

## Pregnancy Outcomes Form

Modified from the University of Washington PCAP ASI Part B

*Complete this interview only if the pregnancy resulted in a live birth.  
 Do not complete this interview with any other pregnancy outcome.*

### GENERAL INFORMATION

<b>Participant #:</b>	<b>Site #:</b>	<b>Agency Name:</b>
<b>Date:</b>	<b>Interviewer initials:</b>	<b>Interview location:</b> <input type="checkbox"/> PCAP Office <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____
<b>Form is being filled out for the participant's:</b> <input type="checkbox"/> Target Child Pregnancy <input type="checkbox"/> Subsequent Pregnancy <i>Target child = child with whom the participant was pregnant or recently post-partum at start of PCAP service.</i>		
<b>Date PCAP Mentor became aware of pregnancy:</b> ___ / ___ / ____ (mm/dd/yyyy)		

**INSTRUCTIONS:** Complete as soon as possible after baby's birth. Prepare your environment by having a quiet, private place for the interview. Keep materials and reference materials (extra paper for notes, calendar, etc) nearby. Coding numbers are provided with each question. Ask every question (unless otherwise indicated). If the participant chooses not to answer, use the following coding system:

- 7 = Participant doesn't know or prefers not to answer
- 8 = Question does not apply
- 9 = Staff never asked question (missed)

**Assure participant of confidentiality**

	Target Child Twin A	Twin B	
<b>1. Baby's Birthdate</b> ___ / ___ / ____ (mm/dd/yyyy)			<b>COMMENTS</b> (Include the question # with your notes)
<b>2. How far along were you when baby was born?</b> (gestational age) (PROBE: was baby born premature? <37 weeks)	_____ WEEKS		
<b>3. Were you pregnant with twins?</b> 0 – No      1 – Yes	_____		
<b>4. Sex of Baby</b> 1 – Male      2 – Female	_____	_____	
<b>5a. Baby's birth weight</b>	_____/_____ LBS    OZ	_____/_____ LBS    OZ	
<b>5b. Baby's birth length</b>	____.____ INCHES	____.____ INCHES	
<b>6a. Where was baby delivered?</b> 1-Hospital 2-Home 3-Other, specify _____			

	Target Child Twin A	Twin B	<b>COMMENTS</b> (Include the question # with your notes)
<b>6b. If baby was delivered in a location other than a hospital, were they transferred to hospital AFTER delivery?</b> 0-No 1-Yes -8-N/A (delivered in hospital)	_____	_____	
<b>7. Did you have a labor support person during delivery?</b> 0-No 1-Father of baby 2-Other relative/friend 3-PCAP Mentor 4-Midwife/Doula 5-Other _____	_____		
<b>8a. Was baby discharged from hospital normally or did they have to stay longer in the hospital? Were they transferred to a special medical facility?</b> 0 – No problems, baby discharged normally 1 – No special unit, but spent extra time in the hospital of delivery 2 – Went to NICU for some time. 3 – Went to a Children’s Hospital (ex. Stollery, Alberta Children’s Hospital), not in NICU. 4– Other medical scenario _____	_____	_____	
<b>8b. If baby stayed longer in the hospital, why?</b> _____			
<b>8c. If baby stayed longer in hospital, how long beyond regular stay?</b>	_____ days	_____ days	
<b>9. Was there a hospital social worker involved?</b> 0 – No 1 – Yes	_____		
<b>10. IF BABY WAS DISCHARGED: Where is baby living now? OR IF NOT YET DISCHARGED: Who will baby be going home with?</b> 1 – Participant 2 – Father of baby 3 – Relative, specify _____ 4 – Friend 5 – Children and Family Services 6 – Other _____	_____	_____	
<b>11a. Who has legal custody of the baby?</b> 1 – Participant 2 – Father of baby 3 – Relative, specify _____ 4 – Legal guardianship, specify _____ 5 – Children and Family Services 6 – Other _____	_____	_____	

Alternate codes: -7 = Participant doesn't know or prefers not to answer -8 = Not applicable -9 = Staff never asked question



The next two pages are best completed in a conversational style. Use a calendar to help identify which months/seasons each period covers to help the participant remember this time in their life. Please practice using these tables prior to the interview.

Refer to question 13. **How far along were you when you found out you were pregnant?** \_\_\_\_\_ weeks

**ALCOHOL/DRUG USE – Before pregnancy was known**

**21. What was your substance use like before you knew you were pregnant?**  
*If participant only knows the street name and staff is unsure of category, write down name and look it up later.*

**Codes**

i. Method of use:  
 1-Oral                      4-Non-IV injection (skin popping)  
 2-Nasal                    5-IV injection  
 3-Smoking                -8-N/A

ii. Frequency of use:  
 0- Never                    4- 1 or 2 days/week  
 1- <once/month            5- 3 or 4 days/week  
 2- about once a month    6- almost every day  
 3- 2 or 3 times/ month    7- daily

iii. Do you think your use of this substance was a problem? 0-No    1-Yes

	i. Method	ii. Frequency	iii. Problem?
<b>a. Alcohol</b>			
<b>b. Cannabis (street)</b>			
<b>c. Cannabis (dispensary)</b>			
<b>d. Tobacco, specify:</b> _____ (ex. Cigarettes, vape, juul, chew)			
<b>e. Cocaine</b> (Coke, crack)			
<b>f. Heroin</b> (smack)			
<b>g. Methadone</b>			
<b>h. Opioids, specify</b> _____ (ex. Fentanyl, carfentanil, codeine, oxy, perocet, morphine)			
<b>i. Methamphetamines</b> (crystal meth, crank)			
<b>j. Hallucinogens</b> (ex. LSD, ecstasy, mushrooms, PCP)			
<b>k. Inhalants</b>			

**COMMENTS**  
 (Include the question # with your notes)

**For the next page, skip any tables that overlap with the above information.**

*Ex. If the participant found out they were pregnant at 20 weeks (2<sup>nd</sup> trimester), skip table 22-First Trimester. Complete tables 23-Second trimester, and 24-Third trimester.*

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<b>25. From the time you found out you were pregnant to when you had the baby, were there any big changes to your use of alcohol or drugs?</b> 0 – No 1 – Yes Explain: _____	_____
<b>26. Did you receive any alcohol/drug treatment during this pregnancy?</b> 0 – No 1 – Yes, completed 2- In progress 3 – Yes, but dropped	
<b>a. Inpatient</b>	_____
<b>b. Outpatient</b>	_____
<b>c. Other type (groups, etc.)</b>	_____
<b>27. Were you administered naloxone at any time during this pregnancy?</b> 0 – No 1 – Yes	_____

<p align="center"><b>COMMENTS</b></p> (Include the question # with your notes)
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Ask a-d for drinking and drug use.  
 2 or 3 “yes” answers may indicate a possible substance use disorder.

	<b>28. DRINKING</b>	<b>29. DRUG USE</b>
<b>a. Have you ever felt you should <i>cut</i> down on your . . .</b> 0 – No 1 – Yes	_____	_____
<b>b. Have people <i>annoyed</i> you by criticizing your . . .</b> 0 – No 1 – Yes	_____	_____
<b>c. Have you ever felt bad or <i>guilty</i> about your . . .</b> 0 – No 1 – Yes	_____	_____
<b>d. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover (<i>eye-opener</i>)?</b> 0 – No 1 – Yes	_____	_____

<p align="center"><b>COMMENTS</b></p> (Include the question # with your notes)
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**29. Validity**

*Use this section to track if there is reason to doubt the validity of the responses due to observable factors with the participant’s responses. This may include: Large gap of time between interview and birth of participant’s child, participant was determined to be under the influence, or other reasons that the interviewer may doubt the participant’s capacity to recall (ex. memory or comprehension abilities).*

Mentor is confident of accuracy of information presented in this report:  Yes  Mostly  Not at all

If you chose <i>Mostly</i> or <i>Not at all</i> , note why.
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**30. Final comments**

[Empty box for final comments]
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