

HRSA – Prenatal Rescreen- Exit updated 2021

Date: **populated (editable)** ___ / ___ / ___

Client Name: **populated** _____

HSID: **populated** _____ - _____ - 00 Staff: **populated (editable)** _____

Name of Primary Participant: **populated** _____

Primary Participant Date of Birth: **populated** _____

Other Linked PP are Adults Only. Will populate if linked in system.

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 _____

Please select reason for update. "EXIT" **populated**

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 if linked** 051PP _____

Other Linked Primary ID#: **populated if linked** 051PP _____

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

G5: This Form has been updated following its initial completion based on (Select below as applicable)

Other update

Date Updated **populated/editable** _____

Specify reason for update **populated "Exit"**

Q1. First What is your baby's due date? _____

Q2. How many weeks pregnant are you?

_____ weeks

Unable to determine, specify reason _____

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

First trimester (weeks 0-13)

Second trimester (weeks 14-27)

Third trimester (week 28-40)

Unable to determine (based on response to Question 2)

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. (as applicable) *(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)

Q10. (NOT REQUIRED) 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

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