

## Pregnancy Questionnaire Summary (Sample Format)

(For the Prenatal Care Coordinator to complete)

Mother's name (last, first, middle): Please print. \_\_\_\_\_

Mother's date of birth: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_

TOTAL ASSESSMENT SCORE: \_\_\_\_\_

Summary of needs identified in the Pregnancy Questionnaire:

- Health education needs (teenaged or older mom)
- Difficulty reading English (preferred language? \_\_\_\_\_)
- WIC referral
- Child support difficulty
- Employment needs
- School needs
- Housing needs
- Client unable to get prenatal care
- Lack of knowledge regarding pregnancy, labor & delivery, infant health care, general health positive habits
- Health education needs (first-time mom)
- Medical conditions identified that make this pregnancy at risk
- Poor previous pregnancy experience
- Tobacco and/or alcohol use
- Nutrition education needs
- Insufficient funds for food
- Conflict/violence in the home
- Poor support system
- Suspected abuse:       physical       sexual       emotional
- Family has urgent health needs
- Child care needs
- Transportation needs
- Other \_\_\_\_\_

Name of staff who completed the Pregnancy Questionnaire: \_\_\_\_\_

Position: \_\_\_\_\_

Date of screening: \_\_\_\_\_