

FEELINGS ABOUT THE PREGNANCY

6. Thinking back to just before you became pregnant did you want to become pregnant at this time? Yes

No

I don't remember

No answer

7. List any words that describe your feelings about this pregnancy.

8. How does the father of the baby feel about you being pregnant?

9. At the present time, I am planning:

to continue the pregnancy

to end the pregnancy

to place the baby up for adoption

unsure what I will do

HOUSING

10. I need assistance to locate housing for myself (and children).

Yes No

PATERNAL AND FAMILY SUPPORT/INVOLVEMENT

11. Do you and the baby's father live together?

Yes No

12. Do you anticipate that the baby's father will assist you with your financial needs while you are pregnant?

Yes No

13. Do you need information about the father's legal responsibilities to provide for the support, educational, medical and other needs of the baby?

Yes No

14. I will be receiving help or support from:

The Baby's Father My Boy Friend (not the baby's father)

My parents Others (explain) _____

FINANCES, TRANSPORTATION AND PERSONAL NEEDS

15. I am concerned about having money for:

Food Clothing Utility Bills Medical Bills Housing

Rent Child Care Baby Items Transportation Other _____

16. I need the following baby items:

Baby Bed Diapers Baby Clothes Baby Blankets
Bottles/Nipples Car Seat Other _____

17. I usually use the following method of transportation:

Drive myself Taxi Bus Family/Friend

18. My current household income per month is \$ _____.

19. There are currently _____ (number) of people in my household.

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Do you have special health care needs or disability?

Yes No

Do any of the children in your household have special health care needs or disability?

Yes No

RESOURCES

20. I have the following way to pay for my prenatal medical care:

Private Insurance Kancare Card Cash Savings

21. I am currently employed.

Yes Where: _____

No Why: _____

22. Do you anticipate that your pregnancy will cause you to change jobs or lose your job?

Yes No

23. I am enrolled in the WIC Program

Yes No

24. Last grade attended: _____

25. Attending school now?

Yes Where: _____

No Why: _____

26. I plan to:

Complete high school Get a GED Attend vocational school Attend college

CHILD CARE

27. I need assistance obtaining child care for my other children. Yes No

28. I will need assistance obtaining child care for my newborn. Yes No

OTHER

29. Do you have plans for the future? How will these plans be affected by the pregnancy?

30. I have been a victim of abuse (physical, rape, incest, verbal).

Yes Explain: _____
No

31. Do you smoke?

Yes No

32. Have you smoked in the last 6 months?

Yes No

33. Do you use any other nicotine products?

Yes No

34. Does anyone in your household smoke?

Yes No

35. Do you drink beer or alcohol or use drugs?

Yes No

36. Have you ever participated in any counseling regarding your use of beer, alcohol or drugs?

Yes No

ADDITIONAL INFORMATION

Feel free to add other comments:
