Maternal Health History — Part C-1
Initial Psychosocial Screening

(TO BE SELF-ADMINISTERED
OR
COMPLETED BY STAFF)

Please complete the following questions. Put an X or check mark in the box for YES or NO, as it applies.

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>1. Are you currently living in a safe place?</td>
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<td>2. Do you have a working stove and refrigerator? Running water and indoor plumbing?</td>
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<td>3. Do you have any physical limitations or any problems hearing, reading, speaking? Do you have any learning disabilities?</td>
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<td>4. Have you experienced any type of major life event in the last year; such as, death of someone close, loss of job, housing worries, relationship issues, a major illness or a loved one in the military being deployed?</td>
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<td>5. Are there any reasons that you think might keep you from coming to your appointments? Transportation, work schedule, lack of child care, no family support?</td>
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<td>6. Complete PHQ-9 or Edinburgh Postnatal Depression Scale (EPDS).</td>
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<td>7. Within the past year have you been threatened or hit, slapped, kicked, spit on or otherwise physically hurt by anyone?</td>
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<td>8. Since you have been pregnant, have you been threatened or hit, slapped, kicked, spit on or otherwise physically hurt by anyone?</td>
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<td>9. If you did feel unsafe, do you know where you can go or have a trusted person to call?</td>
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<td>10. Within the last year, has anyone forced you into sexual acts which made you feel uncomfortable?</td>
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<td>11. Substance Use Screening: complete the Modified 5Ps form, if Pregnancy Risk Screening has not been completed.</td>
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<td>12. Do others smoke, use e-cigarettes or vape around you?</td>
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<td>13. Which of the following products have you used in the past 30 days?</td>
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<tr>
<td>□ Cigarettes □ E-Cigarettes/vaping □ Cigars/Cigarillos □ Chewing tobacco □ Snuff □ Hookah □ Snus □ Strips □ Sticks/Orbs □ None □ Other</td>
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<td>14. If you could pick the best timing for your pregnancy, would you like to be pregnant:</td>
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<td>□ At another time □ Would not change it, my pregnancy was planned □ Not at all □ Would not change it, even though it was not planned</td>
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</table>

Comments/Notes: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Interpreter Used □ N/A □ No □ Yes Interpreter Name ______________________________

Staff Reviewer’s Signature ______________________________ Date ________________

N.C. Department of Health and Human Services
Division of Public Health
Women’s and Children’s Health Section

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MATERNAL HEALTH HISTORY — PART C-1
Initial Psychosocial Screening Instructions

Purpose:
To assess and document initial psychosocial information on the prenatal patient.

Instructions:
The patient should complete items 1–14. Staff should document results on the Interval Psychosocial Screening form. Maternal Health History, Part C-2. Documentation of referrals and follow up should occur in the narrative notes.

Case Management:
No to #1 or #2, a referral to CMHARP and/or community resources should be completed.

Communication Barriers:
Yes to #3 requires further clinician response and evaluation to establish patient’s needs and ensure understanding and connection to resources.

Stressors, Losses and Support:
Yes to #4 or #5 a referral to CMHARP, LCSW or community resources should occur.

Depression:
PHQ-9 or EPDS should be completed. Based on the PHQ-9 or EPDS score, a referral could be needed to LCSW or Local Management Entity (LME) /community mental health resource. Score should be documented in narrative notes or per Health Department policy.

Interpersonal Violence:
Yes, to any or all #7, #8, #9, and/or #10 requires further clinician response and evaluation to establish (1) patient’s current safety, (2) need for a safety plan, and/or (3) referral to community resources. Health Department policy should guide this intervention. A referral to CMHARP should be completed.

Substance Use:
#11, if a Risk Screening from has not been completed, patient should complete the Modified 5P’s to evaluate for substance use.

Tobacco:
#12, #13, based on responses requires further clinician response including the 5A’s and evaluation for smoking cessation.

Intendedness:
#14 if responses “at another time” or “not at all” are recorded, further clinician response is required, including evaluation for possible referral to CMHARP or LCSW.

Disposition:
This form is to be retained in accordance with the records disposition schedule of medical records as issued by the Division of Archives and History.

Location:
Go to the following link to access this form and print as needed:
https://whb.ncpublichealth.com/provPart/forms.htm