



Name: _____ Today's date: _____

Weight: _____ Height: _____ Weight before this pregnancy: _____ Due date _____

Please answer these questions.

1. Please describe your health and your pregnancy.

2. a. Is this your first pregnancy?

Yes (skip to question 3)

No (please answer questions b. through e. below)

b. For births after 20 weeks, were any stillbirths or neonatal deaths?

Yes No

c. Were any born at or before 37 weeks?

Yes No

d. Were any born less than or equal to 5 pounds, 8 ounces?

Yes No

e. What was the date your last pregnancy ended? _____

3. Do you have prenatal care for this pregnancy?

Yes, I started prenatal care in the _____ month of pregnancy.

No

OVER ⇨

