

Patient's Medical Record #

FOR HOSPITAL USE ONLY

Patient's Name

Patient's Worksheet for the Report of Fetal Death

We are truly sorry about the loss you have experienced. We understand that this is a difficult time for you and your loved ones. We need to ask you a few questions to assist in the completion of the official report of fetal death. State laws provide protection against the unauthorized release of identifying information from the report of fetal death to ensure confidentiality of the parents. This information may also help researchers understand some of the factors that are related to miscarriage and stillbirth. Your assistance in providing complete and accurate information is very important. We appreciate your help, especially during this very difficult time.

PLEASE PRINT CLEARLY

1. Would you like to name the child? This is entirely optional.

First Middle Last Suffix (Jr., III, etc.)

2. What is your current legal name?

First Middle Last

3. What is the current legal name of your baby's father?

First Middle Last Suffix (Jr., III, etc.)

4. What was your full name before first married (if different from current name)?

First Middle Last

5. Where do you usually live – that is – where is your household/residence located?

Complete number and street: _____ Apartment Number: _____

(Do not enter rural route numbers or P.O. Box)

City, Town, or Location: _____

County: _____ State: _____

Zip Code: _____ (or U.S. Territory, Canadian Province)

If not United States, country: _____

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

Yes

No

Don't know

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7. What is your mailing address?

Same as residence [Go to next question]

Complete number and street: _____

Apartment Number: _____ P.O. Box: _____

City, Town, or Location: _____

State: _____ Zip Code: _____

(or U.S. Territory, Canadian Province)

If not United States, *country*: _____

8. In what State, U.S. territory, or foreign country were you born?

Please specify one of the following:

State _____

or

U.S. territory, i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or

Northern Marianas _____

or

Foreign country _____

9. What is your date of birth? (Example: June 12, 1965)

Month Day Year

10. Were you married at the time your conceived this child or at the time of delivery?

Yes

No

11. In what State, U.S. territory, or foreign country was the father born?

Please specify one of the following:

State _____

or

U.S. territory, i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or

Northern Marianas _____

or

Foreign country _____

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12. What is the father's date of birth? (Example: June 12, 1976)

Month Day Year

Don't know

13. What is your race? (Please list *one or more races* to indicate what you consider yourself to be. Examples: American Indian, Black, White, etc. If Asian, give nationality such as Chinese, Filipino, etc.)

14. What is your ancestry? (Please list *one or more ancestries* to indicate what you consider your ancestry to be. Examples: Mexican, Cuban, Arab, English, French, Dutch, etc. If American Indian, enter principal tribe.)

15. Are you Spanish/Hispanic/Latina? If not Spanish/Hispanic/Latina, check the "No" box. If Spanish/Hispanic/Latina, check the "Yes" box.

No, not Spanish/Hispanic/Latina

Yes, Spanish/Hispanic/Latina (e.g. Mexican, Cuban, Salvadoran, Columbian)

16. What is the highest level of schooling that you have completed at the time of delivery? (Check the box that best describes your education. If you are currently enrolled, check the box that indicates the previous grade or highest degree received.)

8th grade or less

9th - 12th grade, no diploma

High school graduate or GED completed

Some college but no degree

Associate degree (e.g. AA, AS)

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

Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)

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

17. What is the father's race? (Please list *one or more races* to indicate what the father considers himself to be. Examples: American Indian, Black, White, etc. If Asian, give nationality such as Chinese, Filipino, etc.)

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18. What is the father's ancestry? (Please list *one or more ancestries* to indicate what he considers his ancestry to be. Examples: Mexican, Cuban, Arab, English, French, Dutch, etc. If American Indian, enter principal tribe.)

19. Is the father Spanish/Hispanic/Latina? If not Spanish/Hispanic/Latina, check the "No" box. If Spanish/Hispanic/Latina, check the "Yes" box.

No, not Spanish/Hispanic/Latin

Yes, Spanish/Hispanic/Latin (e.g. Spaniard, Salvadoran, Dominican, Columbian)

20. What is the highest level of schooling that the father has completed at the time of delivery? (Check the box that best describes his education. If he is currently enrolled, check the box that indicates the previous grade or highest degree received.)

8th grade or less

9th - 12th grade, no diploma

High school graduate or GED completed

Some college but no degree

Associate degree (e.g. AA, AS)

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

Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)

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

Unknown

21. Did you receive WIC (Women, Infants & Children) food for yourself during this pregnancy?

No

Yes

Don't know

22. Did you smoke before or during this pregnancy?

No

Yes

23. If you quit smoking, how long ago?

Weeks

Months

Years

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24. Did other in the household smoke during your pregnancy?

No

Yes

25. What is your height?

_____ feet _____ inches

26. What was your prepregnancy weight, that is, your weight immediately before you became pregnant with this child?

_____ lbs

Thank you for completing this worksheet at this very difficult time. The information you have provided is very important; it will be used by researchers to better understand factors related to miscarriage and stillbirth and lead to improved prevention strategies for the future.