



14. Has there been physical, emotional, verbal or sexual abuse in any of your relationships? YES NO
15. Do you have a problem with or a history of depression? YES NO
16. In general, how do you feel about yourself?  
 • Rate on a scale of 1 (negative) to 10 (very positive): \_\_\_\_\_
17. How do you plan to feed your baby? BREAST BOTTLE UNDECIDED
18. If you are bottle feeding, do you have a formula preference? YES NO  
 • If YES, please specify: \_\_\_\_\_
19. If you smoke, have you cut down? NOT APPLICABLE YES NO
20. Have you ever considered quitting smoking? NOT APPLICABLE YES NO
21. During your pregnancy, how much alcohol do you drink in one week?  
 NONE 1-5 DRINKS 6-10 DRINKS OVER 10 DRINKS
22. Have you used street drugs in the past 12 months? YES NO
23. Do you feel prepared to manage labor and child care? YES NO  
 • If NO, did you sign up for classes or plan to visit the Resource Center at CMH? YES NO
24. Do you have concerns or stress regarding your pregnancy or baby care? YES NO
25. Do you have any other significant concerns or stress in your life that we should know about? (Specify under "COMMENTS" below) YES NO
26. Are you concerned about lack of help when you go home with your baby? YES NO
27. Do you have any questions/concerns about birth control, family planning or sexual issues? YES NO
28. Have you ever had a sexually transmitted disease/infection? YES NO
29. Have you had surgery in the past? YES NO  
 • Did you experience any problems as a result of the anesthesia? YES NO  
 • If YES, please explain: \_\_\_\_\_
30. Does your insurance cover:  
 • Your pregnancy and hospital stay? YES NO  
 • Your baby's hospital stay? YES NO
31. Do you have other financial concerns? YES NO
32. If you have a baby boy, will you have him circumcised? YES NO
33. Who will be your baby's doctor during his/her hospital stay? \_\_\_\_\_  
 (If you don't have a doctor and need assistance to locate one, please contact Careconnection at Community Memorial Hospital, (262) 251-1001 or 1-800-246-8332.)

COMMENTS: \_\_\_\_\_  
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