

Initial Postpartum Mother Full Questions

ENVIRONMENT/ SAFETY

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| Feel unsafe in neighborhood? | How often do you feel unsafe in the neighborhood where you live? |
| Domestic violence? | Does your husband or partner (or anyone else in the home) push, hit, slap, kick, choke, or physically hurt you in any way? |

HEALTH

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| Limited in any way? | Are you limited in any way in any activities because of physical, mental, or emotional problems? |
| Any of the following? | Have you ever been told by a medical provider that you have any of the following: |
| Vaginal infection? | Has a doctor, nurse, or other health care worker tell you that you had urinary tract infection (UTI), a sexually transmitted disease (STD), or any vaginal infection, including bacterial vaginosis or Group B Strep (Beta Strep)? |
| If Yes: (Check all that apply) | If Yes: What disease or infection were you told you had? (Check all that apply) |
| Total # Pregnancies: | How many times have you been pregnant in your lifetime (regardless of outcome)? |
| Total # Live Births: | How many live babies have you given birth to? |
| Total # Pre-term births: | How many babies have you delivered three or more weeks before they were due? |
| Most Recent Child: Total # Prenatal Visits: | How many prenatal visits did you have for your most recent pregnancy? |
| 6 week Postpartum Follow Up Exam: | Since your new baby was born, have you had a postpartum checkup for yourself? (A postpartum checkup is the regular checkup a woman has after she gives birth, usually 6 weeks after) |
| 6 Week Exam Date: | 6 week Post-partum Follow Up Exam Date: |

NUTRITION

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| Total Weight Gain | How much weight did you gain during your pregnancy? |
| Currently Breastfeeding? | Are you currently breastfeeding or feeding pumped milk to your baby? |
| If No: Did you breastfeed for any length of time? | If No: Did you ever breastfeed or pump breast milk to feed your new baby after delivery? |
| If Yes: How long did you breastfeed? | If Yes: How many weeks or months did you breastfeed or pump milk to feed to your baby? |
| Reasons for stopping breastfeeding? (Circle all that apply) | What were your reasons for not breastfeeding your baby? |

SUBSTANCE USE

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| | Tobacco Use |
| Smoke 3 months before pregnancy? | In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day? (1 pack is 20 cigarettes) |
| Smoke now? | How many cigarettes do you smoke on an average day now? |
| Smoking in house? | Which of the following statements best describes the rules about smoking <i>inside</i> your home <i>now</i>? |
| | Alcohol Use |

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| Drink <i>3 months before pregnancy</i> ? | During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week? |
| Drink <i>now</i> ? | How many alcoholic drinks do you have in an average week? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink). |
| Household drinking? | Do other members of your household drink more than 4 alcoholic drinks in one sitting? |
| | Prescription Medication Use |
| Prescription medication during pregnancy? | Other than prenatal vitamins, have you taken any over-the-counter or prescribed medicine during your pregnancy, even for a short period of time? |
| Prescription medication misuse? | Do you now use prescription medications in a way other than were prescribed to you? |
| Household prescription medication misuse? | Do other members of your household now use prescription medications in a way other than were prescribed to them? |
| | Illegal Drug Use |
| Before pregnancy, illegal drugs? | Did you use any of these drugs the month before you got pregnant: Marijuana, Amphetamines, Cocaine/ Heroin, Tranquilizers, Sniffing glue/ hairspray/ other aerosols? |
| Illegal drug use now? | Do you use now any of the following: Marijuana, Amphetamines, Cocaine/ Heroin, Tranquilizers, Sniffing glue/ hairspray/ other aerosols? |
| Household use? | Do other members of your household use now any of the following: Marijuana, Amphetamines, Cocaine/ Heroin, Tranquilizers, Sniffing glue/ hairspray/ other aerosols? |

FAMILY PLANNING

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| Doing anything to keep from getting pregnant? | Are you and your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy) |
| If Yes: What are you doing? | If Yes: What are you and your husband or partner doing to keep from getting pregnant? (Circle all that apply) |

FAMILY STRENGTHS

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| | Protective Factors Score: Future Initiative |
| In school or working? | Are you currently in school or working outside the home? |
| Marital status: | What is your marital status? |
| Mother feeling about becoming pregnant: | Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant? |
| Father Age | When you got pregnant, how old was your new baby's father? |
| Father feeling about pregnancy? | Thinking back to <i>just before</i> you got pregnant with your <i>new</i> baby, how did your husband or partner feel about your becoming pregnant? |
| Father Support? | Can you count on your husband or partner for support and help (including housekeeping, childcare, money or help with problems)? |
| Help with problem? | Who would help you if a problem came up? (For example, who would help you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks?) (Circle all that apply) |