Better Beginnings®

A FREE PROGRAM FOR EXPECTING MOTHERS

HEALTH RISK ASSESSMENT QUESTIONNAIRE

GENERAL INFORMATION

Member ID Number

Name

Date of Birth

Primary Language Secondary Language

Would you like to use our translator services? ☐ Yes ☐ No

DELIVERY PLANS

Current OB Doctor/Midwife/Practice

Where do you plan to deliver?

Expected Delivery Date

To **complete your enrollment**, you must complete your first call with a Better Beginnings case manager. We're available Monday through Friday, 8 a.m. to 4:30 p.m. Please list the best day and time to reach you and number for us to call.

Day of Week Time of Day

Preferred contact number Preferred email address

PREGNANCY/OBSTETRICAL HISTORY

		yes	no
1	Is this your first pregnancy?	☐	☐
2	How many babies are you currently expecting? ☐ one ☐ two ☐ three ☐ unknown		

Please answer the following. *Check all that apply:*		yes	no
3	Have you had any vaginal bleeding or spotting after the 14th week of this pregnancy?	☐	☐
4	Have you ever been told there may be a problem with your cervix (e.g., shortened or incompetent)?	☐	☐
5	If yes, have you needed a cerclage during your pregnancy?	☐	☐
6	Have you ever experienced pre-term labor?	☐	☐
7	Have you ever delivered a baby by Cesarean section?	☐	☐
8	Have you ever had a miscarriage?	☐	☐
9	Have you ever had an abortion?	☐	☐

10	What is your feeding plan for the baby? ☐ breastfeed ☐ formula ☐ both
11	Please indicate if you are currently being or have been treated in the past for the following conditions. *Select all that apply:*
☐	Anemia
☐	Anxiety/mood disorder
☐	Asthma
☐	Blood clots/bleeding disorder
☐	Cardiac problems/heart disease
☐	Depression
☐	Diabetes/gestational diabetes
☐	High blood pressure
☐	Pre-eclampsia
☐	Seizures/neurological disorder
☐	Sexually transmitted disease
☐	Thyroid disorders
	Any chronic health problems not listed? If so, please list

HEALTH HABITS

12	Do you have any health issues or concerns you think may impact your pregnancy?
13[1]	Please indicate which statement best describes your tobacco or nicotine use. *Check one:*
☐	I have never used tobacco or nicotine or have used minimal amounts of tobacco or nicotine (for example, fewer than 100 cigarettes in my lifetime).
☐	I stopped using tobacco or nicotine before I found out I was pregnant, and I'm not using tobacco or nicotine now.
☐	I stopped using tobacco or nicotine after I found out I was pregnant, and I'm not using tobacco or nicotine now.
☐	I use some tobacco or nicotine now, but I've cut down on the amount of tobacco or nicotine I use since I found out I'm pregnant.
☐	I use tobacco or nicotine regularly now, about the same as before I found out I was pregnant.
14[2]	Have you ever used cannabis? ☐ yes ☐ no
15[2]	In the month before you knew you were pregnant, how many beers, how much wine, or how much liquor did you drink?
16[2]	Have you ever felt the need to cut down on your drug or alcohol use? ☐ yes ☐ no
17	Are you currently using any other recreational drugs or prescription medication not prescribed for you? ☐ yes ☐ no

18[3]	What is your living situation today? *Check one:*
☐	I have a steady place to live.
☐	I have a place to live today, but I'm worried about losing it in the future.
☐	I do not have a steady place to live (e.g., staying with others, living outside on the street)
19[3]	What (if any) of the following are you experiencing? *Select all that apply.*
☐	Problems with the place you live (e.g., heat, mold, bugs, safety)
☐	Worry that food will run out
☐	Problems due to lack of transportation (e.g., difficulty getting to work, medical appointments)
☐	Shut-off warning from heat, water, or electric company
☐	Physical violence at home or work
☐	Insults or put-downs at home or work
☐	Threats of harm at home or work
☐	Worry about paying for basics (e.g. food, housing, medical care)
☐	Loneliness and isolation
☐	Need help to understand healthcare instructions
20	What medications are you taking, including supplements?
21	Do you have any health goals that you would like to focus on during this pregnancy? Please explain:

1 Fiore MC, Jaén CR, Baker TB, Bailey WC, Benowitz NL, Curry SJ, et al. Treating tobacco use and dependence: 2008 update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; April 2009.

2 These questions were adapted from the following source: Yonkers KA, Gotman N, Kershaw T, Forray A, Howell HB, Rounsaville BJ. Screening for prenatal substance use: development of the substance use risk profile-pregnancy scale. Obstetrics Gynecol 2010;116:827–33.

3 This guideline contains content that differs from the standard *MCG Care Guidelines*® and has not been reviewed or approved by MCG Health, LLC. All other unmodified content is ©MCG Health, LLC.

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