

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:

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**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?**

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

- Anemia
- Anxiety
- Asthma
- Blood Clotting Disorder
- 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?:**

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**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)
- 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 developed so far in your pregnancy?**

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**Has your healthcare provider told you that you have a "high risk" pregnancy?**

- Yes
- No

**If yes, please indicate the reason(s):**

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**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:**

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

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

**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

**I should call my healthcare provider if I am experiencing the following post-birth symptoms:** (check all that apply)

- Vaginal bleeding that is soaking through one pad per hour or more
- Blood clots the size of a quarter or smaller
- Blood clots the size of an egg or bigger
- Incision that is tender to touch or with movement
- Incision with spreading redness to the skin around the incision
- Incision with foul smelling cloudy drainage
- Incision with small amount of pink watery drainage
- Red or swollen leg, that is painful or warm to touch
- Temperature of 100.4°F or higher
- Night sweats without a fever
- Headaches that are relieved with pain medicine
- Headache that does not get better with medicine
- Bad headache with vision changes
- Intense anger, worry, or unhappiness
- Extreme mood swings
- Difficulty caring for yourself or your baby
- Feeling overwhelmed but able to care for yourself and your baby
- Less or little interest in things you used to enjoy
- Needing to take a nap
- Having scary, upsetting thoughts that don't go away
- Having trouble managing your emotions or feeling tearful
- None of the above

**I should call 911 if I am experiencing the following post-birth symptoms:** (check all that apply)

- Pain in chest
- Obstructed breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or someone else
- Feeling detached from reality, unreal, or like you're in a dream
- Feeling suspicious or afraid of people or events
- Seeing, hearing, or feeling things that aren't there
- Severe confusion
- 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 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

**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