



Prenatal Risk Overview (PRO) & Postpartum Risk Overview (PPRO) Translation – English

PRENATAL RISK OVERVIEW (PRO)

When you are at home, how often do you have access to a telephone?

- All the time Some of the time Rarely None of the time

How often do you have access to transportation?

- All the time Some of the time Rarely None of the time

IN THE PAST 12 MONTHS ...

How often did the food that you bought not last, and you didn't have money to buy more?

- Often Some times Never

How often could you not afford to eat balanced meals?

- Often Some times Never

How often did you cut the size of your meals or skip meals because there wasn't enough money for food?

- Often Some times Never

How often were you hungry but didn't eat because you couldn't afford enough food?

- Often Some times Never

IN THE PAST 12 MONTHS . . .

How many months did you live with relatives or friends as a temporary living arrangement?

0 1 2 3 4 5 6 7 8 9 10 11 12

How many nights did you stay in a shelter or other temporary facility?

___ ___ ___ (0-365)

Are you currently living in a stable housing situation?

- Very Stable Somewhat stable Not stable

How concerned are you that you won't have a place to live when your baby is born?

- Very Concerned Somewhat concerned Not concerned



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If I were sick and needed someone to take me to the doctor, I would have trouble finding someone.

- Definitely true Probably True Probably False Definitely False

There is at least one person I know whose advice I really trust

- Definitely true Probably True Probably False Definitely False

How many people can you count on in times of need?

- 0 1 2 3 4 5 6 7 8 9 10 or more

How many people would be able to take care of your child(ren) for several hours if needed?

- 0 1 2 3 4 5 6 7 8 9 10 or more

Do you have a boyfriend or husband (or partner)?

- No Yes

[If yes] How satisfied are you with the way your (boyfriend/husband/partner) lets you know what he (she) feels or thinks?

- Very satisfied Somewhat satisfied Somewhat unsatisfied Very unsatisfied

Are there adults, not including your (boyfriend/husband/partner), with whom you have regular talks?

- No Yes

[If yes] Think about the person you talk with the most. How satisfied are you with the talks that you have with this person?

- Very satisfied Somewhat satisfied Somewhat unsatisfied Very unsatisfied

DURING THE 12 MONTHS BEFORE YOU KNEW YOU WERE PREGNANT, were you hit, slapped, kicked, or otherwise physically hurt by your (boyfriend/husband/partner)?

- Yes No

... by anyone else

- Yes No

SINCE YOU'VE BEEN PREGNANT, have you been hit, slapped, kicked, or otherwise physically hurt by your (boyfriend/husband/partner)?

- Yes No

... by anyone else

- Yes No



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DURING THE 12 MONTHS BEFORE YOU KNEW YOU WERE PREGNANT, did your boyfriend/husband/partner) force you to have sex?

- Yes No

Did anyone else force you to have sex?

- Yes No

SINCE YOU HAVE BEEN PREGNANT, has your (boyfriend/husband/partner) forced you to have sex?

- Yes No

Has anyone else forced you to have sex?

- Yes No

DURING THE 12 MONTHS BEFORE YOU KNEW YOU WERE PREGNANT, were you afraid that your (boyfriend/husband/partner) might hurt you?

- Yes No

Have you been afraid that anyone else might hurt you?

- Yes No

SINCE YOU HAVE BEEN PREGNANT, have you been afraid that your (boyfriend/husband/partner) might hurt you?

- Yes No

Have you been afraid that anyone else might hurt you?

- Yes No

OVER THE PAST 2 WEEKS ...

How often have you been bothered by any of the following problems?

Little interest or pleasure in doing things?

- Not at all Several days More than half the days Every day or nearly every day

Feeling down, depressed, or hopeless?

- Not at all Several days More than half the days Every day or nearly every day

Trouble falling asleep or staying sleep, or sleeping too much?

- Not at all Several days More than half the days Every day or nearly every day

Feeling tired or having little energy?

- Not at all Several days More than half the days Every day or nearly every day



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days

day

Poor appetite or overeating?

- Not at all Several days More than half the days Every day or nearly every day

Feeling bad about yourself – or that you are a failure or have let yourself or your family down?

- Not at all Several days More than half the days Every day or nearly every day

Trouble concentrating on things, such as reading the newspaper or watching television?

- Not at all Several days More than half the days Every day or nearly every day

Moving or speaking so slowly that other people could have noticed?

- Not at all Several days More than half the days Every day or nearly every day

Being so fidgety or restless that you have been moving around a lot more than usual?

- Not at all Several days More than half the days Every day or nearly every day

Thoughts that you would be better off dead, or thoughts of hurting yourself?

- Not at all Several days More than half the days Every day or nearly every day

During the month before you knew you were pregnant, how many days a week did you smoke all or part of a cigarette?

- Daily (5-7 days/week)
 Less than Daily (1-4 days/week)
 Not at all (0 days)

On the days you smoked cigarettes, how many cigarettes did you smoke per day, on average?

- Less than 1, or 1
 2-5
 6-15 (about 1/2 pack)
 16 or more (about a pack or more)



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Since you have known you were pregnant, how many days a week did you smoke all or part of a cigarette?

- Daily (5-7 days/week)
- Less than Daily (1-4 days/week)
- Not at all (0 days)

On the days you smoked cigarettes, how many cigarettes did you smoke per day, on average?

- Less than 1, or 1
- 2-5
- 6-15 (about 1/2 pack)
- 16 or more (about a pack or more)

DURING THE 12 MONTHS BEFORE YOU KNEW YOU WERE PREGNANT...

On how many days did you drink an alcoholic beverage?

- Daily [260-365 total days or 5-7 days/week or 20-30 days/month]
- Weekly [50-259 total days or 1-4 days/week or 4-19 days/month]
- Monthly [12-49 total days or 1-3 days/month]
- Rarely [1-11 total days]
- Never [0 days]

On the days that you drank, how many drinks did you usually have each day?
_____ (Average # drinks per day)

Did you have a feeling of guilt or remorse after drinking?

- Yes
- No

Did a friend or family member tell you about things you said or did while you were drinking that you could not remember?

- Yes
- No

Did you neglect any of your responsibilities because of alcohol use?

- Yes
- No

Did you take a drink in the morning when you first got up?

- Yes
- No

SINCE YOU HAVE KNOWN YOU WERE PREGNANT, on how many days did you drink an alcoholic beverage?

- Daily [5-7 days/week or 20-30 days/month]
- Weekly [1-4 days/week or 4-19 days/month]
- Monthly [1-3 days/month]
- Rarely [Less than once a month]
- Never [0 days]



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On the days that you drank, how many drinks did you usually have each day?
_____(Average # drinks per day)

DURING THE 12 MONTHS BEFORE YOU KNEW YOU WERE PREGNANT, on how many days did you use marijuana or any other drug not prescribed for you by your doctor?

- Daily [260-365 total days or 5-7 days/week or 20-30 days/month]
- Weekly [50-259 total days or 1-4 days/week or 4-19 days/month]
- Monthly [12-49 total days or 1-3 days/month]
- Rarely [1-11 total days]
- Never [0 days]

During the past 12 months have you neglected any of your responsibilities because of drug use?

- Yes
- No

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- Daily [5-7 days/week or 20-30 days/month]
- Weekly [1-4 days/week or 4-19 days/month]
- Monthly [1-3 days/month]
- Rarely [Less than once a month]
- Never [0 days]

Do you currently have any legal problems or are you on probation or parole?

- Yes
- No

Are you currently involved with the child protection system?

- Yes
- No

[If no] Have you ever been involved with the child protective system or had children removed from your home?

- Yes
- No



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POSTPARTUM RISK OVERVIEW (PPRO)

During pregnancy or since your baby was born, how many nights did you stay in a shelter or other temporary facility?

___ ___ ___ (0-365)

Are you currently living in a stable housing situation?

Very Stable

Somewhat
stable

Not stable

How many people can you count on in times of need?

0 1 2 3 4 5 6 7 8 9 10 or more

How many people would be able to take care of your child(ren) for several hours if needed?

0 1 2 3 4 5 6 7 8 9 10 or more

During pregnancy or since your baby was born, have you been hit, slapped, kicked, or otherwise physically hurt by your (boyfriend/husband/partner)?

Yes

No

... by anyone else

Yes

No

During pregnancy or since your baby was born, has your (boyfriend/husband/partner) forced you to have sex?

Yes

No

Has anyone else forced you to have sex?

Yes

No

During pregnancy, or since your baby was born have you been afraid that your (boyfriend/husband/partner) might hurt you?

Yes

No

Have you been afraid that anyone else might hurt you?

Yes

No



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Thoughts that you would be better off dead, or thoughts of hurting yourself or your baby?

- Not at all Several days More than half the days Every day or nearly every day

During the last 30 days, how often did anyone smoke tobacco in your home?
____ days

During the last 30 days, how often did anyone smoke tobacco while your child was in the car?
____ days

Since your baby was born, on how many days did you drink an alcoholic beverage?

- Daily [5-7 days/week or 20-30 days/month]
 Weekly 1-4 days/week or 4-19 days/month]
 Monthly [12-49 total days or 1-3 days/month]
 Rarely [1-11 total days]
 Never [0 days]

On the days that you drank, how many drinks did you usually have each day?
____ (Average # drinks per day)

Since your baby was born, on how many days did you use marijuana or any other drug not prescribed for you by your doctor?

- Daily [5-7 days/week or 20-30 days/month]
 Weekly [1-4 days/week or 4-19 days/month]
 Monthly [1-3 days/month]
 Rarely [Less than once a month]
 Never [0 days]