



Initial Prenatal

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) Lack of routine medical care (E) Late entry into prenatal care (F) Non-compliance with prenatal 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) Lack of prenatal vitamin (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) Other (D) 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>	(Y) Yes	(R) <i>Refuse to Answer</i>	(N) No	(Z) <i>Did not ask</i>

HEALTH

Limited in any way?	(Y) Yes	(N) No	
Any of the following?	(X) <i>Don't Know/ Not Sure</i>	(R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>
	(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 (X) <i>Don't Know/ Not Sure</i>	(N) No (R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>
If Yes: (Check 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:				
Pregnant in last 18 months?		(Y) Yes (X) <i>Don't Know/ Not Sure</i>	(N) No (R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>
Type of delivery for most recent child:		(A) Vaginal (B) I went into labor but had to have a cesarean delivery (C) I didn't go into labor and had to have a cesarean delivery (D) No Previous Children	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>	
Did you have any of these problems during your most recent pregnancy?	(A) High blood sugar (diabetes) that started before this pregnancy (B) High blood sugar (diabetes) that started during this pregnancy (C) Vaginal bleeding (D) Kidney or bladder (urinary tract) infection (E) Severe nausea, vomiting, or dehydration (F) Cervix had to be sewn shut (incompetent cervix) (G) High blood pressure, hypertension (including pregnancy-induced hypertensions [PIH], preeclampsia, or toxemia) (H) Problems with the placenta (such as abruptio placentae or placenta previa)	(I) Labor pains more than 3 weeks before my baby was due (preterm or early labor) (J) Water broke more than 3 weeks before my baby was due (premature rupture of the membranes [PROM]) (K) I had to have a blood transfusion (L) I was hurt in a car accident (M) No problems with most recent pregnancy (N) This is my first pregnancy (X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>		
Entry into Prenatal Care (trimester)	(A) 1 st (X) <i>Don't Know/ Not Sure</i>	(B) 2 nd (R) <i>Refuse to Answer</i>	(C) 3 rd (Z) <i>Did not ask</i>	(D) No Prenatal Care
EDD:	_____ (MMDDCCYY) (X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>			
Prenatal Dental Visit Made?	(A) Before my pregnancy (B) During my pregnancy (C) Within the last 12 months (D) More than a year ago	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>		

NUTRITION

Pre-pregnancy Wt:	_____ lb			
Prenatal Vitamin?	(A) I am not taking a multivitamin/ prenatal vitamin at all (B) 1 to 3 times a week (C) 4 to 6 times a week (D) Every day of the week	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>		
Entry into WIC (trimester)	(A) 1 st (X) <i>Don't Know/ Not Sure</i>	(B) 2 nd (R) <i>Refuse to Answer</i>	(C) 3 rd (Z) <i>Did not ask</i>	(D) Have not applied for WIC (E) Ineligible
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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LABEL

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 a 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>
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>
If Yes: Please list			
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 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

Were you 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 were 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>	

FAMILY STRENGTHS/ PSYCHOSOCIAL

Protective Factors Survey Score:	
In school or working?	(Y) Yes (X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (N) No (Z) <i>Did not ask</i>
Marital status:	(A) Married (E) Single, never married (B) Living with a steady partner or common-law marriage (F) Widow/ Widower (X) <i>Don't Know/ Not Sure</i> (C) Divorced (R) <i>Refuse to Answer</i> (D) Separated (Z) <i>Did not ask</i>
Mother's feeling about becoming pregnant:	(A) I wanted to be pregnant sooner (X) <i>Don't Know/ Not Sure</i> (B) I wanted to be pregnant later (R) <i>Refuse to Answer</i> (C) I wanted to be pregnant then (Z) <i>Did not ask</i> (D) I didn't want to be pregnant then or at any time in the future
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 (E) I didn't have a husband or partner (B) He wanted me to be pregnant later (X) <i>Don't Know/ Not Sure</i> (C) He wanted me to be pregnant then (R) <i>Refuse to Answer</i> (D) He didn't want me to be pregnant then or at any time in the future (Z) <i>Did not ask</i>
Father support?	(Y) Yes (N) No (X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
Help with problem?	(A) My husband or partner (F) No one would help me (B) My mother, father, or in-laws (X) <i>Don't Know/ Not Sure</i> (C) Other family member or relative (R) <i>Refuse to Answer</i> (D) A friend (Z) <i>Did not ask</i> (E) Someone else