OREGON FAMILY WELL-BEING ASSESSMENT

When you welcome a new baby into your family, it is an important time to make sure you have all the support you need for health and parenting. We ask all pregnant women or parents of an infant to fill out this survey so that we can provide the best care for you here, and so that we can refer you to other services if needed. You do not have to answer any questions if you do not want to, and all of your answers are confidential. However, if you or a child in your home are in danger we will discuss this with you and we may need to report this information.

PART 1 | BASIC INFORMATION

1 Name: ________________________________

2 Your DOB: _______ / _______ / ______
   Age 19 or less?  ○ Yes  ○ No

3 Are you a recent immigrant (5 years or less) or refugee?
   ○ Yes
   ○ No

4 What is the highest level of school you completed? Mark only one.
   ○ Less than high school
   ○ High school graduation/GED
   ○ Some classes after high school
   ○ College or higher

5 How would you describe your current relationship?
   ○ Single (Unmarried/Unpartnered, divorced, widowed)
   ○ I have a partner
   ○ Married

6 How would you describe your current job?
   ○ Full time (30 hours a week or more)
   ○ Part-time
   ○ Seasonal work
   ○ Unemployed and looking for work
   ○ Unemployed and not looking for work

7 How would you describe your spouse’s or partner’s job?
   ○ Full time (30 hours a week or more)
   ○ Part-time
   ○ Seasonal work
   ○ Unemployed and looking for work
   ○ Unemployed and not looking for work
   ○ No spouse or partner

PART 2 | PREGNANCY INTENTION

8 When you got pregnant with this most recent pregnancy, were you trying to get pregnant?
   ○ Yes
   ○ No

9 How do you (or did you) feel about being pregnant?
   ○ I’m happy about it
   ○ I’m okay with it
   ○ I’m not okay with it
   ○ I have mixed feelings

10 If you are currently pregnant, do you plan to continue the pregnancy?
    ○ Yes, and I plan to parent
    ○ Yes, and I do not plan to parent
    ○ No
    ○ I’m not sure yet
    ○ I’m not currently pregnant

11 Does (or did) your partner agree with you about whether or not to continue this pregnancy?
   ○ Yes
   ○ No
   ○ I have no partner
### PART 3 | HEALTH & SOCIAL SUPPORTS

| 12 | Do you have a regular doctor who does check-ups and sees you when you are sick? |
|    | ○ Yes ○ No |
| 13 | Do you have a dentist? |
|    | ○ Yes ○ No |
| 14 | Have you had a dental checkup in the past year? |
|    | ○ Yes ○ No |
| 15 | Do you get at least 7 hours of sleep each night? |
|    | ○ Yes, usually ○ Sometimes ○ Almost never |
| 16 | Do you walk at least 30 minutes or do other forms of exercise at least 5 days a week? |
|    | ○ Yes ○ Sometimes ○ Almost never |
| 17 | How would you describe the involvement of the father of the baby? |
|    | ○ Very involved ○ Somewhat involved ○ Not involved, but I have another adult who is committed to parenting ○ Not involved and no other adult is involved ○ Unclear |
| 18 | Do you feel that you have the social and emotional support you need for pregnancy and parenting? |
|    | ○ Yes ○ No ○ Unsure |
| 19 | Do you have someone to provide the types of help listed below if needed? Please mark each answer that applies: |
|    | ○ Loan me money for food and bills ○ Help me if I were sick and needed to be in bed ○ Give me a ride to the clinic or doctor’s office ○ Listen to me if I needed someone to talk to ○ Show me love and affection (other than a child) ○ None of these apply |

### PART 4 | EMOTIONAL HEALTH & WELLNESS

| 20 | Have you ever been diagnosed with depression, postpartum depression, anxiety, bipolar disorder, an eating disorder or ADHD? |
|    | ○ Yes ○ No |
| 21 | In the past 7 days, how often have you been able to laugh and see the funny side of things? |
|    | ○ As much as I always could ○ Not quite so much now ○ Definitely not so much now ○ Hardly at all |
| 22 | In the past 7 days, how often have you looked forward with enjoyment to things? |
|    | ○ As much as I ever did ○ Rather less than I used to ○ Definitely less than I used to ○ Hardly at all |
| 23 | In the past 7 days, have you blamed yourself unnecessarily when things went wrong? |
|    | ○ Yes, most of the time ○ Yes, some of the time ○ Not very often ○ No, never |
| 24 | In the past 7 days, have you been anxious or worried for no good reason? |
|    | ○ No, not at all ○ Hardly ever ○ Yes, sometimes ○ Yes, very often |
| 25 | In the past 7 days, have you felt scared or panicky for no very good reason? |
|    | ○ Yes, quite a lot ○ Yes, sometimes ○ No, not much ○ No, not at all |
26 In the past 7 days, have you felt like things were getting on top of you?
   - Yes, most of the time I haven’t been able to cope at all
   - Yes, sometimes I haven’t been coping as well as usual
   - No, most of the time I have coped quite well
   - No, I have been coping as well as ever

27 In the past 7 days, have you been so unhappy that you have had difficulty sleeping?
   - Yes, most of the time
   - Yes, sometimes
   - Not very often
   - No, not at all

28 In the past 7 days, have you felt sad or miserable?
   - Yes, most of the time
   - Yes, quite often
   - Not very often
   - No, not at all

29 In the past 7 days, have you been so unhappy that you have been crying?
   - Yes, most of the time
   - Yes, quite often
   - Only occasionally
   - No, never

30 In the past 7 days, has the thought of harming yourself occurred to you?
   - Yes, quite often
   - Sometimes
   - Hardly ever
   - Never

31 Have you ever experienced discrimination (felt like you were treated worse than other people) because of race, skin color, language, disability, immigration status, age, income, sex/gender, sexual orientation, religion or because you were pregnant?
   - Yes
   - No

32 Have you experienced a forced separation of family members or caregivers because of deportation, immigration, jail or prison, military deployment, job requirements or other reason?
   - Yes
   - No

33 We know that many people grew up in households where difficult things happened to them, and they go on to become healthy adults and loving, effective parents when they get the right support. Here is a list of things that can happen to people in childhood, and may impact their health and well-being into adulthood:
   - Physical abuse or neglect
   - Emotional abuse or neglect
   - Sexual abuse
   - Loss of a parent through death separation divorce prison or abandonment
   - Witnessing violence in the household
   - Having a parent or caregiver addicted to alcohol or drugs
   - Having a parent or caregiver with severe mental illness
   - Experiencing community violence or discrimination

   Have you experienced 4 or more of these things as part of your childhood?
   - Yes
   - No

34 Are you interested in getting more information about how discrimination, stress or trauma might affect your health or parenting?
   - Yes
   - No

PART 5 | SUBSTANCE USE

We know that a lot of women struggle with drugs & alcohol for a variety of reasons, sometimes while pregnant. We ask all families these questions so we can offer support and answer any questions you may have. We are not required to report these answers to DHS/Child Welfare unless there is a child in your home at risk of abuse or neglect.

35 In the past year, how many times have you had 4 or more drinks in one day?
   - None
   - 1 time
   - More than 1 time

36 Did your parents have a problem with alcohol or drugs?
   - Yes
   - No
37 Do any of your friends have a problem with alcohol or drugs?  
- Yes  
- No

38 Does your partner or spouse have a problem with alcohol or drugs?  
- Yes  
- No

39 Have you had trouble with alcohol, street drugs or prescription drugs in the past?  
- Yes  
- No

40 Have you used any street drugs (like methamphetamines, heroin, or cocaine) or taken methadone during this pregnancy?  
- Yes  
- No

41 Have you had trouble with alcohol, street drugs or prescription drugs in the past?  
- Yes  
- No

42 Have you used any street drugs (like methamphetamines, heroin, or cocaine) or taken methadone during this pregnancy?  
- Yes  
- No

43 How many times have you taken a prescription medication like oxycodone or OxyContin, morphine, hydrocodone (Vicodin), diazepam (Valium), alprazolam (Xanax), clonazepam (Clonopin), lorazepam (Ativan) or similar medications in the past 3 months?  
- None  
- 1 time  
- More than 1 time

44 Have you had any alcohol during this pregnancy?  
- Yes  
- No

45 Have you used tobacco or nicotine in any form (cigarettes, vaping, etc.)?  
- Yes, currently  
- Yes, but I cut down with pregnancy  
- Yes, but I stopped with pregnancy  
- Yes, but I stopped a while ago  
- No

46 Have you used marijuana for medical or recreational purposes?  
- Yes, currently  
- Yes, but I cut down with pregnancy  
- Yes, but I stopped with pregnancy  
- Yes, but I stopped a while ago  
- No

47 How would you describe your current family relationships?  
- Few/minor problems  
- Some problems  
- Serious problems

48 Does your partner talk to you in ways that make you feel bad?  
- Yes, often  
- Sometimes  
- No  
- No partner

49 Does your partner control where you go, who you talk to, or how you spend money?  
- Yes, often  
- Sometimes  
- No  
- No partner

50 Has your partner hurt or threatened you, or forced you to have sex?  
- Yes, often  
- Sometimes  
- No  
- No partner

51 Does your partner mess with your birth control or try to get you pregnant when you don’t want to be?  
- Yes, often  
- Sometimes  
- No  
- No partner

52 In your current relationship, do you feel free to access any services and support you need?  
- Yes, often  
- Sometimes  
- No  
- No partner
PART 7 | OTHER CHILDREN OR ADULTS IN THE HOUSEHOLD

53 Are there other children in the house under the age of 6 besides your new baby, for whom you are a primary caregiver?
   ○ No
   ○ Yes)

Do any of the children you care for have special needs (such as developmental delay, learning disability or physical disability?
   ○ Yes  ○ No

54 Do you have children under age 18 who are not living with you?
   ○ Yes  ○ No

55 Are there other adults in the household (besides you) who have or who will have contact with your new baby?
   ○ Yes  ○ No

Do any of them have serious medical problems, mental health problems, or problems with alcohol or drugs?
   ○ Yes  ○ No

56 Are there other adults in the household need assistance with education or training or finding a job?
   ○ Yes  ○ No

PART 8 | ASSETS & RESOURCES

56 In the past 12 months, how often was the following statement true for your household: "We worried that we would run out of food before we got money to buy more"?
   ○ Often true
   ○ Sometimes true
   ○ Never true

57 In the past 12 months, how often was the following statement true for your household: "The food we bought just didn’t last and we didn’t have money to get more"?
   ○ Often true
   ○ Sometimes true
   ○ Never true

58 In the past 3 months, how often have you worried about having a safe and stable place to live?
   ○ Every day  ○ Some days
   ○ Most days  ○ Never

59 In the past 3 months, how often have you worried about having good childcare?
   ○ Every day  ○ Some days
   ○ Most days  ○ Never

60 In the past 3 months, how often has transportation limited you in doing what you need to do?
   ○ Every day  ○ Some days
   ○ Most days  ○ Never

61 In the past 3 months, how often have you had trouble paying for basic living expenses (like housing, food, clothes)
   ○ Every day  ○ Some days
   ○ Most days  ○ Never
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<th>Program/Service</th>
<th>I’m already receiving</th>
<th>I want to be connected</th>
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<td>Breastfeeding support</td>
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<td>Child birth classes</td>
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<td>Child Care Resource &amp; Referral</td>
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<td>Counseling or mental health clinic</td>
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<td>Domestic violence support or shelter</td>
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<td>Emergency food (food bank)</td>
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<td>Employment assistance</td>
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<td>Health insurance or Medicaid</td>
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<td>Home visiting (nurse or educator that comes to your home to help with medical or parenting support)</td>
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<td>Victim’s Assistance</td>
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