Prenatal Assessment

Home Visitor: _____

Home Visitation PROGRAM
Supporting Families. Strengthening Communities.
West Virginia Department of Health and Human Resources

Parent/Caregiver Name:	**Expected Due Date:**

PRENATAL INTAKE ASSESSMENT ***Complete at first prenatal visit*** **Date Completed:**

1. Will you have a crib, bassinet or pack and play in your home by the time the baby is born? ☐ Yes ☐ No ☐ Don't Know
2. Did Home Visitor have face-to-face verbal discussion about infant safe sleep with the parent/caregiver at the visit? ☐ Yes ☐ No ☐ Don't Know
3. Did the Home Visitor give infant safe sleep materials to the parent/caregiver at the visit? ☐ Yes ☐ No

Date of Visit	Tobacco Survey
	Currently smoking/using tobacco products? ☐ Smoking Cigarettes;____ # of cigarettes per day ☐ Using Tobacco Products ☐ E-Cigarettes ☐ N/A Interested in quitting/reducing? ☐ Yes ☐ No Anyone else in the home smoke or use tobacco products? ☐ Yes ☐ No
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