

| | |
|------------------------------|-------|
| <i>FOR HOSPITAL USE ONLY</i> | |
| Mother's Medical Record # | _____ |
| Mother's Name | _____ |
| Newborn's Date of Birth | _____ |
| Newborn's Medical Record # | _____ |
| Metabolic Kit # | _____ |
| Discharge Date: | _____ |

DO NOT COMPLETE GRAY SECTIONS UNTIL AFTER DELIVERY

Mother's Worksheet for Child's Birth

The information you provide below will be used to create your child's birth certificate as well as other public health purposes. The birth certificate is a document that will be used for important purposes including proving your child's age, citizenship and parentage. The birth certificate will be used by your child throughout his/her life.

It is very important that you provide complete and accurate information to all of the questions. In addition, this information is used by health and medical researchers to study and improve the health of mothers and newborn infants. Items such as education, race, and smoking will be used for studies but will not appear on copies of your child's birth certificate (unless requested by a person listed in the certificate). State of Ohio law provides protection against the unauthorized release of health and medical information, but mandates the release of identifying information from the birth certificate under public record law.

Please print clearly.

Newborn's Sex Male Female Undetermined

Newborn's Date of Birth _____

Was this delivery a: single birth multiple birth (twins, triplets, etc.)

If multiple, this worksheet is for baby: A (first born) B (second born) C (third born) D (fourth born)

1. What will be your baby's legal name (as it should appear on the birth certificate)? Special accents, excluding numbers, are allowed on your child's name. Please note that other government agencies (such as social security), will not be able to accommodate these special characters when reprinting your child's name.

| | | | |
|--|--------|------|--------|
| First | Middle | Last | Suffix |
| <input type="checkbox"/> Name not yet chosen | | | |

2. What is your current legal name?

| | | | |
|-------|--------|------|--------|
| First | Middle | Last | Suffix |
|-------|--------|------|--------|

3. What was your last name prior to your first marriage (maiden name, surname, family name, or your name as it appears on your birth certificate)? _____
Maiden Name/Surname

4. Where do you usually live - that is - where is your household/residence located?

United States or Canada Outside of the United States*

*If NOT United States or Canada, *country*: _____ [Please go to Question #6]

If United States or Canada, please list your state, Province, or U.S. Territory: _____

County (if applicable): _____

| | | |
|--|-------------------------|------------------|
| Street Address | | Apartment Number |
| P.O. Box | City, Town, or Township | |
| State (or U.S. Territory, Canadian Province) | Zip Code or Postal Code | |

5. Is this household inside city limits (inside the incorporated limits of the city, town, or location where you live)?

Yes No Don't know

6. What is your mailing address? This is the address where your child's Social Security card will be sent if requested.

Same as residence [Go to Question #7]

| | | |
|--|-------------------------|-------------------------|
| Complete number and street | | Apartment Number |
| P.O. Box | City, Town, or Location | |
| State (or U.S. Territory, Canadian Province) | | Zip Code or Postal Code |

If not in the United States, *country*: _____

7. What is the telephone number that someone can contact you at?

Primary Phone Number:

_____ Area Code

_____ Phone Number

Secondary Phone Number:

_____ Area Code

_____ Phone Number

I have no phone number where I can be contacted.

8. What is your date of birth? (Example: 03-24-1977 for March 24, 1977)

_____ Unknown
 Month Day Year

9. In what State, U.S. territory, or foreign country were you born? Please specify one of the following:

If born in the United States or U.S. Territory (i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern or the Marianas), please list the U.S. Territory or State (ie. Ohio, Indiana, etc...): _____

or,

If born outside of the United States, please list the foreign country: _____

Unknown

10. What is the highest level of schooling that you will have completed at the time of delivery?

8th grade or less

Bachelor's degree (e.g. BA, AB, BS)

No diploma, 9th-12th grade

Master's degree (e.g. MA, MS, Meng, Med, MSW, MBA)

High school graduate or GED completed

Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS)

Some college credit, but no degree

Unknown

Associate's degree (e.g. AA, AS)

11. Are you Spanish/Hispanic / Latina? If not Spanish/Hispanic/Latina, check the "No" box. If Spanish/Hispanic/Latina, check the appropriate box or boxes.

No, not Spanish/Hispanic/Latino

Yes, other Spanish/Hispanic/Latino

Yes, Mexican, Mexican American, Chicano

(e.g. Spaniard, Salvadoran, Dominican, Columbian) specify:

Yes, Puerto Rican

Yes, Cuban

Unknown

12. Race (Please check one or more races to identify what you consider yourself to be).

White

Japanese

Other Pacific Islander (specify): _____

Black or African American

Korean

American Indian or Alaska Native

Vietnamese

Other (specify): _____

name of enrolled or principal tribe: _____

Other Asian (specify): _____

Unknown

Asian Indian

Native Hawaiian

(e.g. Cambodian, Vietnamese, Laotian)

Guamanian or Chamorro

Chinese

Samoan

Filipino

13. Did you receive WIC (Women, Infants & Children) food for yourself because you were pregnant with this child?

No Yes Unknown

14. What is your height? _____ feet _____ inches Unknown

15. What was your pre-pregnancy weight, that is, your weight before you became pregnant with this child?
_____ lbs Unknown

16. How many cigarettes OR packs of cigarettes did you smoke on a typical day during each of the following time periods? If you NEVER smoked, enter zero (0) for # of cigarettes for each time period.

| | # of cigarettes | OR | # of packs |
|-----------------------------------|-----------------|----|------------|
| Three months before pregnancy: | _____ | OR | _____ |
| First three months of pregnancy: | _____ | OR | _____ |
| Second three months of pregnancy: | _____ | OR | _____ |
| Third trimester of pregnancy: | _____ | OR | _____ |

17. How many alcoholic beverages did you consume on a typical day during each of the following time periods? If you NEVER drank, enter zero (0) for # of drinks for each time period.

| | # of drinks |
|-----------------------------------|-------------|
| Three months before pregnancy: | _____ |
| First three months of pregnancy: | _____ |
| Second three months of pregnancy: | _____ |
| Third trimester of pregnancy: | _____ |

18. Were you married at the time you conceived this child, at the time of birth, or within the last 300 days prior to the birth of your child?

1. Yes **[Please go to Question #19]**
2. Yes, but I can provide legal documentation (court order, separation agreement, journal entry, divorce decree) stating my husband is not to be listed as the father of my child.
[Please go to Question #18B]
3. Yes, but I refuse to provide my husband's name as the father of my child*
[Please go to Question #25]
**Please note that under state of Ohio law, by refusing to complete your husband's information, your child's birth certificate will not be registered as a legal document and your child's birth information will not be electronically transmitted for a Social Security number to be issued.*
4. No **[Please go to Question #18B]**

18B Has a paternity acknowledgment been completed? (That is, have you and the father signed an Affidavit of Paternity form in which the father accepted legal responsibility for the child?)

Yes **[Please go to Question #19]**

No **[Please go to Question #25]** *If you were not married, or if an Affidavit of Paternity form has not been completed, information about the father cannot be included on the birth certificate.*

19. What is the current legal name of your child's father -that is- his name as it appears on his birth certificate?

| | | | |
|-------|--------|-------|--------|
| _____ | _____ | _____ | _____ |
| First | Middle | Last | Suffix |

20. What is the father's date of birth? (Example: 03-24-1977 for March 24, 1977)

| | | | |
|-------|-------|-------|----------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Unknown |
| Month | Day | Year | |

21. In what State, U.S. territory, or foreign country was the father born? Please specify one of the following:

If born in the United States or U.S. Territory (i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern or the Marianas), please list the U.S. Territory or State (ie. Ohio, Indiana, etc...): _____

or,

If born outside of the United States, please list the foreign country: _____

Unknown

22. What is the highest level of schooling that the father will have completed at the time of delivery?

| | |
|--|--|
| <input type="checkbox"/> 8th grade or less | <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) |
| <input type="checkbox"/> No diploma, 9th-12th grade | <input type="checkbox"/> Master's degree (e.g. MA, MS, Meng, Med, MSW, MBA) |
| <input type="checkbox"/> High school graduate or GED completed | <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS) |
| <input type="checkbox"/> Some college credit, but no degree | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Associate's degree (e.g. AA, AS) | |

23. Is the father Spanish/Hispanic / Latina? If not Spanish/Hispanic/Latina, check the "No" box. If Spanish/Hispanic/Latina, check the appropriate box or boxes.

| | |
|--|---|
| <input type="checkbox"/> No, not Spanish/Hispanic/Latino | <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano | (e.g. Spaniard, Salvadoran, Dominican, Columbian) specify: |
| <input type="checkbox"/> Yes, Puerto Rican | |
| <input type="checkbox"/> Yes, Cuban | <input type="checkbox"/> Unknown |

24. What is the father's race? Please check one or more races to indicate what he considers himself to be.

| | | |
|---|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Pacific Islander (specify): |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Korean | _____ |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other (specify): |
| name of enrolled or principal tribe: _____ | <input type="checkbox"/> Other Asian (specify): | _____ |
| | | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian | |
| (e.g. Cambodian, Vietnamese, Laotian) | <input type="checkbox"/> Guamanian or Chamorro | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Samoan | |
| <input type="checkbox"/> Filipino | | |

25. Furnishing parent(s) Social Security Number(s) (SSNs) is required by Federal Law, 42 USC 405(c) (section 205(c) of the Social Security Act). The number(s) will be made available to the (State Social Services Agency) to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance. The SSN is also collected as authorized by Ohio law to be used for public health purposes.

25a. What is your Social Security Number? IF you do not have a Social Security Number, please mark "None".

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 None

25b. What is the father's Social Security Number? If you are not married AND an Acknowledgement of Paternity has no been completed, please leave this item blank. If the father does not have a Social Security Number, please mark "None".

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 None

26a. Do you want a Social Security Number issued for your child?

Yes [Please sign request below]

No [Go to Question #27]

26b. I request that the Social Security Administration assign a Social Security number to the child named on this form and authorize the State to provide the Social Security Administration with the information from this form which is needed to assign a number.

I understand that if I was married at any time during the 300 days prior to the birth of my child; and I refuse to list my husband as the father; and do not have legal documentation (court order, separation agreement, journal entry, divorce decree) stating that my husband is not to be listed as the father of my child, my child's birth information will not be electronically transmitted to receive a Social Security number.

Signature of mother _____ Date _____

27. What is the name and relationship of the person providing information for this worksheet?

| | |
|--|--|
| <input type="checkbox"/> Mother of the child | <input type="checkbox"/> Father of the child |
| <input type="checkbox"/> Other, please specify _____ | |

28. What is your primary language - that is - what language do you feel the most comfortable speaking?

English Spanish Somali Other, please specify: _____

PRENATAL HISTORY

1. Date of first prenatal care visit (Prenatal care begins when a physician or other health professional first examines and/or counsels the pregnant woman as part of an ongoing program of care for the pregnancy):

Unknown portions of the date should be entered as "99"
M M D D Y Y Y Y

- No prenatal care (Please go to Question #6)
 Unknown

2. Date of last prenatal care visit (Enter the date of the last visit as recorded in the mother's prenatal records):

Unknown portions of the date should be entered as "99"
M M D D Y Y Y Y

- No prenatal care (Please go to Question #4)
 Unknown

3. Total number of prenatal care visits for this pregnancy: _____

(Count only those visits recorded in the record. If none enter "0")

- Unknown

4. Date last normal menses began: Unknown portions of the date should be entered as "99"
M M D D Y Y Y Y

- Unknown

5. Number of previous live births now living: _____ Number

(Do not include this child. For multiple deliveries, do not include the 1st born in the set if completing this worksheet for that child)

- Unknown

6. Number of previous live births now dead: _____ Number

(Do not include this child. For multiple deliveries, do not include the 1st born in the set if completing this worksheet for that child)

- Unknown

7. Date of last live birth (do not include this child): Unknown portions of the date should be entered as "99"
M M D D Y Y Y Y

- Unknown

8. Total number of other pregnancy outcomes: _____ Number

(Include fetal losses of any gestational age. Do not include this child)

- Unknown

9. Date of last other pregnancy outcome (Date when last pregnancy which did not result in a live birth ended.

Do not include this child or living child(ern).)

Unknown portions of the date should be entered as "99"
M M D D Y Y Y Y

- Unknown

10. Mother's weight at delivery: _____ lbs

- Unknown

HOSPITAL USE ONLY

1. Time of birth: _____ 24 hour clock Unknown

2. Attendant's name, title, and N.P.I. (National Provider Identifier) (The attendant at birth is the individual physically present at the delivery who is responsible for the delivery. For example, if an intern or nurse-midwife delivers an infant under the supervision of an obstetrician who is present in the delivery room, the obstetrician is to be reported as the attendant):

Attendant's Name _____

3. Attendant's Title: M.D. D.O. CNM/CM (Certified Nurse Midwife/Certified Midwife)
 Other Midwife (Midwife other than CNM/CM) Other (specify): _____

5. Was infant transferred within 24 hours of delivery? Yes*

*If Yes, enter the name of the facility infant was transferred to: _____

No Unknown Other (specify): _____