

**FORWARDHEALTH  
 KEV PAB CUAM THAUM CEV XEEB TUB  
 COV LUS NUG TXOG CEV TSISS TAB SEEB  
 PRENATAL CARE COORDINATION PROGRAM  
 PREGNANCY QUESTIONNAIRE**

**Cov Lus Qhia:** Muab ntaus los sis sau kom pom tseeb. Ua ntej pib ua daim ntwav no, yuav tau twm cov lus qhia nyob hauv daim Prenatal Care Coordination Program Pregnancy Questionnaire Completion Instructions, F-01105A.

<b>NTU I — QHIA ME NTSIS TXOG TUS TSWV CUAB</b>		
1. Npe — Tus Tswv Cuab (Member) (Lub Xeem, Npe, Npe Nrab)	2. Hnub Yug — Tus Tswv Cuab	3. Hnub Nyoog — Tus Tswv Cuab
4. Hom Neeg <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	5. Haiv Neeg <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian / Pacific Islander	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Lwm Cov
6. Kev Kawm Ntawv (Qhia qib siab tshaj plaws uas kawm tiav.)  <input type="checkbox"/> Qib Qis / Nrab (1-12) _____ <input type="checkbox"/> Qib Siab (1-4 los yog 5+) _____	7. Muaj Txij Nkawm Los Tsis Tau  <input type="checkbox"/> Tsis Tau Muaj <input type="checkbox"/> Muaj	
8. Chaw Nyob — Tus Tswv Cuab (Txoj Kev, Lub Zos, Xeev, Zip Code)		9. Lub Nroog (County)
10. Xov Tooj — Tus Tswv Cuab	11. Lwm Tus Xov Tooj — Tus Tswv Cuab	
12. Peb yuav cuag tau koj li cas? Lub sij hawm twg thiaj li zoo tshaj rau peb hu koj?	13. Npe thiab Xov Tooj — Tus Uas Hu Tau Rau Nws Thaum Muaj Xwm Ceev	
14. Npe— Chaw Kho Mob los yog Tsev Kho Mob (Kws Kho Mob, Tus Tu Neeg Mob, Tus Pab Thaum Tau Me Nyuam)  <input type="checkbox"/> Kuv tsis muaj ib tus kws los sis qhov chaw kho mob.	15. Tus Tswv Cuab Tus Zauv ID	
16. Ob lub xyoos dhau los no, koj mus cuag kws kho hniav los sis qhov chaw kho hniav tsawg zaus?		

*To be completed by Health Professional*  
 Lim Eng  
 A- <20  
 A- >39  
 E- H  
 R- AI, A, B, HPI, O

Edu<12  
 MS- S

<b>NTU II — CEV XEEB TUB ZAUM NO</b>	
1. Thaum twg mam li tau koj tus me nyuam?	2. Hnub koj lub cev ntaus zaum tas los no yog hnub twg?
3. Yog tias koj hloov tau qhov xeeb muaj tus me nyuam zaum no, koj xav kom muaj rau thaum twg? <input type="checkbox"/> Ntxov Zog <input type="checkbox"/> Tsis Hloov <input type="checkbox"/> Lig Zog <input type="checkbox"/> Tsis Hloov Li	4. Thawj zaug koj mus tshuaj cev xeeb tub yog thaum twg? _____ (his / xyoos) <input type="checkbox"/> Kuv tsis tau mus ntsib ib tus twg li <input type="checkbox"/> Kuv twb teem tau caij yuav mus rau _____ Hlis/Hnub/Xyoos (MM/DD/YY)
5. Koj Hnyav Li Cas Ua Ntej Koj Lub Cev Xeeb Tub: _____ Tam Sim No Koj Hnyav Li Cas: _____ Koj Siab Li Cas: _____	6. Puas yog koj xeeb muaj me nyuam ntau tshaj ib tus me nyuam (Ntxaib, Peb Tug)?  <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog

Tim- L,NAA  
 PNC- 2,3,N

BMI- <19.8  
 BMI- ≥26.1



15. Lub hlis dhau los no, puas muaj qhov ua rau koj tsis xav ua dab tsi li, los sis meem txom koj ua rau koj gaug zog, nyuaj siab, los sis tas kev cia siab?  Yog  Tsis Yog

16. Yog muab luj no koj kev nyuaj siab nyob rau theem twg?  Siab  Nruab Nrab  Qi

17. Muaj pes tsawg tus neeg koj xam tau tias yuav pab tau koj thaum koj thov lawv pab?  0  1-2  3+

18. Cov nram qab no, yam twg ua rau koj txhawj tshaj? Kos rau txhua qhov uas koj txhawj txog.

- |  |  |
|--|--|
| <input type="checkbox"/> Teeb meem nyiaj txiag.                            | <input type="checkbox"/> Kuv kev sib raug zoo nrog kuv tus khub.     |
| <input type="checkbox"/> Kuv txoj hauj lwm.                                | <input type="checkbox"/> Kuv tus khub tsis xav yuav tus me nyuam no. |
| <input type="checkbox"/> Kuv tus khub txoj hauj lwm los sis poob hauj lwm. | <input type="checkbox"/> Kev mob plab yug me nyuam.                  |
| <input type="checkbox"/> Kuv tus khub kev haus cawv siv yeeb tshuaj.       | <input type="checkbox"/> Kev tu tus me nyuam no.                     |
| <input type="checkbox"/> Kuv kev haus cawv siv yeeb tshuaj.                | <input type="checkbox"/> Kev tu cov me nyuam kuv muaj lawm.          |
| <input type="checkbox"/> Kuv tus khub raug kaw lawm.                       | <input type="checkbox"/> Lwm Yam _____.                              |

19. Dab tsi ua rau koj txhawj tshaj plaws?

20. Koj yuav daws koj tej teeb meem li cas?

21. Leej twg uas koj xam tau tias yuav pab tau koj tej dej num uas koj ua txhua hnuab, xws lis zov me nyuam, npaj zaub mov noj, ntxhua khaub ncaws, los sis pab thauj mus los?

22. Yam dab tsi uas koj xav kawm ntxiv? Kos rau txhua yam ua koj xav kawm.

- |   |   |
|---|---|
| <input type="checkbox"/> Me nyuam kev loj hlob.   | <input type="checkbox"/> Kev tau me nyuam.                                    |
| <input type="checkbox"/> Kev pub niam mis.  | <input type="checkbox"/> Tswj kev xeeb txob tsis tau zoo nyob thaum xeeb tub. |
| <input type="checkbox"/> Kev tu tus me nyuav mos liab.                                    | <input type="checkbox"/> Kev noj haus thaum xeeb tub.                         |
| <input type="checkbox"/> Kev caiv tsis pub muaj me nyuam.                                 | <input type="checkbox"/> Tswj kev nyuaj siab ntxhov plawv.                    |
| <input type="checkbox"/> Nrhiav kev noj qab haus huv rau koj thiab koj tus me nyuam.      | <input type="checkbox"/> Lwm Yam _____.                                       |
| <input type="checkbox"/> Yuav txwv luam yeeb li cas.                                      |   |
| <input type="checkbox"/> Dej cawv tej teeb meem tsis zoo rau tus niam thiab tus me nyuam. |   |

23. Lwm yam xav muab qhia ntxiv

**NTU V — HAUV QAB NO CIA RAU COV NEEG KHIAB HAUJ LWM MAM TEEV RAU**

Is the recipient eligible for Prenatal Care Coordination (PNCC) services?

- Yes, based on a number of factors \_\_\_\_\_ or age \_\_\_\_\_.  
 No.

**SIGNATURE** — Staff Completing Assessment

Date Signed

**SIGNATURE** — Qualified Health Professional (If Different from Above)

Date Signed