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?
    _____________________________________________________________________________________________________