

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

BAM Participant ID #: \_\_\_\_\_

Date of Activity: \_\_\_\_\_  
(mm/dd/yyyy)

Instructor/s: \_\_\_\_\_

**Attended Becoming a Mom/Comenzando bien<sup>®</sup> group sessions:** (check all that apply)

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

**If attended virtually, what best describes your reason for attending virtually?**

- Prefer to attend virtually
- Transportation issues
- Childcare issues
- COVID-19
- Other

**If “other”, please describe:**

\_\_\_\_\_

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

- Yes
- No

**If yes, please indicate the health 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 condition have you 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

**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)

- A change in vaginal discharge (watery, mucus or bloody), or more vaginal discharge than usual
- Increased vaginal pressure or the feeling that my baby is pushing down
- Constant, low, dull backache
- Belly cramps with or without diarrhea
- Cramps that feel like my period
- None of the above

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

- Call my healthcare provider
- Go to the hospital if I cannot reach my provider
- Take no action and wait to see if my symptoms will go away
- None of the above

**Which of the following are POST-BIRTH Warning Signs?** (check all that apply)

- Pain in chest
- Obstructed breathing or shortness of breath
- Seizures
- Thoughts of hurting myself or someone else
- Night sweats without a fever
- None of the above

**I should do the following if I am experiencing POST-BIRTH Warning Signs:** (check all that apply)

- Call 911 if I am experiencing URGENT or life-threatening POST-BIRTH Warning signs
- Call my health care provider (or go to the ER if I cannot reach my provider) if I am experiencing other POST-BIRTH Warning signs
- Always trust my instincts and get medical care if I am not feeling well or have concerns
- Tell 911 or my healthcare provider that I was recently pregnant
- None of the above

**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/vape \_\_\_\_.**

- 0
- Less than ½ a pack of cigarettes per day
- ½ to a full pack of cigarettes per day
- More than a pack of cigarettes per day
- I vape or use tobacco products other than cigarettes in the following quantity (please describe the product you use and how much you use):  
\_\_\_\_\_

**Listed below are some things about quitting smoking that a doctor, nurse, or other health care worker might have done during any of your prenatal care visits (If you smoked during your pregnancy, please check all that were done for you):**

- Spending time with me discussing how to quit smoking
- Suggest that I set a specific date to stop smoking
- Suggest I attend a class or program to stop smoking
- Provide me with booklets, videos, or other materials to help me quit smoking on my own
- Refer me to counseling for help with quitting
- Ask if a family member or friend would support my decision to quit
- Refer me to a national or state quit line (like KanQuit)
- Recommend using Nicotine gum
- Recommend using a nicotine patch
- Prescribe a nicotine nasal spray or nicotine inhaler
- Prescribe a pill like Zyban (also known as Wellbutrin or bupropion) to help me quit
- Prescribe a pill like Chantix (also known as varenicline) to help me quit

**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

**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

**While attending the Becoming a Mom/Comenzando bien® program, I have learned about \_\_\_\_ community resources that can provide me with information and support (a few examples of community resources are programs/services such as WIC, breastfeeding support, mental health, car seat installation, home visiting, substance use, tobacco cessation, parenting and early childhood services such as PAT, etc):**

- 1-2 resources**
- 3-5 resources**
- 5 or more resources**
- I did not learn about any resources**

**I have or plan to contact or use:**

- 1-2 resources**
- 3-5 resources**
- 5 or more resources**
- I do not plan to contact or use any community resources shared with me during the Becoming a Mom/Comenzando bien<sup>®</sup> program**

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**EVALUATION QUESTIONS**

**How was your overall experience with the Becoming a Mom/Comenzando bien<sup>®</sup> program?**

- Excellent
- Good
- Fair
- Poor

**I felt a connection to and supported by other pregnant women in the classes.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

**I felt a connection to and supported by my class teacher/instructor or group leader.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

**How hard was the information in the Becoming a Mom/Comenzando bien<sup>®</sup> sessions to understand?**

- Very Hard
- Hard
- Just right
- Easy
- Very easy

**How much new information did you learn from the Becoming a Mom/Comenzando bien<sup>®</sup> program?**

- None
- Some
- A lot

**How helpful/valuable was the information provided throughout the Becoming a Mom/Comenzando bien<sup>®</sup> program?**

- Not helpful/valuable
- A little helpful/valuable
- Somewhat helpful/valuable
- Very helpful/valuable
- Extremely helpful/valuable

**The Becoming a Mom/Comenzando bien<sup>®</sup> teacher/instructor: (check all that apply)**

- Was lively
- Was boring
- Did not know the topics well
- Helped me with my problems
- Treated me with respect
- Encouraged me to ask questions
- Was hard to follow
- Knew the topics well

**Please provide any additional feedback you may have regarding the Becoming a Mom/Comenzando bien<sup>®</sup> program in general:**

If you attended any sessions virtually, please complete the following evaluation questions:

What type of electronic device did you use for participating in Becoming a Mom/Comenzando bien<sup>®</sup> sessions?

- Cellular phone
- Tablet
- Laptop
- Home computer
- Computer at a public location (i.e. library)

What type of internet service did you use for connecting virtually to Becoming a Mom/Comenzando bien<sup>®</sup> sessions?

- Cellular internet/data
- Hot spot
- Home Wi-Fi
- Public Wi-Fi

What difficulties did you experience with virtual participation? (check all that apply)

- Wi-Fi connectivity issues (interruptions in internet connection)
- No home Wi-Fi, had to use a friend or family members' or public Wi-Fi
- Disruptions in my home environment interfering with my ability to concentrate
- I did not feel as connected to the instructor due to my virtual participation
- I did not feel as connected to other participants due to my virtual participation
- I did not experience any difficulties related to virtual participation
- Other difficulties

If “other difficulties”, please describe:

How satisfied are you with your experience attending the Becoming a Mom/Comenzando bien<sup>®</sup> sessions virtually?

- Not Satisfied
- A little satisfied
- Somewhat satisfied
- Very satisfied
- Extremely satisfied

I would like the opportunity to participate in Becoming a Mom/Comenzando bien<sup>®</sup> and/or other helpful services virtually in the future.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Please provide any additional feedback you may have regarding your virtual participation in Becoming a Mom/Comenzando bien<sup>®</sup>, including what, if anything, could have made the experience better: