

### Enrollment Questionnaire

The information you provide is confidential and will not affect your health benefits. The best answer is an honest one so we can help support you during your pregnancy. Please return the questionnaire, even if you choose to leave some questions unanswered.

\_\_\_\_\_  
 First Name Last Name Health Insurance ID#

1. Today's date \_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. What is your date of birth? \_\_\_\_ / \_\_\_\_ / \_\_\_\_
3. When is your baby due? \_\_\_\_ / \_\_\_\_ / \_\_\_\_
4. OB Provider \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_
5. When was your first prenatal visit? \_\_\_\_ / \_\_\_\_ / \_\_\_\_
6. You are expecting:  One Baby  Twins  Triplets
7. Have you had problems with any of the following during your current or previous pregnancy(ies)?

Please check the appropriate box(es)	Current Pregnancy	Previous Pregnancy
Cerclage (cervix was stitched closed)		
Gestational diabetes (diabetes only during your pregnancy)		
Group B Strep infection		
High blood pressure (toxemia, pre-eclampsia, or pregnancy induced hypertension)		
Kidney or bladder infections		
Oligohydramnios (too little fluid surrounding the baby)		
Persistent vomiting		
Placenta previa (placenta lies low in the uterus, partially or completely covering the cervix)		
Polyhydramnios (too much fluid surrounding the baby)		
Premature rupture of membranes		
Preterm labor (labor starts before the 37th week of pregnancy)		
Vaginal bleeding		

8. List all of your previous pregnancies (please attach additional sheet if necessary):

No.	Date	No. of weeks pregnancy lasted	Pregnancy ended by vaginal delivery, cesarean, miscarriage or abortion?	Baby's weight	Boy or Girl
	2/15/89	9	Miscarriage (SAMPLE)	Unknown	Unknown
	6/15/93	40	Vaginal delivery (SAMPLE)	6 lbs 2	Boy
1					
2					
3					
4					

9. List any medications you commonly use (including prescriptions, herbal/homeopathic treatments, over the counter medications such as pain relievers, antihistamines, and vitamins including prenatal vitamins): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_



- 10. Is your blood type Rh negative?  Yes  No
- 11. What is your height? \_\_\_\_\_ Pre-pregnancy weight? \_\_\_\_\_
- 12. How many servings of each food group do you eat during an average day? Breads/Cereals \_\_\_\_\_ Meat/Protein \_\_\_\_\_ Vegetables \_\_\_\_\_ Fats/Oils \_\_\_\_\_ Fruits \_\_\_\_\_ Fluids (8 oz cups) \_\_\_\_\_ Milk/Dairy \_\_\_\_\_
- 13. Do you exercise on a regular basis?  No  Yes  
How many hours per week? \_\_\_\_\_  
Which days of the week? \_\_\_\_\_
- 14. Do you, the father of your baby, or any of your children have a history of any genetic diseases (including, but not limited to, Down Syndrome, spinal cord defects, hemophilia, muscular dystrophy, etc.)?  Yes (list condition) \_\_\_\_\_  
  
Who?  
 You  Baby's father  Your Child  No  I don't know
- 15. Did your mother take DES (Diethylstilbestrol; was used until 1971 to prevent miscarriages) while she was pregnant with you?  
 Yes  No  I don't know
- 16. Do you have a history of any of the following when you're not pregnant (check all that apply):  
 Allergies \_\_\_\_\_  
 Anemia (needing treatment) \_\_\_\_\_  
 Anxiety  
 Asthma  
 Depression  
 Diabetes  Type I  Type II  
 Eating disorder \_\_\_\_\_  
 Heart disease (treatment) \_\_\_\_\_  
 Hepatitis  A  B  C  
 Herpes  Mouth  Genitals  
 High blood pressure What is normal for you? \_\_\_\_\_  
 HIV Positive  
 Hospitalized for mental health condition \_\_\_\_\_  
 Infertility \_\_\_\_\_  
 Lupus  
 Multiple Sclerosis  
 Seizure disorder (treatment)  
 Sexually transmitted disease \_\_\_\_\_  
 Surgery (list) \_\_\_\_\_  
  
 Thrombophlebitis (blood clots in your legs)  
 Uterine fibroids and or abnormalities  
 Other \_\_\_\_\_  
 None of the above
- 17. Have you had chickenpox or the vaccine for chickenpox?  
 Yes  No
- 18. Do you smoke?  Yes  Less than 1 pack per day  
 More than 1 pack per day  No  
 Someone else in my household smokes
- 19. Since you've known you are pregnant, how many alcoholic beverages do you drink each week, if any?  
 None  1 to 2 drinks  more than 2 drinks
- 20. Since you've known you are pregnant, have you used any recreational drugs (e.g. cocaine, marijuana, etc.)?  
 No  Yes (please list) \_\_\_\_\_
- 21. Abuse during pregnancy carries a higher risk of prematurity and is more common than most people realize. Abuse is defined as being hit, slapped, kicked, forced to have sex, or otherwise physically hurt by anyone. During the past year have you suffered any type of abuse?  Yes  No
- 22. Rate your overall stress level on a scale of 1-10 (1 Low – 10 High)  
\_\_\_\_\_
- 23. Which of the following best describes your current support system (check all that apply)?  Spouse/Partner  Family  Friends  
 Club/Organization  Church  None  Other \_\_\_\_\_
- 24. What is your marital status? \_\_\_\_\_
- 25. What is your ethnic origin?  
 African American  Asian  Caucasian  Hispanic  
 Native American  Other \_\_\_\_\_
- 26. What is the highest grade level you have completed? \_\_\_\_\_
- 27. Are you currently employed?  No  Yes  
How many hours per week? \_\_\_\_\_
- 28. What is the best way for us to reach you during the day?  
 By phone \_\_\_\_\_ work/home/cell (circle)  
 By e-mail \_\_\_\_\_ @ \_\_\_\_\_

To protect your privacy, we will not share your personal information with anyone else when calling the number listed above unless you return the signed **Authorization to disclose protected health information** form included in this mailing that indicates who we have permission to talk to. Thank you for taking the time to respond to our questionnaire. We encourage your questions and concerns, and look forward to working with you throughout your pregnancy.

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## Book order

(Circle one below and return to us. Elige una abajo.)

Name: \_\_\_\_\_

Mailing Address for Book: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Mi bebé & yo** escrito por Deborah D. Stewart. Por qué se le llama Mi bebé & yo una guía esencial para el embarazo? Presenta lo que cada mujer embarazada necesita saber. Enseña cómo prevenir problemas que pueden tener serias consecuencias para los bebés. Dice porque los hábitos saludables de la madre ayudan al bebé desde antes de nacer. Ayuda a las mujeres a hablar y entender a los profesionales médicos. Usa un lenguaje sencillo que cada mujer puede entender.

**Nine Months to Get Ready** by the Washington State Department of Health. A month by month description of the baby's growth, changes to the pregnant woman's body and how to have a healthy pregnancy. Includes nutrition, common problems, weight gain, breast feeding, exercises and postpartum issues.

**Baby & Me, The Essential Guide to Pregnancy** by Deborah Davis Stewart. This book gives you the basic facts about staying healthy during pregnancy. The book will help you learn about pregnancy, birth, and caring for your new baby. It will also help you know what kinds of questions to ask to find out more. Good health is one of the best gifts a parent can give a child.

**The Gift of Motherhood** Your Personal Journey through Prepared Childbirth, designed to help expectant mothers and their partners prepare for pregnancy and childbirth. Learn at your own speed in your own time frame. This format also allows you to easily review material of particular importance to you. This state of the art series includes two DVD's that provide approximately two hours of instruction. A 120 page informative and comprehensive book is also included.



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