

Name: _____

BAM Participant ID #: _____

Date of Activity: ____/____/____
(mm/dd/yyyy)

Instructor/s: _____

Attending Becoming a Mom/Comenzando bien® group sessions: (check all that apply)

- In-person
- Virtually (Skype, Zoom, FaceTime, etc)

How did you learn about Becoming A Mom/Comenzando bien®? (check all that apply)

- Family/Friend
- Clinic
- Hospital
- School
- WIC
- KanCare Case Manager
- Flier
- Other

Is this your first pregnancy?

- Yes
- No

If no:

Have you had a premature birth? (gestational age of baby less than 37 weeks)?

- Yes
- No

If yes, was it a singleton pregnancy, meaning you were pregnant with only one baby?

- Yes
- No

If yes, was the premature birth spontaneous, meaning you went into labor on your own?

- Yes
- No

Have you ever had a baby that weighed less than 5 lbs. 8 oz.?

- Yes
- No

Have you had more than one miscarriage?

- Yes
- No

Have you had a baby that was not born alive?

- Yes
- No

Have you had a baby who passed away during its first year of life?

- Yes
- No

Do you have any other children living in the home?

- Yes
- No

If yes:

Indicate the number of children in the home less than 1 yr. old _____

Indicate the number of children in the home age 1 to 11 yrs. old _____

Indicate the number of children in the home age 12 to 22 yrs. old _____

Number of these children who have Special Health Care Needs: _____

How pregnant are you now?

- 1st Trimester (1-13 wks)
- 2nd Trimester (14-27 wks)
- 3rd Trimester (28 + wks)

When is your due date? ____/____/____
(mm/dd/yyyy)

Have you had your first prenatal appointment?

- Yes
- No

If no, is your appointment scheduled?

- Yes
- No

If no, what is the reason for no prenatal appointment:

- No provider available
- Provider will not begin care until later (I am too early in my pregnancy)
- Unable to take off work or school
- No childcare available for other children
- No health insurance coverage/ no ability to pay
- No transportation
- Other

If "other", please describe:

What trimester did you begin seeing a health care provider for this pregnancy?

- 1st Trimester (1-13 wks)
- 2nd Trimester (14-27 wks)
- 3rd Trimester (28 + wks)

What is the name of your healthcare provider/clinic?

Did you have any of the following health conditions prior to pregnancy?

- Anemia
- Anxiety
- Asthma
- Blood Clotting Disorder
- COVID-19
- Depression
- Diabetes (prior to pregnancy)
- Heart Disease / Cardiac Condition
- High Blood Pressure
- Lung Disease / Respiratory Condition
- Lupus / Other Auto-Immune Disease
- Obesity
- Seizures
- Sickle Cell Disease
- Substance Use Disorder (inability to control the use of a legal or illegal drug or medication, alcohol, or nicotine)
- Thyroid Disease
- Other
- None

If other, what health condition did you have prior to your pregnancy?:

Have you developed any health condition(s) so far in your pregnancy?

- Yes
- No

If yes, please indicate the medical condition(s) you have developed:

- Anemia
- Anxiety
- Cholestasis (liver condition occurring late in pregnancy)
- COVID-19
- Depression
- Eclampsia (high blood pressure that causes seizures)
- Gestational Diabetes
- High blood pressure
- Placenta Previa
- Pre-eclampsia
- Pre-term labor (going into labor before 37 weeks gestation)
- Seizures (that are not caused by high blood pressure)
- Substance Use Disorder or Relapse (inability to control the use of a legal or illegal drug or medication, alcohol, or nicotine)
- Other

If other, what other health conditions have developed so far in your pregnancy?

Has your healthcare provider told you that you have a “high risk” pregnancy?

- Yes
- No

If yes, please indicate the reason(s):

Are you enrolled in the WIC Program?

- Yes
- No

I attend scheduled prenatal care visits with my healthcare provider (Doctor or Nurse Midwife):

- 1x per month
- More than 1x per month
- Less than 1x per month
- I have never had a prenatal care visit

The following sometimes prevents me from attending my prenatal appointments: (check all that apply)

- Nothing
- Child Care
- Transportation
- No documentation
- No healthcare provider
- Worried about payment
- Work/School
- Other

Please specify “other” barrier(s) to attending prenatal appointments:

Which of the following are signs of preterm labor / labor? (check all that apply)

- Vaginal bleeding
- Increased vaginal pressure or the feeling that your baby is pushing down
- Low, dull backache
- Belly cramps with or without diarrhea
- Cramps that feel like your period
- None of the above

I should do the following if I’m experiencing preterm labor (before 37 weeks): (check all that apply)

- Call my healthcare provider
- Stop what I’m doing and rest on my left side for one hour
- Drink 2-3 glasses of water or juice
- None of the above

For each of the following POST-BIRTH symptoms (warning signs), please check the best, or most appropriate action you should take if you experience this symptom:

Bleeding that is soaking through one pad per hour or more

- Symptoms are normal; no action needed
- Call your healthcare provider (if you can't reach your healthcare provider, go to an emergency department for evaluation)
- Call 911 or go to your nearest emergency department for immediate help

Blood clots the size of an egg or bigger

- Symptoms are normal; no action needed
- Call your healthcare provider (if you can't reach your healthcare provider, go to an emergency department for evaluation)
- Call 911 or go to your nearest emergency department for immediate help

Pain in chest

- Symptoms are normal; no action needed
- Call your healthcare provider (if you can't reach your healthcare provider, go to an emergency department for evaluation)
- Call 911 or go to your nearest emergency department for immediate help

Incision with spreading redness to the skin around the incision or with foul smelling cloudy drainage

- Symptoms are normal; no action needed
- Call your healthcare provider (if you can't reach your healthcare provider, go to an emergency department for evaluation)
- Call 911 or go to your nearest emergency department for immediate help

Red or swollen leg, that is painful or warm to touch

- Symptoms are normal; no action needed
- Call your healthcare provider (if you can't reach your healthcare provider, go to an emergency department for evaluation)
- Call 911 or go to your nearest emergency department for immediate help

Obstructed breathing or shortness of breath

- Symptoms are normal; no action needed
- Call your healthcare provider (if you can't reach your healthcare provider, go to an emergency department for evaluation)
- Call 911 or go to your nearest emergency department for immediate help

Temperature of 100.4 or higher

- Symptoms are normal; no action needed
- Call your healthcare provider (if you can't reach your healthcare provider, go to an emergency department for evaluation)
- Call 911 or go to your nearest emergency department for immediate help

Night sweats without a fever

- Symptoms are normal; no action needed
- Call your healthcare provider (if you can't reach your healthcare provider, go to an emergency department for evaluation)
- Call 911 or go to your nearest emergency department for immediate help

Headache that does not get better with medicine, or bad headache with vision changes

- Symptoms are normal; no action needed
- Call your healthcare provider (if you can't reach your healthcare provider, go to an emergency department for evaluation)
- Call 911 or go to your nearest emergency department for immediate help

Seizures

- Symptoms are normal; no action needed
- Call your healthcare provider (if you can't reach your healthcare provider, go to an emergency department for evaluation)
- Call 911 or go to your nearest emergency department for immediate help

Feelings of depression or little interest in things you used to enjoy

- Symptoms are normal; no action needed
- Call your healthcare provider (if you can't reach your healthcare provider, go to an emergency department for evaluation)
- Call 911 or go to your nearest emergency department for immediate help

Thoughts of hurting yourself or someone else

- Symptoms are normal; no action needed
- Call your healthcare provider (if you can't reach your healthcare provider, go to an emergency department for evaluation)
- Call 911 or go to your nearest emergency department for immediate help

Feeling out of touch with reality (you may see or hear things that other people don't)

- Symptoms are normal; no action needed
- Call your healthcare provider (if you can't reach your healthcare provider, go to an emergency department for evaluation)
- Call 911 or go to your nearest emergency department for immediate help

Needing to take a nap

- Symptoms are normal; no action needed
- Call your healthcare provider (if you can't reach your healthcare provider, go to an emergency department for evaluation)
- Call 911 or go to your nearest emergency department for immediate help

Feeling hopeless and total despair

- Symptoms are normal; no action needed
- Call your healthcare provider (if you can't reach your healthcare provider, go to an emergency department for evaluation)
- Call 911 or go to your nearest emergency department for immediate help

Having scary, upsetting thoughts that don't go away

- Symptoms are normal; no action needed
- Call your healthcare provider (if you can't reach your healthcare provider, go to an emergency department for evaluation)
- Call 911 or go to your nearest emergency department for immediate help

Feelings of intense anxiety, including extreme worries and fears

- Symptoms are normal; no action needed
- Call your healthcare provider (if you can't reach your healthcare provider, go to an emergency department for evaluation)
- Call 911 or go to your nearest emergency department for immediate help

If I experience depression and/or anxiety during or after my pregnancy, I am _____ about available resources in my community.

- Very knowledgeable
- Knowledgeable
- A little knowledgeable
- Not knowledgeable

If I experience depression and/or anxiety during or after my pregnancy, I am _____ to talk with my healthcare provider and/or access available resources:

- Very likely
- Likely
- Somewhat likely
- Not likely

I have talked to my healthcare provider about medications that I'm taking (prescription and/or over the counter, herbal, etc.):

- Yes
- No
- N/A - not taking any medications

If I am considering taking medications (prescription and/or over the counter, herbal, etc.), I am _____ to talk to my healthcare provider before taking them.

- Very likely
- Likely
- Somewhat likely
- Not likely

I currently take prenatal or multi-vitamins containing folic acid:

- Everyday
- 4-6 times per week
- 1-3 times per week
- Never

I walk or do at least 30 minutes of moderate, low-impact physical activity _____ days per week.

- 0
- 1-3
- 4-6
- 7

I currently smoke _____ cigarettes per day.

- 0
- Less than ½ a pack
- ½ to a full pack
- More than a pack

In the past year, how often have you used the following?

Alcohol – 4 or more drinks a day

- Never
- Once or Twice
- Monthly
- Weekly
- Daily or Almost Daily

Any tobacco products

- Never
- Once or Twice
- Monthly
- Weekly
- Daily or Almost Daily

Prescription drugs for non-medical reasons

- Never
- Once or Twice
- Monthly
- Weekly
- Daily or Almost Daily

Illegal drugs

- Never
- Once or Twice
- Monthly
- Weekly
- Daily or Almost Daily

I am _____ to develop a birth plan and talk to my healthcare provider about it.

- Very likely
- Likely
- Somewhat likely
- Not likely

A pregnancy is full-term when it reaches _____ weeks.

- 34-36
- 37-38
- 39-40

The following are benefits of a full-term pregnancy:

(check all that apply)

- Baby's brain growth and development
- Baby's lung development and maturity
- Less likely to be admitted to the Neonatal Intensive Care Unit (NICU)
- Improved ability to breastfeed

The following is true about breastfeeding: (check all that apply)

- My baby will be less likely to have diabetes later in life
- I will lower my risk of some types of cancer
- My breastfeeding experience should not be painful
- The frequency of my breastfeeding within the first 48 hours after birth can have an effect on my ability to produce enough milk for my baby

I am _____ to breastfeed my baby.

- Very likely
- Likely
- Somewhat likely
- Not likely
- Uncertain

If I am having difficulty breastfeeding my baby or if I have questions about breastfeeding, I know about _____ available resources in my community.

- One
- More than one
- I don't know about any

I feel _____ about my ability to breastfeed.

- Very confident
- Confident
- Somewhat confident
- Not confident

After delivery, I plan to take prenatal vitamins or multi-vitamins containing folic acid:

- Everyday
- 4-6 times per week
- 1-3 times per week
- Never

I will put my baby to sleep on his/her: (check all that apply)

- Back
- Side
- Stomach

At home, my baby will sleep: (check all that apply)

- In a crib, bassinet or portable crib
- In an adult bed, couch or recliner with me
- In a car seat, carrier, bouncer or swing

I am ___ to talk about Safe Sleep with my child's other care providers (family members, childcare providers, etc).

- Very likely
- Likely
- Somewhat likely
- Not likely

I am _____ to talk to my healthcare provider during my prenatal care about methods for preventing pregnancy after the birth of my baby:

- Very likely
- Likely
- Somewhat likely
- Not likely

What method are you planning to use/talk to your healthcare provider about? (check all that apply)

- Diaphragm
- IUD
- Pill
- Natural Family Planning
- Condom
- Shot
- Arm Implant
- Tubal Ligation/Vasectomy
- I don't plan to talk to the doctor about this

I believe there is _____ to my health and the health of my next baby if I wait a minimum of 18 months before my next pregnancy.

- Great benefit
- Some benefit
- No benefit

Has a doctor, nurse, or other health care worker or health educator done any of the following things?

(check all that apply)

- Talked with me about the COVID-19 vaccine
- Recommended that I get the COVID-19 vaccine
- Offered to give me the COVID-19 vaccine
- Referred me to another place to get the COVID-19 vaccine

Have you gotten at least one shot or dose of a COVID-19 vaccine?

- No
- Yes

If no, what best describes your reasons for not getting a COVID-19 vaccine? (Check all that apply)

- The vaccine was not available or ran out in my area
- I couldn't get an appointment or was placed on a waiting list
- I didn't have transportation to get to a vaccination site
- The staff at the vaccination site didn't want to give me the vaccine because I was pregnant
- I was concerned about possible side effects of the COVID-19 vaccine for my baby
- I was concerned about possible side effects of the COVID-19 vaccine for me
- I have an allergy or health condition that prevented me from getting the vaccine
- My doctor or healthcare provider told me not to get the vaccine
- I already had COVID-19
- I didn't have enough information about the vaccine to feel comfortable getting it
- I was concerned that the COVID-19 vaccine was developed too fast
- I didn't think the vaccine would protect me against COVID-19
- I didn't think COVID-19 was a serious illness
- I didn't think I was at risk for COVID-19 infection
- I preferred using masks and other precautions instead
- I don't think vaccines are beneficial
- My partner/support person(s) are not supportive of me getting the vaccine
- Other reason
Please tell us:

Based on your vaccine status, has a doctor, nurse, or other health care worker or health educator done any of the following things? (Check all that apply)

- Talked with me about the COVID-19 vaccine booster
- Recommended that I get the COVID-19 vaccine booster
- Offered to give me the COVID-19 vaccine booster
- Referred me to another place to get the COVID-19 vaccine booster
- Given me the COVID-19 vaccine booster
- I am not vaccinated against COVID-19, and therefore not eligible for the COVID-19 booster

Which TWO of these sources do you trust the most for receiving information about the COVID-19 vaccine? (check two answers)

- My doctor, nurse, or other health care provider
 - My pharmacist
 - Centers for Disease Control and Prevention (CDC) website or reports
 - Food and Drug Administration (FDA) website or reports
 - My state or local health department
 - Home visitor or other health educator
 - Prenatal education class
 - Family or friends
 - Partner
 - News reports (such as television or radio news)
 - Social media sites like Facebook
 - Websites about health or other topics
- Please tell us which sites:

-
- Some other source
Please tell us what source:
