

Participant Pre-Implementation Survey

Instructions: We would like to obtain some information about you before you start the Mothers and Babies program.

1. What is your date of birth? _____

2. What is your current marital status?

- Single
- Engaged
- Married
- Divorced
- Widowed
- Living with Partner
- Separated

3. How far did you go or are currently in school?

- 1st to 8th grade
- 9th to 12th grade
- High school diploma or GED
- Some college, no degree
- College degree or beyond

4. Are you currently working outside the home?

- No
- Yes, part-time
- Yes, full-time

5. What do you consider your race to be?

- Black/African American
- White/Caucasian
- Hispanic/Latina
- Asian American
- Native American
- Other (please specify: _____)

6. What is your primary language spoken at home?

- English
- Spanish
- Other (please specify: _____)

7. Are you currently receiving mental health treatment for any of the following?

- Yes, I am in counseling with a mental health professional (psychologist, social worker, psychiatrist) for depression and/or anxiety
- Yes, I take medications prescribed for depression
- No

8a. How many weeks pregnant are you? _____ (If you have already delivered, skip to question 8b)

- What is your due date? _____

8b. How old is your baby? (Please indicate number of weeks old) _____

9. How many other children have you given birth to? _____

10. What is the name of the program where you are receiving Mothers and Babies?
