

Initial Prenatal Full Questions

ENVIRONMENT/ SAFETY

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

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?
Pregnant in last 18 months?	Have you been pregnant for any length of time in the last 18 months?
Type of delivery for most recent child:	How was your most recent baby delivered?
Did you have any of these problems during your most recent pregnancy?	Did you have any of these problems during your most recent pregnancy? (Circle <u>all</u> that apply)
Entry into Prenatal Care (trimester)	During which trimester did you have your first prenatal appointment?
EDD:	When is your baby due?
Prenatal Dental Visit Made?	When did you have your teeth cleaned by a dentist or dental hygienist? (Circle all that apply)

NUTRITION

Pre-pregnancy Wt:	Just before you got pregnant with your new baby, how much did you weigh?
Prenatal Vitamin?	How many times a week are you taking a multivitamin or a prenatal vitamin? (These are pills that contain many different vitamins and minerals)
Entry into WIC (trimester)	When did you first begin using WIC (Women, Infant, and Children) Services?
Food security?	During the past 12 months, which one of the following statements best describes the food eaten by you and your family?

SUBSTANCE USE

	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
Drink 3 months before pregnancy?	During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?
Drink now?	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 others 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?
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

Were you doing anything to keep from getting pregnant?	When you got pregnant with your new baby, were 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)
Yes: What were you doing?	If Yes: When you got pregnant with your new baby, what were you and your husband or partner doing to keep from getting pregnant? (Circle all that apply)

FAMILY STRENGTHS

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)