Last Name First Name MI  Date of Birth	Women's and Children's Health Section Women's Health Branch, Perinatal Health Unit  Healthy Beginnings Pregnant Service Log
Pakula Dua Data	
Baby's Due Date:	
	Date of Form Completion:
Data Reporting Instructions:  Please document participant's responses to all of the questions below once a month for all enrolled participants. The most recent data for all enrolled participants is reported at the end of every quarter.	Staff Initials:
	Contact Type: □ Phone □ Home Visit □ Office
Are you receiving Prenatal Care?  ☐ Yes ☐ No Date of next visit:	□ Newborn HV/Hospital Visit □ Other
Multivitamin/Folic Acid Consumption:	Coordinated Support Services:
How often do you take a multivitamin now?Days a Week	Document which support services were coordinated/referred during every pregnant service contact: (check all that apply)
Tabana Harifornia de Caraba Farancia	☐ Breastfeeding/Lactation Consultant
Tobacco Use/Secondhand Smoke Exposure:	☐ Childbirth Classes
<ol> <li>How many cigarettes do you smoke on an average day now?</li> <li>□ I don't smoke now</li> </ol>	☐ Child Care
☐ Less than 1 cigarette	☐ Domestic Violence
☐ 1 to 5 cigarettes	□ □ Doula Services
☐ 6 to 10 cigarettes	
<ul><li>☐ 11 to 20 cigarettes</li><li>☐ 21 or more cigarettes</li></ul>	☐ Education/School Enrollment/GED
☐ 21 of filore digarettes	☐ Employment/Vocational Rehabilitation
2) On average, how often do you use other tobacco products or any electronic nicotine delivery system now?	☐ Family Planning Services
☐ I don't now	☐ Financial Assistance (food, rent, clothing, etc.)
☐ More than once a day	☐ Housing Assistance
☐ Once a day	☐ Medical Care/Prenatal Care
☐ 2-6 days a week	☐ Mental Health Services
☐ 1 day a week or less	☐ Tobacco Cessation/QuitlineNC 1-800-QUIT-NOW
<ol><li>Which of the following statements best describes the rules about smoking inside your home, even if no one who lives in your home is</li></ol>	☐ Substance Use/Abuse Services
a smoker?	☐ Transportation
□ No one is allowed to smoke anywhere inside my home	
<ul><li>☐ Smoking is allowed in some rooms or at sometimes</li><li>☐ Smoking is permitted anywhere inside my home</li></ul>	☐ Other, please specify:
Partners for a Healthy Baby curriculum and handouts covered/used th	nis month:

Service Notes:	
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## Instructions for the Healthy Beginnings Pregnant Service Log

Purpose: To document monthly contacts, referrals and follow-up information on program participants.

Instructions: This log must be completed within 7 days of contact with the participant. File in participant's program record.

Disposition: This form is to be retained in accordance with the records disposition schedule of medical records as issued by the North Carolina

Office of Archives and History, Division of Historical Records.