Initial data collection form:

These questions apply to the person who is pregnant. Thank you!

**Your name:** ____________________________

**Birth date:** ____________________________

**State or province of your residence:** __________

**County:** _________________________________

**Zip code:** _______________________________

**Level of Education (please check one):**
- 8th grade or less
- Some high school
- High school grad/GED
- Some college
- Associate degree
- Bachelor's degree
- Master's degree
- Doctorate or professional degree

**Race/ethnic origin as you would answer on the US birth certificate (for mixed origins, check all that apply):**
- American Indian or Alaska Native
- Japanese
- Asian Indian
- Korean
- Black or African American
- Other Asian
- Chinese
- Samoan
- Filipino
- Native Hawaiian
- Guamanian or Chamorro
- Other Pacific Islander
- Vietnamese
- White
- other, please describe:

**Spanish/Hispanic/Latina:** Yes or No: _________

**Are you married or have a partner?**
- Yes
- No

**Are you currently receiving or are eligible for Medicaid (US) or social assistance (other countries)?**
- Yes
- No

**Are you currently receiving WIC during this pregnancy?**
- Yes
- No

**What is your primary expected source of payment?**
- Private Insurance
- Affordable Care Act Exchange
- Military Insurance (Tricare)
- Medicaid
- Medicare
- Other government insurance
- Self-pay
- Other
Significant pre-existing health history (check any that apply):

- Asthma/respiratory disease
- Chronic hypertension
- Diabetes (pre-existing)
- Family history of genetic disorders
- Hypothyroid (including hashimoto’s disease)
- Kidney infection/frequent urinary tract infections
- Surgery, cervical (e.g., LEEP)
- Surgery, uterine (other than cesarean)
- Sexually transmitted infections

Significant psychosocial history (check any that apply):

- Anxiety/depression/psych disease treated with drugs or inpatient therapy
- Anxiety/depression/psych disease NOT treated with drugs or inpatient therapy
- Eating disorders
- Domestic Violence
- Sexual abuse/assault
- Substance abuse

Previous Pregnancies:

Total number of pregnancies (including current): _______

Total number of term births: _______

Preterm births: _______

Previous miscarriages/terminations: _______

Total number of living children: _______

Height: _____ft _____in

Pre-pregnancy weight: ________lb