**WISCONSIN WOMEN'S HEALTH FOUNDATION**

| Client ID: | Client DOB: |
|---|---|
| Today's date: | Weeks gestation: |

## WELL-BEING

1. How would you rate your current stress level? (Please circle)   Low   Medium   High   Very high

2. During the past week, have you felt sad, unhappy, or hopeless?
   ☐ Yes, most of the time   ☐ Yes, quite often   ☐ Yes, but not very often   ☐ No, not at all

3. How many people can you count on when you need help? (Please circle)   0   1-2   3-5   6+

## FIRST BREATH

### CURRENT TOBACCO USE

4. How many cigarettes have you smoked **per day** over the **past week**?  (20 cigarettes are in 1 pack)
   ☐ I have not smoked, not even an occasional puff     ☐ 11 to 20 cigarettes (up to 1 pack)
   ☐ A few some days, but not every day     ☐ 21 to 30 cigarettes
   ☐ 1 to 5 cigarettes     ☐ 31 to 40 cigarettes (up to 2 packs)
   ☐ 6 to 10 cigarettes     ☐ More than 40 cigarettes (greater than 2 packs)

5. How do you feel about smoking now?
   ☐ I want to quit for good     ☐ I don't want to quit
   ☐ I want to quit only until the baby is born     ☐ I don't know what I want
   ☐ I want to cut down

6. How important is quitting smoking to you?

___Not at all important     ___Not very important     ___Somewhat important     ___Very important     ___Don't know

7. How important is staying quit to you?

___Not at all important     ___Not very important     ___Somewhat important     ___Very important     ___Don't know

8. How confident are you that you will be tobacco free one year from now?

___Not at all confident     ___Not very confident     ___Somewhat confident     ___Very confident     ___Don't know

## MY BABY & ME

### ALCOHOL USE AND FREQUENCY

9. During the past month, how many days did you have one or more alcoholic drinks?_____

10. How do you feel about not drinking alcohol now?
    - ☐ I want to stop drinking for good                  ☐ I don't want to stop drinking
    - ☐ I want to stop drinking only until the baby is born   ☐ I don't know what I want
    - ☐ I want to cut down

11. How important is it to you to not drink alcohol while you are pregnant?

___Not at all important      ___Not very important      ___Somewhat important      ___Very important      ___Don't know

12. How confident are you that you will be able to stop drinking while you are pregnant?

___Not at all confident      ___Not very confident      ___Somewhat confident      ___Very confident      ___Don't know

**FOR PROVIDER USE ONLY**

1. Who completed this form? ___Provider    ___Client      ___Both

2. Where was this form completed? ___Clinic/office     ___Client home      ___Other:_____

3. When was this form completed? ___During visit      ___After visit      ___Some during visit, some after