



Birth Survey 2015-20

- FOR OFFICE USE ONLY -

Intake Staff: _____ Date: ____/____/____

Data Entry Staff: _____ Date: ____/____/____

Persimmony Family ID: _____

BIRTH SURVEY - COMPLETED AT INTAKE OR BIRTH OF CHILD	Child's First AND Last Name				
	Date (mm/dd/yyyy)	/ /	/ /	/ /	
	Is interviewee (parent/legal guardian) able to answer the following questions below about this child?	<input type="radio"/> Yes (please proceed)	<input type="radio"/> No (end of survey)	<input type="radio"/> Yes (please proceed)	<input type="radio"/> No (end of survey)
	1) Did this child's mother receive prenatal care?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
	2) Did this child's mother smoke during this pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
	3) What was the length of the pregnancy for this child?	<input type="radio"/> Full-term <input type="radio"/> Premature <input type="radio"/> Unknown		<input type="radio"/> Full-term <input type="radio"/> Premature <input type="radio"/> Unknown	<input type="radio"/> Full-term <input type="radio"/> Premature <input type="radio"/> Unknown
	4) What was the birth weight of this child?	<input type="radio"/> Less than 3lbs 4oz <input type="radio"/> 3lbs 5oz – 5lbs 7oz <input type="radio"/> 5lbs 8oz – 7lbs 15oz <input type="radio"/> 8lbs or more <input type="radio"/> Unknown		<input type="radio"/> Less than 3lbs 4oz <input type="radio"/> 3lbs 5oz – 5lbs 7oz <input type="radio"/> 5lbs 8oz – 7lbs 15oz <input type="radio"/> 8lbs or more <input type="radio"/> Unknown	<input type="radio"/> Less than 3lbs 4oz <input type="radio"/> 3lbs 5oz – 5lbs 7oz <input type="radio"/> 5lbs 8oz – 7lbs 15oz <input type="radio"/> 8lbs or more <input type="radio"/> Unknown
	5) Did the mother breastfeed this child?	<input type="radio"/> Yes <input type="radio"/> No (end of survey) <input type="radio"/> Unknown (end of survey)		<input type="radio"/> Yes <input type="radio"/> No (end of survey) <input type="radio"/> Unknown (end of survey)	<input type="radio"/> Yes <input type="radio"/> No (end of survey) <input type="radio"/> Unknown (end of survey)
6) How many months was this child breastfed?	<input type="radio"/> _____ months <input type="radio"/> Still breastfeeding <input type="radio"/> Unknown		<input type="radio"/> _____ months <input type="radio"/> Still breastfeeding <input type="radio"/> Unknown	<input type="radio"/> _____ months <input type="radio"/> Still breastfeeding <input type="radio"/> Unknown	

**Please use extra form(s) for additional child(ren).*