



Pregnancy survey

Amerigroup Community Care wants to help you have a healthy pregnancy and a healthy baby. The more we know about your personal health, the more we can do to help you get the care you need. You may have already been contacted to conduct a pregnancy survey. If so, you do not need to do anything. If you have not been contacted, taking a few minutes to complete the following survey is an important step in helping us help you.

We know some of the questions are sensitive. We will put your answers into your health record. Only staff involved in your care will see your information. Your case manager will use your answers to assist you throughout your pregnancy.

Please fill in this information:

Full name: _____ Date of birth: _____

Street address: _____

City, state and ZIP: _____

Phone number: _____

Preferred language: _____

Have you picked a provider for your prenatal care? YES NO

If yes, please provide the following information:

Obstetrics (OB) Provider's Name: _____

Address: _____

What was the date of your first prenatal care appointment for this pregnancy?

Date: _____

Current and past pregnancy questions		
Check the box that applies or fill in your answer in the space provided.		
1. When is your baby due? Please enter date: _____		
2. Have you been told by your provider that you are going to have twins or more than one baby?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Is this the first time you have ever been pregnant? If yes, skip questions 5, 6, 7 and 8.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Preterm labor is labor that happens before your 37 th week of pregnancy. This is about 3 weeks earlier than your due date. Have you had preterm labor during this pregnancy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. In any previous pregnancies, were you told by your provider that you had preterm labor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Have you ever given birth to a baby more than three weeks before your due date?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Have you ever given birth to a baby that weighed less than five pounds?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Have you ever had a C-section?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Have you had to go to the emergency room during this pregnancy for a pregnancy-related problem?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Have you been admitted to the hospital during this pregnancy for a pregnancy-related problem?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
General health questions		
11. How tall are you?	Feet___	Inches___
12. How much did you weigh at the start of your pregnancy?		Pounds___
13. Have you ever been told that you had any type of diabetes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. Do you currently have any of these health conditions? Asthma or other chronic lung disease? High blood pressure?	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO

The next question is about your race and ethnicity. Some ethnicities are at greater risk for complications during pregnancy.		
15. What race do you classify yourself as? <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other <input type="checkbox"/> Choose not to answer		
16. During the past month, have you often been bothered by feeling down, depressed or hopeless?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. During the past month, have you often been bothered by little interest or pleasure in doing things?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. Have you enrolled in Women, Infants and Children, or WIC?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
These next few questions are very personal, but your answers can help us better serve you.		
19. Have you had a sexually transmitted disease in the past year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. Have you ever been emotionally, sexually or physically abused by your partner or someone important to you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21. In the month before you were pregnant, how often did you use cigarettes, other tobacco products, E-cigarettes or a vape pen? If you're interested, there is a free resource called the Georgia Tobacco Quitline . The program can help pregnant women deal with tobacco cravings and other challenges as well as quit for good. The number is 1-800-Quit-Now or 1-800-784-8669.	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes
22. In the month before you were pregnant, how often did you use marijuana?	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes
23. Have you ever experimented with street drugs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
24. In the month before you were pregnant, how often did you drink any beer, wine, or liquor?	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes
25. In the month before you were pregnant, how often did you take a prescription drug that was NOT prescribed for you?	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes
26. Are you homeless?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
27. Do you need assistance with transportation to your OB provider?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

28. Do you have a pediatrician in mind to take care of your baby? If yes: What is the pediatrician's name: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Thank you for taking the time to complete this survey. Your answers will help us provide you with the best service possible. We will send you some educational materials in the mail, and you may receive a call from a nurse to follow up.

If you have any questions about this survey, need help finding an OB provider or need assistance with transportation to the provider's office, please call Amerigroup toll free at 1-800-600-4441. Members who are deaf or hard of hearing can call TTY: 711.

Also, you are now enrolled in a special program for pregnant members called My Advocate™. My Advocate will call you twice a week to share brief, timely pregnancy tips. Many moms find these calls uplifting and helpful. You can also have messages come to your cell phone via our My Advocate Texting program or My Advocate App. If you prefer to receive these tips via text, visit www.MyAdvocateHelps.com to sign up.

If you prefer to receive your tips via our app, search for My Advocate in the iTunes App Store. Visit www.MyAdvocateHelps.com to learn more about all of your options.

Thank you for choosing Amerigroup.