



Healthy Mom, Healthy Family
Interconception Care Quality Improvement Project - Data Collection Form

Section 1: Eligibility & Opt-In *Required questions that must be completed before submitting form.

Administer to birth mothers 18 years or older that opt-in, during well-check visits that occur between 0-18 months.

1. Is birth mother present at today's visit?* Yes - Continue with question 2. No - Proceed with routine well child visit.

2. We would like to ask a few questions about your health experiences after pregnancy. You have the option to not respond to any questions that you chose. There is no impact on the care you or your child receives for not participating or answering any of the questions. May we begin?*

Yes - Continue with Section 2. No - Proceed with routine well child visit.

Section 2: Brief Screener

	Positive Screen	Negative Screen
3. Depression/Anxiety: Does mother have symptoms of postpartum depression or anxiety?*	<input type="radio"/> Yes	<input type="radio"/> No
4. Tobacco Use: Does mother currently smoke or vape?*	<input type="radio"/> Yes	<input type="radio"/> No
5. Multivitamin Use: Does mother currently take a multivitamin, prenatal vitamin or folic acid?*	<input type="radio"/> No	<input type="radio"/> Yes
6. Family Planning: Does mother plan on becoming pregnant?*	<input type="radio"/> No, Unsure <input type="radio"/> Yes, last pregnancy <18 months	<input type="radio"/> Yes, last pregnancy >18 months
7. Did you provide mother with "Prescription for a Healthy Family" handout? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Mom declined		

Section 3: Secondary Screener, Complete ONLY for Question 3-6 with Positive Screens

Depression/Anxiety	Tobacco Use	Multivitamin Use	Family Planning
3a. Did you offer a referral or screening note for mental health? <input type="radio"/> Yes, to PCP/Specialist <input type="radio"/> No <input type="radio"/> Mom declined <input type="radio"/> Care plan already in place <i>If mother has thoughts of self-harm, follow office procedure and/or standard care for individuals with suicide risk.</i>	4a. Did you assess mom's willingness to quit? * <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Mom declined 4b. Did mom indicate she was willing to quit? * <input type="radio"/> Yes <input type="radio"/> No	5a. Was a multivitamin sample provided? * <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Mom declined	6a. Is mother using contraception? * <input type="radio"/> Yes <input type="radio"/> No 6b. Was 18 month healthy birth spacing discussed? * <input type="radio"/> Yes <input type="radio"/> No
	4c. Did you offer a referral or screening note for tobacco use? <input type="radio"/> Yes, to Quitline/PCP/Specialist <input type="radio"/> No <input type="radio"/> Mom declined <input type="radio"/> Care plan already in place	5b. Did you offer a referral or screening note for multivitamin use? <input type="radio"/> Yes, to PCP/OB Family Planning Center <input type="radio"/> No <input type="radio"/> Mom declined <input type="radio"/> Care plan already in place	6c. Did you offer a referral or screening note for family planning? <input type="radio"/> Yes, to PCP/OB Family Planning Center <input type="radio"/> No <input type="radio"/> Mom declined <input type="radio"/> Care plan already in place

Section 4: Patient ID

*Date of Visit (MM-DD-YYYY): - -

Unique Patient Identifier:



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