



Initial Postpartum Mother

Visitor _____

Sig. Issues Present Now:	
<p><u>Environment/ Safety</u></p> <p>(A) Homeless/ Transient (B) Domestic violence (C) Current DCS involvement (D) Unsafe environment (E) Unstable housing (utilities) (F) Lack of transportation (G) Other (H) No Environment/ Safety Sig. Issue</p>	<p><u>Substance Use (Tobacco, Alcohol, Drugs)</u></p> <p>(A) Current use (B) Use in household (C) Exposure to Secondhand Smoke (D) Other (E) No Substance Use Sig. Issue</p>
<p><u>Health – Mother</u></p> <p>(A) Physically challenged client (B) Chronic disease (C) Pregnancy related complications (D) Poor pregnancy outcome (E) Lack of routine medical care (F) Non-compliance with postpartum or medical care (G) Other (H) No Health Sig. Issue</p>	<p><u>Family Planning/ Birth Spacing</u></p> <p>(A) More than one pregnancy in 1 year (B) More than 2 children under 3 years of age (C) Other (D) No Family Planning Sig. Issue</p>
<p><u>Nutrition</u></p> <p>(A) Food Insecurity (B) Breastfeeding Problems (C) Other (D) No Nutrition Sig. Issue</p>	<p><u>Mental Health/ Development</u></p> <p>(A) Mentally challenged client (B) Diagnosed mental illness (C) Abnormal Postpartum Depression Screen (D) Other (E) No Mental Health/ Development Sig. Issue</p>
<p><u>Family Strengths/ Psychosocial</u></p> <p>(A) No income or inadequate income (B) Education less than 12 years (C) Maternal age under 17 years (D) Unplanned or undesired pregnancy (E) Lack of father involvement (F) Limited support system (G) Other (H) No Family Strength Sig. Issue</p>	

ENVIRONMENT/SAFETY

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

HEALTH

Limited in any way?	(Y) Yes	(N) No			
	(X) <i>Don't Know/ Not Sure</i>	(R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>		
Any of the following? (Circle all that apply)	(A) Heart attack (myocardial infarction)	(J) Sickle Cell			
	(B) Angina or coronary heart disease	(K) Cancer			
	(C) A stroke	(L) Overweight/ Obesity			
	(D) Asthma	(M) Mental Illness			
	(E) High blood sugar (diabetes)	(N) Other			
	(F) Lung Problems (other than asthma)	(O) None of the above			
	(G) Kidney problems	(X) <i>Don't Know/ Not Sure</i>			
	(H) Anemia (poor blood, low iron)	(R) <i>Refuse to Answer</i>			
	(I) Sickle Cell Trait	(Z) <i>Did not ask</i>			
Vaginal infection?	(Y) Yes	(N) No			
	(X) <i>Don't Know/ Not Sure</i>	(R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>		

If Yes: (Circle all that apply)	(A) Genital warts [HPV] (B) Herpes (C) Chlamydia (D) Gonorrhea	(E) Group B Strep [Beta Strep] (F) Pelvic Inflammatory Disease [PID] (G) Syphilis (H) Urinary tract infection [UTI]	(I) Bacterial Vaginosis (J) Trichomoniasis (K) Yeast infections (L) Other
Total # Pregnancies:			
Total # Live Births:			
Total # Pre-term births:			
Most Recent Child: Total # Prenatal Visits:			
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

Total Weight Gain			
Receiving WIC?	(A) Yes (B) Have not applied for WIC (C) Ineligible	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>	
Currently Breastfeeding?	(A) Yes, only breast milk (B) Yes, combination breast milk and formula (C) No	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>	
If No: Did you breastfeed for any length of time?	(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: How long did you breastfeed?	____ Weeks OR ____ Months		
Reasons for stopping breastfeeding? (Circle all that apply)	(A) My baby had difficulty nursing (B) Breast milk alone did not satisfy my baby (C) I thought my baby was not gaining enough weight (D) My baby got sick and could not breastfeed (E) My nipples were sore, cracked, or bleeding (F) I thought I was not producing enough milk (G) I had too many other household duties (H) I felt it was the right time to stop breastfeeding (I) I got sick and could not breastfeed (J) I went back to work or school	(K) I wanted/ needed someone else to feed the baby (L) My baby was jaundiced (yellowing of the skin or whites of the eyes) (M) Other (X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>	
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>	

SUBSTANCE USE

Smoke 3 months before pregnancy?	(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 didn't smoke then	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
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 3 months before pregnancy?	(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/week (F) I didn't drink then	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>

Initial Postpartum Mother

LABEL

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 during pregnancy?	(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>
Before pregnancy, illegal drugs?	(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 illegal drug 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

6 week Post-partum Depression Screen:	
--	--

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>	
Mother's feeling about becoming pregnant:	(A) I wanted to be pregnant sooner (B) I wanted to be pregnant later (C) I wanted to be pregnant then (D) I didn't want to be pregnant then or at any time in the future	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>	
Father's age	_____ years (X) <i>Don't Know/ Not Sure</i>	(R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>

Father's feeling about pregnancy?	(A) He wanted me to be pregnant sooner (B) He wanted me to be pregnant later (C) He wanted me to be pregnant then (D) He didn't want me to be pregnant then or at any time in the future	(E) I didn't have a husband or partner (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>