

HRSA – Prenatal Rescreen- Prenatal Visit- Form 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** _____

*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 _____

Please select reason for update. “Other- Prenatal Visit” **populated**

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 “Other-Prenatal Visit”

PREGNANCY & HEALTH

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

(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?

_____ 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)

Q4. When did the participant enroll in Healthy Start?

- Prior to this pregnancy
- During 1st trimester of this pregnancy (weeks 0-13)
- During 2nd trimester of this pregnancy (weeks 14-27)
- During 3rd 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