



KY-Moms MATR – FY18 Intake Interview

July 2017

Updated February 2018

KY-Moms MATR – Intake Interview

February 2018 update

Please use the online data collection program for the Intake Interview at <https://ukcdar.uky.edu/kidsnow>

If you have to use the paper version for KY-Moms MATR Intake Interview (i.e., internet is down, no computer available at the time of the interview), be sure to enter the responses from the paper copy in the online KY-Moms MATR program intake interview **within 7 days** so that the data can be used for the study.

To track clients accurately and to allow us to contact program staff if we have questions, please enter the contact information for the case manager or admitting staff person.

Name of person interviewing the client with the KY-Moms MATR intake interview:

1. Staff Member First and Last Name: _____
2. Staff Member email address: _____
3. Staff Member work phone number: (_____) _____ - _____

Please enter information about the client so we can register her in the system:

PLEASE NOTE: All client information is confidential (with identifiers stored separately from intake responses), is encrypted (or scrambled) such that only those with a specific key can read them, and can only be accessed by authorized staff. Identifying information is used for matching service event data.

4. Client name: First _____ Middle _____ Last _____
5. What is the client's date of birth? ____/____/____ (MM/DD/YYYY)
6. What is the client's social security number: ____/____/____
7. Date this client entered the KY-Moms MATR program: ____/____/____ (MM/DD/YYYY)
8. When did you become pregnant (*please estimate a date and use the 15th if date is not known*)? ____/____/____ (MM/DD/YYYY)
9. Has the baby been born? 1 = Yes 0 = No (**go to 9a**)
9a. When is the baby due: ____/____/____ (MM/DD/YYYY)

10. What type of medical insurance do you currently have?
- 1 = No medical insurance
 - 2= Insurance through an employer
 - 3= Insurance through your partner’s employer
 - 4 = Insurance through Health Exchange
 - 5 = Other private insurance (self-employed)
 - 6 = Medicaid (Medical card, Passport)
 - 7 = Medicare
 - 8 = VA/Champus/Tricare
 - 9 = Insurance through your parents or parents’ employer
 - 10 = Other, *please specify*: _____

11. City in which the client resides: _____

12. County in which the client resides: _____

13. State in which the client resides: _____

14. Client’s zip code: _____

PRELIMINARY QUESTIONS

Please answer the following questions before beginning the interview with the client:

1. Who is filling out this survey? (circle one)
 - a. Staff Member
 - b. Client

2. Date of intake interview—the date this interview is/was actually completed with a client:
____/____/____ (MM/DD/YYYY)

Note: If you are recording the interview responses on the paper version please enter it into the web data collection survey within 7 days.

3. What region do you work in?

- Adanta
- Communicare
- Cumberland River
- Four Rivers
- Kentucky River
- LifeSkills
- Mountain
- NorthKey
- Pathways
- Pennyroyal
- RiverValley
- Seven Counties

Introduction

*The following questions are part of the **KY-Moms MATR program evaluation**. The interview is similar to one used for many program evaluations across Kentucky and it will help the state better understand the needs of pregnant women in order to increase positive birth outcomes. The evaluation for the KY-Moms program involves collecting information from clients before and after involvement with the program to gain insight into the program satisfaction and status of clients over time.*

The KY-Moms Program evaluation involves two confidential components.

Part one is a face-to-face interview with a case manager or other KY-Moms staff member as part of your intake process and takes about 30 minutes. You will be asked questions about your prenatal needs, physical and mental health, substance use history, treatment history, criminal justice system involvement, education, employment, living situation, safety, and other questions related to your pregnancy. At the end of this interview you will be asked if you would like to volunteer for part two of the evaluation.

Part Two is a 20-minute follow-up telephone interview that takes place about 6 months after you have given birth. The **University of Kentucky is responsible for the follow-up interviews**. This means that KY-Moms MATR program staff will not know what you say as your answers will be combined with about 200 other client responses. When the UK interviewers call you for a follow-up phone interview, they will remind you that this is part two of the **“UK Health Follow-up Study”**. The interviewers do not reveal your identity or that you received services through the KY-Moms program. Clients who complete the **second half of the interview** are sent a “thank you” check for \$20 from the University of Kentucky.

What you say during the follow-up interview is **confidential**. This means your name will not be reported or even linked with the answers given in the follow-up interview. The reports only include overall findings about the entire group of participants, **not individuals**. The University of Kentucky has a **Federal Certificate of Confidentiality that prohibits the researchers from revealing information about a person even under a court subpoena**. Your responses to these questions are well protected.

Your participation helps improve future prenatal services for other women in Kentucky like yourself.

*Please read over the consent form provided at the end of this intake interview and decide if you would be willing to participate in the **University of Kentucky Health Follow-up Study** about 6 months after you have given birth.*

Section A. Basic Client Information

These first few questions are basic questions we need to get the interview started and to learn a little more about what services you might be interested in.

1. What race or ethnicity do you consider yourself to be? **(select ALL that apply)**
 - 1 = White (not of Hispanic origin)
 - 2 = Black (not of Hispanic origin)
 - 3 = American Indian
 - 4 = Alaskan Native
 - 5 = Asian or Pacific Islander
 - 6 = Hispanic-Mexican
 - 7 = Hispanic-Puerto Rican
 - 8 = Hispanic-Cuban
 - 9 = Other Hispanic
 - 10 = Other, please specify: _____

2. What would you consider to be your primary source of referral to the KY-Moms MATR program? Select the primary referral source.
 - 1 = I was referred by my OB/GYN doctor
 - 2 = I was referred by my primary care doctor
 - 11 = I was referred by the health department
 - 3 = I was referred by my counselor at a Community Mental Health Agency
 - 4 = I was referred by HANDS
 - 5 = I was referred by the court (judge or probation officer)
 - 6 = I was referred by Child or Adult Protective Service (DCBS)
 - 7 = I was referred by a friend or family member
 - 8 = I was referred by my employer
 - 9 = I was referred by a KY-Moms MATR prevention program
 - 10 = I just decided to participate in the program on my own
 - 12 = Other, please specify: _____

- 2a. Were you ordered to this program by the court or other state agency? 0 = No 1 = Yes

Section B. Information About Your Baby

The next few questions ask about your pregnancy.

1. Has your baby already been born? 0 = No 1 = Yes

2. How many weeks have you been pregnant? _____ weeks
(If the baby has been born, please answer how many weeks you were pregnant when the baby was born)

3. When is the baby due: ____/____/____ (MM/DD/YYYY)
(If the baby has been born, put in the birthdate)

4. Do you have a regular OB/GYN doctor?

0 = No 1 = Yes 2 = I do not have a doctor for the pregnancy yet **(skip to Q7)**

5. How many visits have you had with a doctor or nurse about your pregnancy? _____ Visits

6. Has your doctor told you of any special health care needs that directly impact your pregnancy or the baby?

0 = No 1 = Yes **(If yes, go to 6a)**

6a. What health problem(s) has he or she identified? List all

7. Do you plan on keeping your baby? 0 = No 1 = Yes 2 = Haven't decided yet

8. Do you plan to breastfeed your baby? 0 = No 1 = Yes 2 = Haven't decided yet

9. These next questions describe thoughts, feelings, and situations women may experience during pregnancy. Please select the response which is closest to how you feel. If you have already had the baby, please think back to when you were pregnant.

	Almost never	Sometimes	Often	Almost always
a. I wonder what the baby looks like now.	1	2	3	4
b. I imagine calling the baby by name.	1	2	3	4
c. I (will) enjoy feeling the baby move.	1	2	3	4
d. I (will) let other people put their hands on my tummy to feel the baby move.	1	2	3	4
e. I know the things I do make a difference to the baby.	1	2	3	4
f. I plan things I will do with my baby.	1	2	3	4
g. I tell others what the baby is doing inside me.	1	2	3	4
h. I imagine what part of the baby I'm touching.	1	2	3	4
i. I feel love for the baby.	1	2	3	4
j. I like to sit with my arms on or around my tummy.	1	2	3	4
k. I dream about the baby.	1	2	3	4
l. I stroke the baby through my tummy.	1	2	3	4
m. I know the baby hears me.	1	2	3	4
n. I get very excited when I think about the baby.	1	2	3	4

Calendar

The questions in this interview ask about two main timeframes: (1) **before** you knew you were pregnant and (2) **in the past 30 days**. To help you remember what timeframe we are talking about, I will use the calendar below. Because this may have been a while ago, to help you remember I would like to ask you for something memorable about any of those months.

Note: It is not necessary to spend a lot of time answering these questions. These questions are meant to help jog the client’s memory and to help anchor the timeframes that will be referred to throughout the interview.

1. When did you become pregnant (please estimate a date and use the 15th if date is not known)? _____ MM/DD/YYYY (build the calendar back from this date)
2. Fill in the appropriate dates going back 30 days (starting with the most recent 30 days). Then fill in the rest of the calendar so that a 6-month period is showing.
3. Each month should then be anchored with at least one event that has special meaning for the client (Note: not all holidays or special days mean the same thing to all clients so it is critical that they decide what to put for each month as an anchor).
 - a. Any holidays or other special days during this period (e.g., Halloween)
 - b. Any birthdays for you, your partner, your children, or other close relative
 - c. Did anything special (positive or negative) happen to you in this time period? (e.g., change in job, major illness, start school, graduate, pregnant)
 - d. Did you move at all during this time period? What months did you move?
 - e. Any changes in your relationship status during these months?
 - f. Anything else memorable that you can think of?

Month number	1 month (30 days before pregnant)	2 months before pregnant	3 months before pregnant	4 months before pregnant	5 months before pregnant	6 months before pregnant
<u>Month</u>						
<u>Event(s)</u>						

If using a paper copy, please print and refer to this throughout the interview. If using the computer, please refer to the calendar on the screen throughout the interview.

Section C. Physical Health

The next group of questions is about your physical health now, and your physical health before you were pregnant. Physical health is important to assess so that we can identify and track any health concerns you may have.

1. How would you rate your overall physical health now?

- 1=Poor
- 2=Fair
- 3=Good
- 4=Very good
- 5=Excellent

2. Have you **ever** been told by a doctor that you had any of the following chronic physical health problems?

(Check ALL that apply)

- | | |
|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cirrhosis of the liver |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Pancreatitis |
| <input type="checkbox"/> Cardiovascular/heart disease (e.g., high blood pressure, stroke, congestive heart failure, angina) | <input type="checkbox"/> TB (tuberculosis) |
| <input type="checkbox"/> Chronic obstructive pulmonary disease (COPD) (e.g., emphysema) | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis C |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Severe dental problems | <input type="checkbox"/> Other sexually transmitted infections (STI) (e.g., chlamydia, gonorrhea, genital herpes, trichomoniasis, syphilis, HPV) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Kidney disease/failure | |

3. Do you have any major physical health problems that are not currently being treated? 0 = No 1 = Yes

3a. If Yes, please specify _____

4. Thinking about your **physical health**, which includes physical illness and injury, for how many days during the past 30 days was your physical health **not** good? _____ days

5. Thinking about your **mental health**, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health **not** good? _____ days

(Skip Q6 if 0 days in both Q4 & Q5)

6. During the past 30 days, for about how many days did **poor physical or mental health** keep you from doing your usual activities, such as self-care, work, or recreation? _____ days

7. Another important health problem is chronic pain. Chronic pain persists or recurs for 3 months or longer. It typically includes pains like what you get from arthritis, fibromyalgia or unhealed injuries. It does not include minor headaches, or temporary pain from minor injuries. Have you had serious chronic pain persisting or recurring for 3 months or longer during the **6 months before you were pregnant?** 0= No (if no, skip to Q8 stress) 1 = Yes

7a. What was the earliest age that you began having any type of chronic pain? _____ years old

7b. How many days in the 30 days before you were pregnant did you experience chronic pain? _____ days

7c. Rate the intensity of that chronic pain on AVERAGE during the 30 days before you were pregnant. Select one rating.

0	1	2	3	4	5	6	7	8	9	10
No pain										Pain as bad as you can imagine

7d. Has that chronic pain continued into your pregnancy? 0=No (if no, skip to Q8) 1= Yes

7e. How many days in the past 30 days did you experience chronic pain? _____ days

8. How often, in the past 7 days, have you used alcohol, prescription drugs, or illegal drugs to reduce stress, anxiety, worry, or fear?

Almost never	Sometimes	About half the time	Most of the time	Almost always
1	2	3	4	5

9. Looking back over **the week before you entered the program**, help us understand how you were feeling about the different areas of your life by rating how well you were doing with 0 indicating not at all good and 10 indicating extremely good.

	0 Not at all good	1	2	3	4	5	6	7	8	9	10 Extremely good
Your personal well-being	0	1	2	3	4	5	6	7	8	9	10
Your close personal relationships (e.g., family)	0	1	2	3	4	5	6	7	8	9	10
Your relationships outside of the home (e.g., or in your community like work, school, friendships)	0	1	2	3	4	5	6	7	8	9	10
Given your responses to the three areas above, how would you rate how well things are in your life overall?	0	1	2	3	4	5	6	7	8	9	10

Section D. Emotional Health

In the next section you will be asked if you feel you have significant problems in certain areas of your emotional health. For this section, I will be asking each question twice: In the 6 months before you were pregnant and in the past 30 days. Please think about these questions beyond what you would expect from pregnancy.

<i>(Note: ask all of these questions in the 6 months before you were pregnant first, then come back and ask about the past 30 days).</i>	In the 6 months before you were pregnant		In the Past 30 Days	
	No	Yes	No	Yes
1. Did you have two weeks in a row (or more) when you were consistently depressed or down, most of the day, nearly every day?	0	1	0	1
2. Did you have two weeks in a row (or more) when you were much less interested in most things or much less able to enjoy the things you used to enjoy most of the time?	0	1	0	1
(If no to Q1 and Q2 skip to Q10) In that period of two weeks or more when you felt depressed or uninterested...				
3. Was your appetite decreased or increased nearly every day? Did your weight decrease or increase without trying intentionally (i.e., ±8 lbs for a 160 lb person in a month (more than expected while you were pregnant))? (If yes to either, select Yes)	0	1	0	1
4. Did you have trouble sleeping nearly every night (difficulty falling asleep, waking up in the middle of the night, early morning wakening or sleeping excessively (more than expected))?	0	1	0	1
5. Did you talk or move more slowly than normal or were you fidgety, restless or having trouble sitting still almost every day?	0	1	0	1
6. Did you feel tired or without energy almost every day?	0	1	0	1
7. Did you feel worthless or guilty almost every day?	0	1	0	1
8. Did you have difficulty concentrating or making decisions almost every day?	0	1	0	1
9. Did you repeatedly consider hurting yourself, feel suicidal, or wish that you were dead?	0	1	0	1

10. In the past 12 months (including both before and after you were pregnant) **did you have a time period lasting 6 months or longer** when you worried excessively or were anxious about multiple things on more days than not (like family, health, finances, school, or work difficulties)? No = 0 **(If no, skip to Q17)** 1 = Yes

During the time when you were anxious, did you	In the 6 months before you were pregnant		In the Past 30 Days	
	No	Yes	No	Yes
11. Feel restless, keyed up or on edge?	0	1	0	1
12. Feel tense (i.e., muscle tension)?	0	1	0	1
13. Feel easily fatigued?	0	1	0	1
14. Have difficulty concentrating or have your mind go blank?	0	1	0	1
15. Feel irritable?	0	1	0	1
16. Have trouble falling or staying asleep or have restless sleep?	0	1	0	1

17. How much do you worry about your personal safety?

- 0 = Not at all
- 1 = Only a little
- 2 = Somewhat
- 3 = A fair amount
- 4 = A great deal

This next set of questions asks about hurtful things that others may have done to you when you were a child (less than 18 years old). These questions are important because our background can sometimes influence our emotions and coping styles. Research has shown that stressful events that happen to us in childhood and things that happen to us as adults matter. The questions only have a YES or NO response and will not ask you to provide details about any of your experiences. **(Interviewer note: if the client is unsure of whether something happened or not please mark it as a no).**

<i>While you were growing up, before your 18th birthday:</i>	No	Yes
18. Did a household member go to prison?	0	1
19. Were your parents separated or divorced (before you turned 18 years old)?	0	1
20. Did you live with anyone who was a problem drinker or alcoholic or used street (illegal) drugs?	0	1
21a. Was a household member depressed or mentally ill or did a household member attempt suicide?	0	1
21b. Did you often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?	0	1
21c. Did you often feel that your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	0	1
22a. Did you often feel that no one in your family loved you or no one thought you were important or special?	0	1
22b. Did you often feel that your family didn't look out for each other, feel close to each other, or support each other?	0	1
23a. Was your mother or stepmother often pushed, grabbed, slapped, or had something thrown at her?	0	1
23b. Was your mother or stepmother sometimes or often kicked, bitten, hit with a fist, or hit with something hard?	0	1
23c. Was your mother or stepmother ever repeatedly hit lasting at least a few minutes or threatened with a gun or knife?	0	1
24a. Did a parent or other adult in the household often swear at you, insult you, put you down, or humiliate you?	0	1
24b. Did a parent or other adult in the household often act in a way that made you afraid that you might be physically hurt?	0	1
25a. Did a parent or other adult in the household often push, grab, slap, or throw something at you?	0	1
25b. Did a parent or other adult in the household ever hit you so hard that you had marks or were injured?	0	1
26a. Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way?	0	1
26b. Did an adult or person at least 5 years older than you ever try to or actually have oral, anal, or vaginal sex with you?	0	1

27. The next group of questions asks about situations in which you may have been the victim of a crime, harmed by someone else, or felt unsafe in your lifetime (ever) and in the six months before you were pregnant. The first set of questions asks about things that **strangers or acquaintances** (but not current or ex-partners) may have done to you. These questions only have a YES or NO response and will not ask you to provide details about any of your experiences.

	Ever		In the 6 months before you were pregnant	
	No	Yes	No	Yes
Please answer the following questions regarding your experiences by a stranger or acquaintance (not a partner or ex-partner)				
a. Have you been verbally harassed on the street, a bar, or other public place that made you concerned for your safety or scared you?	0	1	0	1
b. Have you been harassed on the road (road rage) and it made you concerned for your safety or scared you?	0	1	0	1
c. Has your home been invaded or broken into when you were not home?	0	1	0	1
d. Has your home been invaded or burglarized while you were home?	0	1	0	1
e. Have you been robbed or mugged (someone stole your wallet, money, or other personal valuables) by force or threatened use of force?	0	1	0	1
f. Have you been assaulted or attacked by someone who did not have a weapon ?	0	1	0	1
g. Have you been assaulted or attacked by someone who had a weapon (e.g., knife, club, or gun)?	0	1	0	1
h. Have you been sexually harassed on the street?	0	1	0	1
i. Have you been repeatedly sexually harassed at work, school, or some other place by the same person or group of people?	0	1	0	1

The next set of questions also have a YES or NO response option, and if you select YES to **ever** experiencing one of the following situations, you will be asked to indicate whether the perpetrator was a **partner or ex-partner, acquaintance or stranger** (or any two or all three). No other details will be asked about your experiences.

	Ever		In the 6 months before you were pregnant	
	No	Yes	No	Yes
The following questions ask about partner/ex-partner, acquaintances (including family other than spouse or partner), and strangers				
j. Have you been directly or indirectly threatened with a gun? 1 = by a partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well) (circle all that apply)	0	1	0	1
k. Have you been held at gunpoint? 1 = by a partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well) (circle all that apply)	0	1	0	1
l. Have you been stalked by someone who scared you? 1 = by a partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well) (circle all that apply)	0	1	0	1

m. Have you been sexually assaulted/raped? 1 = by a partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well) (circle all that apply)	0	1	0	1
n. Have you experienced any other unwanted sexual contact (not including forced or threatened sexual assault/rape)? 1 = by a partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well) (circle all that apply)	0	1	0	1
o. Have you been abused by a dating or intimate partner?	0	1	0	1
p. Has someone close to you experienced a violent victimization?	0	1	0	1
q. Has someone close to you or in your family been murdered?	0	1	0	1

(If NO to all of victimization questions, then skip to Section E)

Thinking about the experiences you just told me about, please indicate how much you have been bothered by those experiences in the 6 months before you were pregnant.

28. In the 6 months before you were pregnant, how much:	Not at all	A little bit	Moderately	Quite a bit	Extremely
a. were you bothered by repeated, disturbing, and unwanted memories of those experience(s)?	0	1	2	3	4
b. did you avoid external reminders of those experience(s) (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
c. did you have strong negative beliefs about yourself, other people, or the world because of those experiences (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
d. did you feel jumpy or easily startled?	0	1	2	3	4

Section E. Education & Employment

This next group of questions is about your educational background and employment status. This information is important in understanding your unique needs as well as program outcomes.

1. How many years of education have you completed? Please choose your highest completed level from the following list.

- | | | |
|---------------------------|-----------------------------|---------------------------|
| 0 = Never attended | 7 = 7 th grade | 14 = Some college |
| 1 = 1 st grade | 8 = 8 th grade | 15 = Some voc/tech school |
| 2 = 2 nd grade | 9 = 9 th grade | 16 = Voc/tech diploma |
| 3 = 3 rd grade | 10 = 10 th grade | 17 = Associate’s degree |
| 4 = 4 th grade | 11 = 11 th grade | 18 = Bachelor’s degree |
| 5 = 5 th grade | 12 = 12 th grade | 19 = Master’s degree |
| 6 = 6 th grade | 13 = GED | 20 = Doctorate degree |

2. What was your usual employment pattern in the 6 months before you were pregnant (i.e., your work pattern most of the time)?

- 1 = Full time (35+ hours per week)
- 2 = Part-time (<35 hours per week)
- 3 = Part-time (irregular, day work)
- 4 = Unemployed, student
- 5 = Retired
- 6 = Disability/applied for disability
- 7 = Unemployed, homemaker/caregiver
- 8 = Unemployed
- 9 = In a controlled environment (jail, hospital, etc.)

3. What is your current employment status? Include all jobs to figure your total hours worked per week on average. If on leave (maternity, disability) how many hours typically will you work when you return to the job?

- 0 = Not currently employed and not on leave for pregnancy related reasons (**Skip to Q4**)
- 1 = Fulltime (35+ hours per week)
- 2 = Part-time (<35 hours per work)
- 3 = Occasional, from time to time, or seasonal work
- 4 = On leave from a job for pregnancy related reasons

3a. How long have you had this job (in months)? Enter longest time you have had multiple jobs.
_____ Months

3b. What is your current **hourly** wage (minimum wage is \$7.25)? If multiple jobs, enter the highest wage. If you receive a salary, please estimate how much you made an hour based on the typical number of hours you work in a week. \$_____.

3c. What type of work do you do? (**Select one**) **If multiple jobs, select the type of job you work most often.**

- 1 = **Professional** (e.g., librarian, healthcare professional such as RN, EMT, dental hygienist, physician, claims adjuster, mental health counselors, social workers, probation officers, paralegal, court reporter, teacher, teacher assistant, photographer, clergy, entertainer)
- 2 = **Service** (e.g., food preparation and serving, child care, adult day care, health care support such as CNA, massage therapist, phlebotomist, landscaping, janitorial/cleaning, housekeeping, pest control, police officer, lifeguard, security guard, hair stylist, personal trainer, restaurant manager)
- 3 = **Sales and Office** (e.g., office and administrative support, cashier, retail sales, real estate, telemarketer, bookkeeping, bank teller, hotel desk clerk, postal service, data entry worker, store manager)
- 4 = **Natural Resources, Construction, and Maintenance** (e.g., mining, fishing, farming, nursery worker, logging, forestry, construction, carpenter, plumber, roofer, mechanic, repair shop, computer repair, utility worker, heating/air conditioning tech)
- 5 = **Production, Transportation, and Material Moving** (e.g., factory production line, baker, butcher, dry cleaning, tailor, woodworking, power plant, flight attendant, bus driver, taxi driver, packager, welder, sanitation worker)
- 6 = **Military Specific**
- 7 = **Other, specify:** _____

3d. Are you also in school or receiving additional vocational training while working? 0 = No 1 = Yes

(If Employed, SKIP Q4, ask everyone Q5)

4. If you are not currently employed, how would you describe yourself? **Select one.**

- 1 = Unemployed, but looking for work
- 2 = Unemployed, but on furlough or temporarily laid-off
- 3 = Unemployed, but keeping house or caring for children fulltime
- 4 = On disability/applied for disability
- 5 = Retired
- 6 = Student/in training
- 7 = In a controlled environment/prohibited from working
- 8 = Unemployed, not looking for work
- 9 = Other, please specify: _____

5. **(Ask everyone)** Do you expect to be employed in the next 12 months? 0 = No 1 = Yes

6. Do you receive public assistance? (e.g., WIC, TANF, SNAP) 0 = No **(If no, skip to Q7)** 1 = Yes

6a. What assistance do you currently receive? **(Circle all that apply)**

- 1 = Temporary Assistance for Needy Families (TANF)
- 2 = Supplemental Nutrition Assistance Program (SNAP)
- 3 = WIC
- 4 = Unemployment
- 5 = Local Church or other community organization support
- 6 = Disability (SSI)
- 7 = Disability (SSDI)
- 8 = Other, please specify: _____

7. Now I'm going to ask you some questions about how things have gone for you in your household in the **6 months before you were pregnant** and **in the past 30 days**. Answer yes or no for each question.

	In the 6 months before you were pregnant		In the Past 30 Days	
	No	Yes	No	Yes
a. Did you/your family had difficulty paying the full amount of rent or mortgage?	0	1	0	1
b. Were you/your family evicted from your home/apartment for not paying the rent?	0	1	0	1
c. Were you/your family unable to pay the gas or electric bill?	0	1	0	1
d. Were you/your unable to pay your phone/cell phone bill?	0	1	0	1
e. Was there a time when there was not enough food in your household to eat?	0	1	0	1
f. Did you or someone in your household need to see a doctor or go to the hospital but wasn't able to because of financial reasons?	0	1	0	1
g. Did you or someone in your household need to see a dentist but didn't go because of financial reasons?	0	1	0	1
h. Did you or someone in your household need to fill a prescription for medication but was unable to because of cost?	0	1	0	1

Section F. Substance Use

The next group of questions is about your substance use during three time periods: 1) in the 6 months before you were pregnant, 2) in the 30 days before you were pregnant, and 3) in the past 30 days. (NOTE: If there was ANY use within a month it counts as a month's use. Also, non-prescribed use of prescription medication or misuse of prescribed medication (e.g., taking more than prescribed) should be counted as illegal drug use.)

1. Tobacco/Nicotine Use	In the 6 months before you were pregnant	In the 30 days before you were pregnant	In the Past 30 Days
a. How many months and days did you smoke tobacco products (e.g., cigarettes, cigars, pipes, bidis, cigarillos)?	_____ # OF MONTHS	_____ # OF DAYS	_____ # OF DAYS
b. On the days you smoke cigarettes, how many cigarettes on average did/do you smoke a day (20 in a pack)?		_____ # cigarettes	_____ # cigarettes
c. How old were you when you began smoking regularly (on a daily basis)?	_____ Years old	0 = Never used regularly	
d. How many months and days did you use E-cigarettes (electronic cigarettes, devices that deliver nicotine in a vapor and look like cigarettes, but contain no tobacco)	_____ # OF MONTHS	_____ # OF DAYS	_____ # OF DAYS
e. How many months and days did you use smokeless tobacco (e.g., chewing tobacco, snuff, dissolvable tobacco)?	_____ # OF MONTHS	_____ # OF DAYS	_____ # OF DAYS

2. Alcohol Use <i>Alcohol includes beer, wine, wine coolers, liquor and grain alcohol. One drink is equivalent to a 12-ounce beer or wine cooler, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.</i>	In the 6 months before you were pregnant	In the 30 days before you were pregnant	In the Past 30 Days
<i>How many months and days did you...</i>			
a. Drink alcohol? (if zero, skip to Q3, illicit drug use)	_____ # OF MONTHS	_____ # OF DAYS	_____ # OF DAYS
b. Drink alcohol to intoxication?	_____ # OF MONTHS	_____ # OF DAYS	_____ # OF DAYS
c. Have 4 or more alcoholic drinks in a period of about 2 hours?	_____ # OF MONTHS	_____ # OF DAYS	_____ # OF DAYS
d. How old were you when had your first alcoholic drink, other than a few sips?	_____ Years old 0 = Never used		

2e. Check each month in your pregnancy in which you used any alcohol:

1 st Trimester			2 nd Trimester			3 rd Trimester		
Month	Month	Month	Month	Month	Month	Month	Month	Month
1	2	3	4	5	6	7	8	9

3. How many months and days did you use...	In the 6 months before you were pregnant	In the 30 days before you were pregnant	In the past 30 days
a. Marijuana (e.g., Hashish/Pot)	_____ # OF MONTHS	_____ # OF DAYS	_____ # OF DAYS
b. Sedatives, hypnotics, muscle relaxants, or tranquilizers not prescribed for you (e.g., Ativan®, Xanax®, Valium®, Klonopin®, Benzodiazepines, Librium®, Halcion®, GHB, liquid ecstasy, Soma®, Flexeril®, Ketamine, Special K, Vitamin K, downers, nerve pills)	_____ # OF MONTHS	_____ # OF DAYS	_____ # OF DAYS
c. Barbiturates not prescribed for you (e.g., mephobarbital, Mebacut, pentobarbital, Nembutal®, Seconal®, Amytal®)	_____ # OF MONTHS	_____ # OF DAYS	_____ # OF DAYS
d. Other opiates, analgesics, pain killers not prescribed for you – (e.g., morphine, Percocet®, oxycodone, Oxycontin®, Lortab®, hydrocodone, Dilaudid®, opana, Fentanyl)	_____ # OF MONTHS	_____ # OF DAYS	_____ # OF DAYS
e. Stimulants not prescribed for you (e.g., methamphetamine, Dexedrine®, Adderall®, crystal, uppers, speed, MDMA, Ritalin®, Ecstasy, crank)	_____ # OF MONTHS	_____ # OF DAYS	_____ # OF DAYS
f. Cocaine/crack (e.g, cocaine crystal, free-base cocaine, crack, or rock cocaine)	_____ # OF MONTHS	_____ # OF DAYS	_____ # OF DAYS
g. Heroin (e.g., smack, H, junk, skag)	_____ # OF MONTHS	_____ # OF DAYS	_____ # OF DAYS
h. Hallucinogens (e.g., PCP, Other Hallucinogens/Psychedelics, LSD, Mushrooms, Mescaline, psilocybin)	_____ # OF MONTHS	_____ # OF DAYS	_____ # OF DAYS
i. Inhalants (e.g., poppers, Rush, Whippets or “huffing” paint, glue, aerosol can spray)	_____ # OF MONTHS	_____ # OF DAYS	_____ # OF DAYS
j. Methadone not prescribed for you (e.g., dolophine, LAAM)	_____ # OF MONTHS	_____ # OF DAYS	_____ # OF DAYS
k. Subutex®/Suboxone® or buprenorphine that was not prescribed for you (include butran patch)	_____ # OF MONTHS	_____ # OF DAYS	_____ # OF DAYS
l. Synthetic/Designer/Novel drugs (e.g., synthetic marijuana, bath salts, K2, Kratom, Flakka)	_____ # OF MONTHS	_____ # OF DAYS	_____ # OF DAYS
m. How old were you when you first began to use illicit drugs (e.g., marijuana, cocaine, heroin, tranquilizers, stimulants, sedatives, barbiturates, inhalants or prescription painkillers not prescribed for you)?	____ years old		
n. I did not use ANY drugs during the above time periods (skip to Q4)	98	98	98
		In the 30 days before you were pregnant	In the past 30 days
o. How many days did you use more than one substance per day (including alcohol but excluding tobacco products)	_____ # OF DAYS	_____ # OF DAYS	

3p. Check each month in your pregnancy in which you used prescription sedatives or opiates (e.g., tranquilizers, sleep pills, pain pills) **other than as prescribed for you? (Check all that apply)**

1 st Trimester			2 nd Trimester			3 rd Trimester		
Month	Month	Month	Month	Month	Month	Month	Month	Month
1	2	3	4	5	6	7	8	9

3q. Check each month during your pregnancy in which you used any other illegal drugs (e.g., not sedatives or opiates but drugs like marijuana, heroin, cocaine, hallucinogens, stimulants, methamphetamines). **(Check all that apply)**

1 st Trimester			2 nd Trimester			3 rd Trimester		
Month	Month	Month	Month	Month	Month	Month	Month	Month
1	2	3	4	5	6	7	8	9

4. Have you ever injected any drugs? 0 = No 1 = Yes

4a. Have you injected drugs in the past 30 days? 0=No 1=Yes

5. Before you were pregnant how many times have you ever received services for substance abuse? Count all previous treatment episodes including detox, drug court, and recovery programs. _____times

6. In the 6 months before you were pregnant:

6a. Did you receive services for substance abuse including detox, drug court, and recovery programs?
0 = No 1 = Yes

6b. How many times did you attend AA, NA, MA or other recovery self-help group meetings (count # of meetings attended)? _____ Meetings

7. In the past 30 days:

7a. Did you receive services for substance abuse including detox, drug court, and recovery programs?
0 = No 1 = Yes

7b. How many times did you attend AA, NA, MA or other recovery self-help group meetings (count # of meetings attended)? _____ Meetings

8. Have you participated in any medication-assisted treatment in the 6 months before you were pregnant? In other words, have you received medication (like Suboxone, methadone, or Vivitrol) from a clinic or a doctor's office to help with your substance abuse?

0 = No (If No skip to Q9) 1 = Yes

8a. What type of medication did you receive *(Please choose all that apply)*?

- 1 = Suboxone/Subutex (buprenorphine)
- 2 = Methadone
- 3 = Vivitrol
- 4 = Antabuse
- 5 = Other *(Please specify)* _____

8b. How many total months out of the 6 months before you were pregnant did you use any of those medication prescribed to you? _____ Months

8c. How many days in the past 30 did you use any of those medications prescribed to you? _____ Days

8d. Thinking about the most recently prescribed medication-assisted treatment, do you think the medication: *(Please select one)*

- 1=Helped you TREAT your drug problems
- 2=HAD NO EFFECT on your drug problems
- 3= Made your drug problems WORSE

Even though you may not have used alcohol or drugs during the time periods discussed above, you may have spent money on alcohol or drugs, or been anxious, bothered or worried about your ability to stay sober. The next few questions ask about these feelings.

9. How much money would you say you spent on ALCOHOL in the **30 days before you were pregnant**? Include only cash or monetary payments for alcohol you used or were planning on using. \$ _____

10. How many days did you experience <u>alcohol/drug</u> problems 30 days before you were pregnant (craving, withdrawal, wanting to quit but being unable, worrying about relapse)?	ALCOHOL _____ # OF DAYS	DRUGS _____ # OF DAYS
--	-----------------------------------	---------------------------------

11. Alcohol	Not At All	Slightly	Moderately	Considerably	Extremely
a. How troubled or bothered were you by alcohol problems in the 30 days before you were pregnant? (your own problems)	0	1	2	3	4
b. How important to you was a treatment program, for yourself, for these alcohol problems in the 30 days before you were pregnant? (your own problems)	0	1	2	3	4

12. Drug	Not At All	Slightly	Moderately	Considerably	Extremely
a. How troubled or bothered were you by drug problems in the 30 days before you were pregnant? (your own problems)	0	1	2	3	4
b. How important to you was a treatment program, for yourself, for these drug problems in the 30 days before you were pregnant? (your own problems)	0	1	2	3	4

Section G. Living Situation

The next set of questions will ask more about you, your family, and your living situation. Family and living situation can be risk factors or can help protect us from stress.

1. What is your current marital status?
 - 1 = Married (include same-sex and common-law marriages) **(Skip to Q3)**
 - 2 = Separated
 - 3 = Divorced
 - 4 = Widowed
 - 5 = Never married

2. Are you currently living with an intimate partner? 0 = No 1 = Yes **(If No, skip to Q4)**

3. **(If married or cohabiting)** Is this partner the father of the baby in your current pregnancy?
 - 0 = No 1 = Yes 98 = Don't know

4. How many times have you previously been pregnant? (*do not count current pregnancy*) _____ Times **(if 0, skip to Q6)**

5. How many children that are still living have you ever had in your lifetime? _____ child(ren) **(enter 0 if none and skip to Q6)**
 - 5a. How many of those children are under the age of 18? _____ child(ren) **(if 0, skip to Q6)**
 - 5b. How many of your children under the age of 18 currently live with you? _____ child(ren)

6. Do you consider yourself to be currently homeless? 0 = No **(If no, skip to Q7)** 1 = Yes
 - 6a. Why do you consider yourself to be homeless? Select one.
 - 1 = Staying in a shelter
 - 2 = Staying temporarily with friends/family
 - 3 = Staying on the street or living in your car
 - 4 = Other, please specify: _____

7. In the past 30 days, where have you lived most of the time? **(Select one)**

- 1 = Your own home or apartment
- 2 = Someone else's home or apartment
- 3 = Residential program
- 4 = Recovery Center
- 5 = Prison, jail or detention center
- 6 = Hospital
- 7 = Military base
- 8 = Halfway house, Sober Living Home
- 9 = Shelter or on the street
- 10 = Other, please specify: _____

8. How safe is your current living situation?

- 1 = Very unsafe
- 2 = Moderately unsafe
- 3 = Uncertain
- 4 = Moderately safe
- 5 = Very safe

9. In the 6 months before you were pregnant, how many NIGHTS were you incarcerated (jail, prison, or a detention center?) _____ Nights

10. Are you currently on parole? 0 = No 1 = Yes

11. Are you currently on probation? 0 = No 1 = Yes

12. In the 6 months before you were pregnant, how many times were you arrested and charged for any offense? _____ Times

13. In the 30 days before you entered this program, how many **NIGHTS** were you in a facility where you were not free to come and go as you pleased like a hospital, jail, or residential drug treatment program (not a shelter)? ____TOTAL nights

Section H. More About You and Your Living Situation

The next set of questions asks about your safety which can also contribute to stress. I understand that some of these questions might be difficult to answer, so take your time.

1. Do you currently live with anyone who has a problem with alcohol, misuses prescription drugs, or uses illegal drugs? 0 = No 1 = Yes

2. Thinking about the 6 months before you were pregnant and in the past 30 days, has a partner or ex-partner done any of the following to you?

Has a partner/ex-partner:	In the 6 months before you were pregnant...		In the past 30 days	
	No	Yes	No	Yes
a. Verbally or psychologically abused you? (e.g., insulted you, shouted, criticized you, criticized in front of others, treated you like an inferior, tried to make you feel crazy, told you your feelings were irrational or crazy)	0	1	0	1
b. Been extremely jealous or controlling (e.g., tried to control you, monitored your time, accused you of having an affair, interfered in your relationship with other family members or friends, kept you from doing things to help yourself, controlled finances, work interference)	0	1	0	1
c. Threatened you or others close to you with violence? (e.g., threatened to hit or throw something at you by smashing, kicking or hitting something)	0	1	0	1
d. Been physically violent toward you? (e.g., pushing, shoving, kicking, beat up, choking, burning, attack with a weapon)	0	1	0	1
e. Frightened you by repeatedly following you, calling you, and/or showing up at your house (stalked or obsessively pursued you when you did not want them to)?	0	1	0	1
f. Purposely destroyed property that belonged to you or a close friend, family member, or relative?	0	1	0	1
g. Made you do sexually degrading things or sexually humiliated and degraded you?	0	1	0	1
h. Caused you to have sex because you were afraid of what might happen if you didn't but he didn't directly threaten or force you or had sex with you while you were sleeping and he knew you did not like that.	0	1	0	1
i. Made you have sex by threatening to harm you or someone close to you or physically forcing you (like hitting, holding down, or using a weapon) to have sex?	0	1	0	1

3. Do you feel concerned for your safety or afraid of physical or other harm from a current or ex-partner?
 0 = No 1 = Yes

Section I. Social Supports

The final set of questions is about the support you have had available to you in the past 30 days.

1. **In the past 30 days**, how many people could you count on for emotional support when you needed it?
 _____ people

2. Thinking about the overall level of support from others in your life **in the past 30 days**, how satisfied would you say you are with this support?

1
2
3
4
5
6

Extremely dissatisfied
Fairly dissatisfied
A little dissatisfied
A little satisfied
Fairly satisfied
Extremely satisfied

Follow-Up Study

Part Two of KY-Moms MATR is a follow-up study that takes 20 minutes and is done over the telephone by the University of Kentucky researchers. The follow-up interview will take place about 6 months after you have given birth based on the estimated due date for your baby that you gave during this interview. When the University of Kentucky researchers call you for a follow-up phone interview, they will remind you that this is part two of the **“UK Health Follow-up Study.”** The interviewers do not reveal your identity or that you were receiving services from the KY-Moms MATR program. Clients who complete the **follow-up telephone interview** are sent a “thank you” check for **\$20** from the University of Kentucky.

Remember, **for the follow-up interview all of your information is confidential.** Your name will not be linked to your answers. Your responses will be combined with about 200 other women’s responses and will be reported as a group. The KY-Moms MATR program staff will never know what you say during the follow-up interview. UK has a **Federal Certificate of Confidentiality that prohibits revealing information about a person even with a court subpoena.** Your responses to these questions are well protected. Please read over the consent form then decide if you’d be willing to complete the follow up study about 6 months after you have given birth.

KY-Moms: Maternal Assistance Towards Recovery (MATR) Outcome Study
Consent to Follow-Up Data Collection
Valid 12/06/17 – 12/05/18

WHY AM I BEING ASKED TO TAKE PART IN THIS RESEARCH?

You are being asked to take part in a follow-up research study of the KY-Moms MATR program. You are being asked to do this because you were a client of KY-Moms MATR. Your participation in this telephone survey research project is completely voluntary. If you take part in this study, you will be one of about 200 women each year to do so.

WHO IS DOING THE STUDY?

The Principal Investigator in charge of the study is TK Logan, Ph.D. Also, Allison Scrivner, M.S., Jennifer Cole, Ph.D., and Robert Walker, L.C.S.W., M.S.W. also work with the study. There may also be others involved in the study.

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of this study is to gather information about your health during and after your pregnancy. It also studies employment, education, legal status, stress and health status and your use of treatment and KY-Moms MATR services. This interview is part of the evaluation of the KY-Moms MATR program.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

Your participation is by telephone to the number you prefer. We can use your cell phone or a land phone number given to us by you. The phone survey takes about 20 minutes to complete.

WHAT WILL I BE ASKED TO DO?

You will be asked to answer questions about your health during and after your pregnancy including substance use and related behavioral health. You will be asked about your employment, stress, and your use of services. You will be asked these questions, but you will not be asked to take part in any experimental treatments or procedures.

You are also asked to let the researchers use state information about the number, types and costs of state and Medicaid funded services you receive, medical information about your health at the time of the delivery of your baby, and newborn screening data.

ARE THERE REASONS WHY I SHOULD NOT TAKE PART IN THIS STUDY?

There are no conditions that would keep you from taking part in this study.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

There are no known risks to participating in these interviews. It is perhaps possible that the questions will cause you some emotional discomfort since they might cause you to remember times when you were unhappy or under stress. Also, some people may be uncomfortable talking about confidential information. Because of the steps we have taken to protect your privacy, the risk of unauthorized disclosure is minimal. If you have some discomfort during the follow-up interview, you will be offered referral to local and national resources.

WILL I BENEFIT FROM TAKING PART IN THIS STUDY?

There are no direct benefits to you for taking part in the follow-up study. However, some women find it helpful to be interviewed about their health and their pregnancies because it helps them see their health

in a different light. Your opinion will also help provide information about how best to help pregnant women and how to improve the KY-Moms MATR program, and may also help obtain future funding for the program.

DO I HAVE TO TAKE PART IN THIS STUDY?

If you decide to take part in this follow-up study, it should be because you really want to volunteer.

IF I DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?

If you do not want to take part in the follow-up study, there are no other choices except to not participate.

WHAT WILL IT COST ME TO TAKE PART IN THIS STUDY?

You will not have any cost for participating in any part of this research study.

WHO WILL SEE THE INFORMATION THAT I GIVE?

Because of the steps we have taken to protect your privacy, the risk of unauthorized disclosure of information is minimal. Your information will be combined with information from other people taking part in the study. When we write about the study, we will write about the combined information we have gathered. You will not be identified in these written materials. When we publish the results of this study, we will keep your name and other identifying information private. Your counselor will ask for your social security number, but it will be encrypted to keep it secure and protected. This number will help us match all information clearly to your file; however, if you do not want to give us your social security number, you can still take part in the study. All information is stored in computers that are secure and under password protection. Files are encrypted to further protect your confidentiality which means the data are scrambled so that only authorized viewers with a passkey are able to see it.

To further protect your information, we have a Certificate of Confidentiality from the US Department of Health and Human Services (DHHS). With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceeding. You should know, however, that we may provide information to appropriate individuals or agencies if harm to you, harm to others, or child abuse is disclosed to us. In addition, the agency funding this research (The Kentucky Division of Behavioral Health) and the staff of the University of Kentucky may also see your information if necessary.

WILL I RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?

You will receive \$20.00 for a completed follow-up interview at 6 months after you have given birth. In order to get the \$20.00 you must take part in the follow-up interview, and then payment will be mailed to you. If you are paid over \$600 in any year from various studies, the University of Kentucky has to report this as income to the IRS.

WHAT IF I HAVE QUESTIONS?

Before you decide whether to participate in this follow-up study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, Professor TK Logan at 859-257-8248. If you have any questions about your rights as a volunteer in this research, contact the staff in the Office of Research Integrity at the University of Kentucky at 859-257-9428 or toll-free at 1-866-400-9428. You may also contact the Cabinet for Health and Family Services Institutional Review Board (CHFS-IRB) at 502-564-5497 ext. 4102. We will give you a copy of this consent form to take with you.

WHAT ELSE DO I NEED TO KNOW?

This study is funded by the Kentucky Division of Behavioral Health to better understand the effects of the KY-Moms MATR program.

Choose one of the following answers (entering information on the computer screen):

- I agree to participation in the research study.
- I do NOT agree to participation in the research study.

If client answers “Do NOT agree”

Thank you for answering these questions. Your information helps improve prenatal services for other women in Kentucky like yourself.

If client answers “Agree”

Thank you for agreeing to be in the follow-up study! The last part of the interview asks for some simple locator information that is important to help the UK Health Follow-up Study call you for the second interview. UK will use this information ONLY to locate you for a follow-up interview. Like all the rest of the responses you have just given, the locator information is stored encrypted in a password-protected file to which only approved study staff has access.

Please provide as much information as possible so that you can be contacted about 6 months after you have given birth for Part Two, the UK Health Follow-Up Study.

<u>Client’s Contact Information</u>	
Client name (First and Last)	
Address	
City name	
State name	
Zip code	
Phone number	
Whose address is this? Name (First, Last)	
Relationship with the client	
Email address	

Sometimes contact information changes when you move or switch phone numbers. Please give the names, addresses, and phone numbers of two people who will always know where you are. If needed, they might be called to see if they have updated phone numbers for you to help complete the UK Health Follow-up Study interview. Remember, the interviewers will NEVER reveal that you were in the KY-Moms MATR program or give out any personal information other than that you agreed to be called for the UK Health Follow-up Study. **(Interviewer Tip:** a mother or other female relative is usually a good contact to have.)

Next best address:	
First and last name	
Address number and street name	
Apartment number (if applicable)	
City name	
State name	
Zip code	
Phone number (including area code)	
Email address (if known)	
Relationship with the client (select one)	<input type="checkbox"/> Mother/Father <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Spouse/partner/girlfriend/boyfriend <input type="checkbox"/> Ex-spouse/ex-partner/ex-girlfriend/ex-boyfriend <input type="checkbox"/> Grandmother/Grandfather <input type="checkbox"/> Child <input type="checkbox"/> Cousin <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Mother In-law/Father In-law <input type="checkbox"/> Sister In-law/Brother In-law <input type="checkbox"/> Employer/Co-worker <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Other: Specify other relationship: <hr style="width: 10%; margin-left: 0;"/>

Another contact address:	
First and last name	
Address number and street name	
Apartment number (if applicable)	
City name	
State name	
Zip code	
Phone number (including area code)	

Email address (if known)	
Relationship with the client (select one)	<ul style="list-style-type: none"><input type="checkbox"/> Mother/Father<input type="checkbox"/> Sister/Brother<input type="checkbox"/> Spouse/partner/girlfriend/boyfriend<input type="checkbox"/> Ex-spouse/ex-partner/ex-girlfriend/ex-boyfriend<input type="checkbox"/> Grandmother/Grandfather<input type="checkbox"/> Child<input type="checkbox"/> Cousin<input type="checkbox"/> Aunt/Uncle<input type="checkbox"/> Mother In-law/Father In-law<input type="checkbox"/> Sister In-law/Brother In-law<input type="checkbox"/> Employer/Co-worker<input type="checkbox"/> Friend/Neighbor<input type="checkbox"/> Other: Specify other relationship: _____

**Thank you for answering these questions.
Your information helps improve prenatal services for women in Kentucky.**