

### Maternity Psychosocial ASSESSMENT WORKSHEET

Eligible Individuals (EI) Name: \_\_\_\_\_  
 County: \_\_\_\_\_ Region: \_\_\_\_\_ Entity Name: \_\_\_\_\_  
 Care Coordinators Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Assessment Date: \_\_\_\_\_

#### Pregnancy Information

Weeks Gestation: \_\_\_\_\_

Number of previous pregnancies (Gravida) \_\_\_\_\_ Number of deliveries after 20 weeks (Para) \_\_\_\_\_

Stillbirth(s) \_\_\_\_\_ Preterm \_\_\_\_\_

Notes:

#### Risk and Stratification Evaluation Results

**NOTE:** The total score will indicate Risk Level High Risk = 8 or above Low Risk = 7 or below

Psychosocial Assessment Score: \_\_\_\_\_ Psychosocial Assessment Level: \_\_\_\_\_

Psychosocial Assessment:

Risks \_\_\_\_\_  
 \_\_\_\_\_

Strengths \_\_\_\_\_  
 \_\_\_\_\_

Weaknesses/Barriers to Care \_\_\_\_\_  
 \_\_\_\_\_

PHQ 2 Score and results:

PHQ 9 Score and results:

PHQ A Score and results:

Notes:

<b>COMPREHENSIVE ANALYSIS</b>
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<b>Social Supports</b>			
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Y	N (+2)	N/A	Father of baby (FOB) supportive/involved
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FOB Name: Last \_\_\_\_\_ First \_\_\_\_\_ FOB Age \_\_\_\_\_

Y	N	N/A	Paternity info given
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Y (+3)	N	N/A	Domestic violence reported/suspected
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Y	N (+2)	N/A	Extended family/friend support available
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Y	N	N/A	Has a caregiver or guardian? (if yes, text box opens Caregiver/Guardian Name)
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Caregiver/Guardian Name: Last \_\_\_\_\_ First \_\_\_\_\_

Notes:

<b>Community Support</b>			
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Y	N (+2)	N/A	Adequate/Reliable transportation
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Y (+1)	N	N/A	Legal Assistance needed
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Religious Affiliation:

Notes:

<b>Living arrangements/Communication Resources/Nutrition</b>			
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Y (+2)	N	N/A	Homeless/soon to be Homeless
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Y (+1)	N	N/A	Utilities behind/cut-off notice received
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Y	N (+1)	N/A	Has own phone
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Y	N (+1)	N/A	Adequate food
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Notes:

<b>Economic Status</b>			
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Y	N (+2)	N/A	Employed
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Y	N	N/A	Income Assistance-specify source
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Y (+2)	N	N/A	Public benefits (not including Medicaid/Food services needed/received)
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Notes:

Educational needs			
Y	N (+1)	N/A	Graduated High School Highest grade completed _____
Y	N	N/A	Any College Education Degree/Certificate _____
Y (+2)	N	N/A	Language or literacy barriers to learning?
Notes:			

Physical Health			
EI states health is			
<input type="radio"/> <i>Excellent</i> <input type="radio"/> <i>Very good</i> <input type="radio"/> <i>Good</i> <input type="radio"/> <i>Fair</i> <input type="radio"/> <i>Poor</i>			
Y (+2)	N	N/A	Does the EI have a history of medical problems?
Y	N	N/A	Does the EI have current medical problems?
Y	N	N/A	Is the EI under a Physicians care?
Primary Care Physicians (PCP) Name: _____			
Y	N	N/A	Has the EI ever been diagnosed with diabetes? (mark all that applies) Type I ___ Type II ___ Gestational ___ When was diabetes an issue? Current pregnancy ___ Previous pregnancy ___
Y	N	N/A	Does the EI have a Family history of medical problems
Notes:			

Motor and Functional Impairments			
Y	N	N/A	Does the EI wear glasses or contacts?
Y	N	N/A	Does the EI have trouble seeing? If so, how?(mark all that applies) ___ Issues with seeing close up (reading) ___ Issues with distance (far away) ___ Issues with both distance and close up ___ Blind
Y (+2)	N	N/A	Does the EI wear a hearing aid? If so, what type? (mark all that applies) ___ Cochlear ___ Behind the ear (BTE) ___ On the ear (mini BTE)

			__ In the ear (ITE) __ In the canal (INC) __ Completely in the canal (CIC)  Left ear _____ Right Ear _____ Both _____
Y (+2)	N	N/A	Does the EI struggle with ADL __ Feeding __ Clothing __ Bathing __ Toileting __ Transferring
Y (+2)	N	N/A	Does the EI struggle with __ moving __ grabbing __ holding __ getting to a standing position
Y (+2)	N	N/A	Does the EI Need equipment for mobility or to daily function Needs help: <ul style="list-style-type: none"> <li>○ <i>Wheel chair</i></li> <li>○ <i>Walker</i></li> <li>○ <i>Cane</i></li> <li>○ Scooter</li> <li>○ Bedside toilet</li> <li>○ Catheter</li> <li>○ Shower chair</li> <li>○ Grab bars</li> <li>○ Railed toilet seats</li> <li>○ Hospital bed</li> <li>○ Bed rails</li> <li>○ Bed handles</li> <li>○ Lifts</li> </ul>
Notes:			

**Emotional Health**

Y (+2)	N	N/A	Does the EI have a Family History of Mental Illness
Y (+2)	N	N/A	Does the EI have a History of Mental Illness      Diagnosis (if applicable):

Y (+2)	N	N/A	Does the EI have a History of postpartum depression
Y (+2)	N	N/A	Does the EI have a History of drinking alcohol
Y (+2)	N	N/A	Does the EI currently drink alcohol?
Y (+3)	N	N/A	Has the EI ever experimented with illicit drugs?
Y (+3)	N	N/A	Does the EI currently experiment with illicit drugs?
The EI will answer the following questions with Yes (Y) or No (N).			
1. Have you ever felt that you ought to cut down on your drinking or drug use? _____			
2. Have people annoyed you by criticizing your drinking or drug use? _____			
3. Have you ever felt guilty or bad about your drinking or drug use? _____			
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover? _____			
Y	N	N/A	Were any of the above 1-4 questions answered "Yes"? If so, refer EI to SBIRT.
Y (+2)	N	N/A	Is the EI a Smoker/tobacco user                      Use Status:      Current ____ Former ____ Type: Quantity/Frequency:
Y (+3)	N	N/A	Is the EI a victim of rape or incest?
Notes:			

<b>Medication History</b>			
Y	N	N/A	Does the EI take over the counter medications or Rx medication? (including methadone)
Medications:			
Y	N	N/A	Uses a medication box
Y	N	N/A	Self-administers medication

If no, medication is monitored by?

Notes:

### Assessment Checklist

**Confirm WIC status:** Active \_\_\_ Referred \_\_\_ Denied \_\_\_ EI Declined \_\_\_

Y	N	N/A	Assessment checklist completed
Y	N	N/A	Assessed EIs readiness to learn
Y	N	N/A	Hospital Registration initiated
Y	N	N/A	Reviewed antepartum guidelines
Y	N	N/A	Provided circumcision information
Y	N	N/A	Encouraged breastfeeding and discussed benefits
Y	N	N/A	Explained EI rights and duties
Y	N	N/A	Determined TPL exemptions
Y	N	N/A	Explained and offered maternity care coordination services
Y	N	N/A	Explained role of care coordinator and provided contact information
Y	N	N/A	Reviewed health lifestyles including nutrition and oral health
Y	N	N/A	Reviewed and had EI sign agreement to receive PNC
Y	N	N/A	Explained procedure for changing Delivering Health Care professional (DHCP)
Y	N	N/A	Explained procedure for filing grievance
Y	N	N/A	EI acknowledge understanding of information given

Notes: