Maternal Health Assessment: Pregnancy–Intake

Nurse-Family Partnership
Helping First-Time Parents Succeed

Client ID ____ Client Name ____ DOB ____

Date ____ Nurse Home Visitor ID ____ Nurse Home Visitor Name ____

Obstetrical History

I have some questions about your pregnancy history. You do not need to answer any questions that make you uncomfortable. I think most of these questions are fairly easy to answer and the information will allow me to be more helpful to you.

1. ♦How many live births have you had?
   ____

2. ♦Are you going to a clinic or doctor during your pregnancy?
   - ☐ Yes
   - ☐ No (skip to 4)

3. ♦How many weeks pregnant were you when you first started getting prenatal care for this pregnancy?
   ____ wks.

4. ♦What have you been told is your due date (EDD)?
   ____ EDD

General Health History

Now I am going to ask you some questions about your overall health and problems.

5. Do you have a history of any health concerns? (please check all concerns that apply)

☐ Heart problems	☐ pre-pregnancy	☐ gestational
☐ High blood pressure	☐ pre-pregnancy	☐ gestational
☐ Diabetes	☐ pre-pregnancy	☐ gestational
☐ Kidney disease	☐ pre-pregnancy	☐ gestational
☐ Chronic urinary tract infections	☐ pre-pregnancy	☐ gestational
☐ Chronic vaginal infections	☐ pre-pregnancy	☐ gestational
☐ STI	☐ pre-pregnancy	☐ gestational

- ☐ Epilepsy
- ☐ Sickle cell disease
- ☐ Chronic gastrointestinal diseases, e.g., Crohn's Disease, ulcers
- ☐ Asthma/other chronic pulmonary disease
- ☐ Genetic disease/Congenital anomalies
- ☐ Mental health
  - ☐ Diagnosed Depression
  - ☐ Diagnosed Bipolar
  - ☐ Diagnosed Schizophrenia
  - ☐ Diagnosed Addiction
    - ☐ Alcohol
    - ☐ Other drug use
- ☐ Other (Identify)_____

6. ♦What is your height?
   ____ ft. ____ in.

7. ♦How much did you weigh before you became pregnant?
   ____ lbs.

8. ♦What is your current weight? (Please weigh client)
   ____ lbs.

Personal Beliefs

Now I would like to ask for your opinion about some things. Please listen to each of the following statements and tell me how strongly you agree or disagree with each one. Be as accurate and honest as you can; there are no right or wrong answers.

9. I have little control over the things that happen to me.
   - ☐ Strongly agree
   - ☐ Agree
   - ☐ Disagree
   - ☐ Strongly disagree

10. There is really no way I can solve some of the problems I have.
   - ☐ Strongly agree
   - ☐ Agree
   - ☐ Disagree
   - ☐ Strongly disagree

11. There is little I can do to change many of the important things in my life.
   - ☐ Strongly agree
   - ☐ Agree
   - ☐ Disagree
   - ☐ Strongly disagree

12. I often feel helpless in dealing with the problems of life.
   - ☐ Strongly agree
   - ☐ Agree
   - ☐ Disagree
   - ☐ Strongly disagree

13. Sometimes I feel that I'm being pushed around in life.
   - ☐ Strongly agree
   - ☐ Agree
   - ☐ Disagree
   - ☐ Strongly disagree

14. What happens to me in the future mostly depends on me.
   - ☐ Strongly agree
   - ☐ Agree
   - ☐ Disagree
   - ☐ Strongly disagree

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15. I can do just about anything I really set my mind to do.
- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

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