions are about things you may have experienced *since your baby was born*.

If you have not received any type of treatment or counseling, go to Question 25.

17 *Since your baby was born, have you felt that your use of any medication, drug, or alcohol interfered with important activities in your life such as working, going to school, taking care of children, enjoying hobbies, or spending time with friends and family?*

No
Yes

18 *Since your baby was born, have you needed treatment or counseling for your use of...*

Prescription pain relievers
Other drugs or medications, not including prescription pain relievers
Alcohol
Some other substance → Please tell us :

If you haven't needed any treatment or counseling since your baby was born, go to Question 25.

19 *Since your baby was born, have you received treatment or counseling for your use of...*

Prescription pain relievers
Other drugs or medications, not including prescription pain relievers
Alcohol
Some other substance → Please tell us :

20 *What were your reasons for not getting treatment or counseling for your use of any medication, drug, alcohol, or cigarettes?* For each item, check **No** if it was not a reason you did not get treatment or counseling, or **Yes** if it was.

GRID: No/Yes

I could not get an appointment or were put on a waiting list
I was able to cut down or stop using without help
I didn't have enough money or insurance to pay for services
I didn't know where to go for help
I didn't have transportation
I didn't want people to think I had a problem
My partner did not want me to get help
I was afraid to lose custody of my baby or children
I had too many other things going on

Other → Please tell us :

21 *Since your baby was born, what kind of treatment or counseling have you received?* or each item, check **No** if it was not the type of treatment or counseling you received, or **Yes** if it was.

GRID: No/Yes

Individual counseling with a behavioral health professional
Group counseling with a behavioral health professional
Counseling with a clergy member or other religious or community counselor
Self-help or recovery group meetings such as Alcoholics Anonymous or AA, Self-Management and Recovery Training or SMART, or Moderation Management or MM
Medication-assisted treatment, also known as MAT, using medicines such as methadone, buprenorphine, Suboxone®, Subutex® or naltrexone, also known as Vivitrol®
Other type of treatment or counseling → Please tell us :

22 *Since your baby was born, where have you received treatment for your use of any medications, drugs, or alcohol, not counting cigarettes?*

Check ALL that apply

A private doctor's office
An emergency room
A treatment facility as an outpatient where you did not stay at night
A hospital as an inpatient where you stayed at night
A residential treatment facility where you stayed at night
A prison or jail
Somewhere else → Please tell us :

23 *What was the outcome of the treatment or counseling you last received?*

Check ONE answer

I am still in treatment → **Go to Question 25**
I completed treatment → **Go to Question 25**
I did not finish treatment

24 *What were the reasons that you did not finish treatment or counseling?*

Check all that apply

You felt the treatment or counseling was not working
You had a problem with the program
You could not afford to continue treatment
You didn't have anyone to help you take care of your baby or other children
You began using medications, drugs, or alcohol or other substances again
Other reason → Please tell us :

The next questions are about tobacco products.

25 *Since your baby was born, have you used cigarettes, e-cigarettes or any other tobacco products?*

No → **Go to Question 30**

Yes

26 *Since your baby was born, how many cigarettes do 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 a day

You haven't smoked cigarettes

27 *Since your baby was born, how often have you used the following tobacco products? For each one, please check if you have used them Every day, Some days, or Never since your baby was born.*

GRID: Every day/Some Days/Never/Refused/Don't Know

E-cigarettes or other electronic vaping products with nicotine

Hookah

Chewing tobacco, snuff, snus, or dip

Cigars, cigarillos, or little filtered cigars

28 *Since your baby was born, has a doctor, nurse or other health care worker advised you to quit smoking or stop using tobacco products?*

No

Yes

29 *Since your new baby was born, have you received smoking cessation treatment to help you stop using cigarettes or other tobacco products? Some examples include attending counseling or calling a quit-line, using self-help materials, or using nicotine replacement treatment such as the patch, gum or other medication.*

No

Yes

30 *After your baby was born, did a doctor, nurse, or other healthcare worker tell you that your baby had drug withdrawal, sometimes known as neonatal abstinence syndrome or neonatal opioid withdrawal syndrome?*

No → **Go to Question 34**

Yes

31 *Did your baby receive any of the following types of special care or treatment to help him or her with drug withdrawal symptoms? For each item, check No if your baby did not receive it or Yes if they did.*

GRID: No/Yes/Don't Know

Medications such as morphine, methadone, or buprenorphine

Fluids through an IV

Skin-to-skin care or Kangaroo Care

Sleeping in quiet, dimly lit room

High calorie formula

Breastfeeding or pumped breast milk

Donor breast milk

Other → Please tell us :

32 *After your baby was born, did a doctor, nurse, or other health care worker do any of the things listed below? For each item, check Yes if they did or No if they did not.*

GRID: No/Yes

Talk to you about why your baby had drug withdrawal

Talk to you about the treatment for babies with drug withdrawal

Talk to you about how long your baby's withdrawal signs may last

Talk to you about the things your baby could experience

Talk to you about your baby's behavior

Talk to you about when your baby would be able to go home

Ask you about medications you were taking or took during pregnancy

Suggest you receive counseling or treatment for your use of medications, drugs, or alcohol

Suggest you receive services for your baby such as early intervention or home visiting programs

Did a scoring test to evaluate your baby for neonatal abstinence syndrome

33 *After your baby was born, did doctor, nurse, or other health care worker suggest that you not breastfeed your baby because of concerns that any medications or drugs you were using would pass to the baby through your milk?*

No

Yes

34 *Was your baby born in the hospital?*

No → **Go to Question 39**

Yes

35 During your hospital stay when your baby was born, did you feel you were treated poorly because of any of the following things? For each item, check **No** if you did not feel that you were treated poorly for this reason, or **Yes** if you felt you were.

- Your age
- Your weight
- Your income
- Your education level
- Your race or ethnicity
- Your culture or language
- Your sexual orientation or gender identity
- Your type of health insurance or your lack of health insurance
- Your use of substances such as alcohol or drugs during pregnancy
- Differing opinions with medical staff about how to take care of yourself
- Differing opinion with medical staff about how to take care of your baby
- Other → Please tell us : _____

36 Were you and your baby discharged home from the hospital at the same time after the birth?

- No
- Yes, we were discharged at the same time, and my baby came home with me
- Yes, we were discharged at the same time, but my baby did not come home with me

37 After being discharged from the hospital following birth, did your baby have to go back to the hospital and spend the night for any reason?

- No → **Go to Question 39**
- Yes

38 Why did your baby have to go back to the hospital after being discharged?

Check ALL that apply

- Breathing problems
- Feeding difficulties
- Dehydration
- Surgery
- Injury
- Drug withdrawal
- Jaundice
- Fever
- Infection
- Audiology screening or rescreening
- Other → Please tell us : _____

39 Is your baby living with you now?

- No
- Yes → **Go to Question 41**

40 Where is he or she living now?

- Living with biological father
- Living with another family member
- In Foster care
- Adopted by someone else
- He or she is living with someone else → Please tell us : _____
- My baby is deceased

If your baby is not living with you now, or passed away, please go to Questions 48.

The following questions are about your baby's health.

41 How old was your baby the last time you took him or her to a health care visit or checkup?

If you don't remember the exact age, please tell us your best guess.

Age in months [_____] [Range: 0 – 10]

Baby has never had a health care visit or check up → **Go to Question 43**

42 During your baby's checkups, how often did your baby's doctor, nurse, or other health care worker do the following things? For each item, check the option that corresponds to how often you felt the health care worker did it.

GRID: Always/Sometimes/Never

- Spend enough time with you and your baby
- Listened carefully to you
- Showed sensitivity to your family's values and customs
- Provided the information you needed concerning your baby
- Asked you if you had concerns about your baby's development

43 These next questions are about your baby's behavior. Think about what you would expect of other babies who are the same age, and tell us how much each statement applies to your baby. For each one, please tell us if it applies to your baby Frequently, Sometimes or Not at all.

GRID: Frequently/Sometimes/Not at All

- Does your baby have a hard time being with new people?
- Does your baby have a hard time in new places?
- Does your baby have a hard time with change?
- Does your baby mind being held by other people?
- Does your baby cry a lot?
- Does your baby have a hard time calming down?
- Is your baby fussy or irritable?
- Is it hard to comfort your baby?
- Is it hard to keep your baby on a schedule or routine?
- Is it hard to put your baby to sleep?
- Is it hard for you to get enough sleep because of your baby?
- Does your baby have trouble staying asleep?

44 These questions are about your baby's development. For each item, check the option that corresponds to how much your baby is doing this now. If your baby doesn't do something any more, choose the answer that describes how much he or she used to do it.

GRID: Frequently/Sometimes/ Not yet/ Refused/

- Holds up arms to be picked up
- Gets into a sitting position by him or herself
- Picks up food and eats it
- Pulls up to standing
- Plays games like "peek-a-boo" or "pat-a-cake"
- Calls parents "mama" or "dada" or similar name
- Looks around when people say things like "Where's your bottle?" or "Where's your blanket?"
- Copies sounds that other people make
- Walks across a room without help
- Is able to follow directions like "Come here" or "Give me the ball"

45 Has a doctor, nurse, or other health care worker told you that your baby has any developmental delays?

- No → **Go to Question 47**
- Yes

46 Have you received any referrals or services to support your baby's early learning and development? For each one, check **No** if you did not receive any referrals or service or **Yes** if you did.

GRID: No/Yes

- Referral to a developmental specialist
- Referral for physical therapy
- Services from an early intervention program for babies and children
- Services from a home visitation program
- Other → Please tell us :

47 Since your baby was born, have you used any of the following community or government supported services? For each one, check **No** if you did not use the service or **Yes** if you did.

GRID: No/Yes

- Special Supplemental Nutrition Program for Women, Infants, and Children or WIC
- Supplemental Nutrition Assistance Program, also known as SNAP or food stamps
- In-person parenting groups
- Parenting groups online or through social media
- Housing assistance programs, such as short-term rental assistance or shelters
- Financial assistance programs, such as the Temporary Assistance for Needy Families program known as TANF or welfare, child-care subsidies, or home energy assistance programs
- Transportation assistance programs, such as transportation vouchers, reduced fare programs, volunteer drive programs or non-emergency medical transportation services

The following questions are about things that may have happened to you in the past 30 days.

48 Please tell us how often the following statement was true in the past 30 days:

"I worried whether our food would run out before I got money to buy more".

- Often true
- Sometimes true
- Never true

49 Please tell us how often the following statement was true in the past 30 days:

“The food that I bought just didn’t last, and I didn’t have money to get more.”

- Often true
- Sometimes true
- Never true

50 In the past 30 days, how often have you felt down, depressed, or hopeless?

- Always
- Often
- Sometimes
- Rarely
- Never

51 In the past 30 days, how often have you had little interest or little pleasure in doing things you usually enjoyed?

- Always
- Often
- Sometimes
- Rarely
- Never

The next questions are about you and your family.

52 Who lives in the same home with you now?

Check ALL that apply

- My husband or partner
- Children aged less than 12 months
→ How many children?
- Children aged 1 year to 5 years
→ How many children?
- Children aged 6 years and over
→ How many children?
- My mother
- My father
- My husband’s or partner’s parent(s)
- Friend or roommate
- Other family member or relative
- Someone else → Please tell us :
- I live alone

53 Are you pregnant now?

No → **Go to Question 55**

Yes

54 Thinking back to just before you got pregnant, how did you feel about becoming pregnant?

Choose ONE option

- I wanted to be pregnant later
- I wanted to be pregnant sooner
- I wanted to be pregnant then
- I did not want to be pregnant then or at any time in the future
- I was not sure what you wanted

If you are currently pregnant, go to Question 58.

55 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 having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

No

Yes → **Go to Question 57**

56 What are your reasons or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant now?

Check ALL that apply

- I want to get pregnant
- I had my tubes tied or blocked
- I don’t want to use birth control
- I am worried about side effects from birth control
- I am not having sex
- My husband or partner doesn’t want to use anything
- I have problems paying for birth control
- Other → Please tell us :

If you or your husband or partner are not doing anything to keep from getting pregnant now, go to Question 58.

57 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 blocked, female sterilization, or Essure®
- Vasectomy or male sterilization
- Birth control pills
- Condoms
- Shots, injections or Depo-Provera®
- Contraceptive patch or OrthoEvra® or vaginal ring or NuvaRing®
- IUD, including Mirena®, ParaGard®, Liletta®, or Skyla®
- Contraceptive implant in the arm, including Nexplanon® or Implanon®
- Natural family planning including rhythm method
- Withdrawal or pulling out
- Not having sex or abstinence
- Other → Please tell us :

These last questions are about things that could have happened or that you may have experienced before you were 18 years of age. We understand that some of these questions may be difficult, but your answers will help us understand some of the things people may experience when they are growing up.

58 During the first 18 years of your life...

GRID: No/Yes

- Were your parents *ever* separated or divorced?
- Was your mom less than 18 years old when she had you?
- Was your dad less than 18 years old when you were born?
- Did you like going to school?
- Did you drop out of school before you were able to graduate?
- Were you ever bullied?
- Did you live with anyone who was a problem drinker or alcoholic?
- Did you live with anyone who was depressed, mentally ill, or suicidal?
- Did you live with anyone who used illegal drugs or who abused prescription medications?
- Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

**Thank you for answering these questions!
Your answers will help us understand how to improve the health of mothers and babies.**

59 Is there anything else you would like to say about your experiences around pregnancy, taking care of your baby, or the health of mothers and babies?
