



Continuous Postpartum Mother

Visitor _____

ENVIRONMENT/SAFETY

Feel unsafe in neighborhood?	(A) Always (X) <i>Don't Know/ Not Sure</i>	(B) Often	(C) Sometimes (R) <i>Refuse to Answer</i>	(D) Rarely	(E) Never (Z) <i>Did not ask</i>
Domestic violence?	(Y) Yes (X) <i>Don't Know/ Not Sure</i>		(N) No (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>		

HEALTH

6 week Postpartum Follow Up Exam:	(Y) Yes (X) <i>Don't Know/ Not Sure</i>	(N) No (R) <i>Refuse to Answer</i>	(W) <i>Not applicable</i> (Z) <i>Did not ask</i>
6 Week Exam Date:			

NUTRITION

Food security?	(A) Enough food to eat (B) Sometimes not enough food to eat (C) Often not enough food to eat	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
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SUBSTANCE USE

Smoke now?	(A) 41 cigarettes or more (B) 21 to 40 cigarettes (C) 11 to 20 cigarettes (D) 6 to 10 cigarettes	(E) 1 to 5 cigarettes (F) Less than 1 cigarette (G) I don't smoke now	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
Smoking in house?	(A) No one is allowed to smoke anywhere in my home (B) Smoking is allowed in some rooms or at some times (C) Smoking is permitted anywhere inside my home		(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
Drink now?	(A) 14 drinks or more a week (B) 7 to 13 drinks a week (C) 4 to 6 drinks a week	(D) 1 to 3 drinks a week (E) Less than 1 drink a week (F) I don't drink now	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
Household drinking?	(Y) Yes (X) <i>Don't Know/ Not Sure</i>	(N) No (R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>
Prescription medication misuse?	(Y) Yes (X) <i>Don't Know/ Not Sure</i>	(N) No (R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>
Household prescription medication misuse?	(Y) Yes (X) <i>Don't Know/ Not Sure</i>	(N) No (R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>
Illegal drug use now?	(Y) Yes (X) <i>Don't Know/ Not Sure</i>	(N) No (R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>
Household use?	(Y) Yes (X) <i>Don't Know/ Not Sure</i>	(N) No (R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>

FAMILY PLANNING

Doing anything to keep from getting pregnant?	(Y) Yes (X) <i>Don't Know/ Not Sure</i>	(N) No (R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>
If Yes: What are you doing?	(A) Tubes tied or closed (female sterilization) (B) Vasectomy (male sterilization) (C) Pill (D) Condoms (E) Shot once a month (Lunelle) (F) Shot once every 3 months (Depo-Provera) (G) Injectable Device (Implanon) (H) Contraceptive Patch (OrthoEvra) (I) Diaphragm, cervical cap, or sponge	(J) Cervical Ring (NuvaRing or others) (K) IUD (including Mirena) (L) Rhythm method or natural family planning (M) Withdrawal (pulling out) (N) Not having sex (abstinence) (X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>	

MENTAL HEALTH

4 month Post-Partum Depression Screen:	
4 month Post-Partum Depression Screen Date:	

FAMILY STRENGTHS/ PSYCHOSOCIAL

Protective Factors Survey Score:			
In school or working?	(Y) Yes (X) <i>Don't Know/ Not Sure</i>	(N) No (R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>
Marital status:	(A) Married (B) Living with a steady partner or common-law marriage (C) Divorced (D) Separated	(E) Single, never married (F) Widow/ Widower (X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>	
Father support?	(Y) Yes (X) <i>Don't Know/ Not Sure</i>	(N) No (R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>
Help with problem?	(A) My husband or partner (B) My mother, father, or in-laws (C) Other family member or relative (D) A friend (E) Someone else	(F) No one would help me (X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>	