

## HRSA - Prenatal Form

Date: **populated (editable)** \_\_\_ / \_\_\_ / \_\_\_\_

Client Name: **populated** \_\_\_\_\_

HSID: **populated** \_\_\_\_\_ - \_\_\_\_\_ - 00 Staff: **populated (editable)** \_\_\_\_\_

Name of Primary Participant: **populated** \_\_\_\_\_

Primary Participant Date of Birth: **populated** \_\_\_\_\_

*Note: Other Linked Primary Participant will **populate** if associated in data system before entry of this form. Otherwise enter information.*

**Other Linked PP are Adults Only.**

Name of Other Linked Primary Participant \_\_\_\_\_

Date of Birth of Other Linked Primary \_\_\_\_\_

Name of Other Linked Primary Participant \_\_\_\_\_

Date of Birth of Other Linked Primary \_\_\_\_\_

G1: This Primary Participant's Unique Id#: **populated** \_\_\_\_\_

\*Note this # will start with 051PP and end with assigned HS ID number. Ex (051PPGR21222200)

*Note: Other Linked Primary Participant Unique ID Numbers will populate if associated in data system before entry of this form. Otherwise enter information.*

G2: Other Adult Participants (If Applicable) Unique ID Numbers that should be linked to this Primary Participant (Entered up to 2 & user format indicated in question G2)

Other Linked Primary ID# **populated** 051PP \_\_\_\_\_

Other Linked Primary ID#: **populated** 051PP \_\_\_\_\_

Or No Other participants are linked to the primary participant completing this form

G3. Primary Participants Enrollment Date (mm/dd/yyyy) **populated** \_\_\_\_\_

G4. Date of initial completion of this form Prenatal form. **populated with certification date**

G5. Ignore

PREGNANCY & HEALTH

Q1. First What is your baby's due date? **Populated if entered on client enter/edit** \_\_\_\_\_  
(Staff: If woman does not yet know her due date, then this question must be completed when she does)

Q2. How many weeks pregnant are you? **Populated if entered on client enter/edit**

- \_\_\_\_\_ weeks
- Unable to determine, specify reason \_\_\_\_\_

Q3. Based on how many weeks pregnant the woman is, what trimester is she currently in? **Populated**

- First trimester (weeks 0-13)
- Second trimester (weeks 14-27)
- Third trimester (week 28-40)
- Unable to determine (based on response to Question 2)

Q4. When did the participant enroll in Healthy Start?

- Prior to this pregnancy
- During 1<sup>st</sup> trimester of this pregnancy (weeks 0-13)
- During 2<sup>nd</sup> trimester of this pregnancy (weeks 14-27)
- During 3<sup>rd</sup> trimester of this pregnancy (weeks 28-40)
- Unable to determine

Q5. How many months pregnant were you when you had your first prenatal care?

- \_\_\_\_\_ months
- I haven't gone for prenatal care yet
- Don't know
- Declined to answer

Q5a. *(Staff if the participant has not yet had her first prenatal care visit, ask)*

Do you have an appointment scheduled?

- Yes, indicate date scheduled \_\_\_\_\_ -
- No
- Don't Know
- Declined to answer

Q6. (Staff please select corresponding trimester for when woman had her first prenatal care visit)

- First trimester (weeks 0-13)
- Second trimester (weeks 14-27)
- Third trimester (week 28-40)
- No prenatal care visits yet
- Unable to determine (based on question 5)

Q6a. Do you know if you are carrying multiple fetuses (e.g. twins, triplets) or not?

- Not pregnant with multiples
- Pregnant with multiples, Number of fetuses\_\_\_\_\_
- Don't know
- Declined to answer

*\*Note: if mother has not yet had a prenatal visit and/or does not yet know whether she is pregnant with multiples, then information regarding when she began prenatal care and whether she is carrying multiples needs to be completed for Questions 5, 5a, 6 and 6a when she has had a prenatal visit*

Q7. During the 3 months before you got pregnant with this child, did you have any of the following health conditions?

- a. Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy)  
 Yes  No.  Don't know  Declined to answer
- b. High Blood pressure or hypertension  
 Yes  No.  Don't know  Declined to answer
- c. Depression  
 Yes  No.  Don't know  Declined to answer
- d. Other chronic condition (s) or illness(es) Specify all that apply:  
\_\_\_\_\_

Q8. (Staff: If mother currently has another child besides the one she is pregnant with ask)

Thinking about your child who was born just before the one you're now pregnant with, how old was he/she when you learned about this pregnancy?

- 0 to 12 months
- 13 to 18 months
- 19 to 24 months
- More than 2 years
- This is my first pregnancy
- Don't know
- Declined to answer

Q9. What method do you plan to use to feed your new baby in the first few weeks?

- Breastfeed only (baby will not be given formula)
- Formula feed only
- Both breast and formula feed
- Don't know yet
- Declined to answer

Q10. Would you describe your partner or the father of this baby as:

- Involved in my pregnancy and supportive of me and the child I'm carrying
- Involved with the child I'm carrying but not supportive of me
- Involved and supportive of me but not the child I'm carrying
- Not involved in my pregnancy but supportive of me and the child I'm carrying
- Not involved/supportive of either me or the child I'm carrying
- Not aware I am pregnant
- Declined to answer

#### TOBACCO & ALCOHOL

Q11. How many cigarettes are you smoking now on an average day? A pack has 20 cigarettes.

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- I don't smoke
- Don't know
- Declined to answer

Q12. How often, on average, are you using other tobacco or nicotine products now?

a. E- cigarettes or other electronic nicotine products

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- Not at all
- Don't know
- Declined to answer

b. Hookah (a hook is a water pipe used to smoke tobacco).

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- Not at all
- Don't know
- Declined to answer

- c. Chewing tobacco, snuff, snus, or dip
  - More than once a day
  - Once a day
  - 2-6 days a week
  - 1 day a week or less
  - Not at all
  - Don't know
  - Declined to answer
  
- d. Cigars, cigarillos, or little filtered cigars
  - More than once a day
  - Once a day
  - 2-6 days a week
  - 1 day a week or less
  - Not at all
  - Don't know
  - Declined to answer

13. Since you found out you were pregnant how often have you been drinking alcoholic beverages?

- Nearly every day
- Several times a week
- Several times a month
- Less than once a month
- Never
- Don't know
- Declined to answer