

ID # (For Office Use) _____

Demographic Data Sheet

Client Name: _____

Address: _____ *Zip: _____

Telephone: _____ Other Telephone (always get 2nd #): _____

Email Address: _____

Primary Support Person: _____ Relationship to Client: _____

*Client Age: _____

*EDD: _____

* # of Living Children: _____

*Gravida: _____
(total # of times the client has been pregnant)

*Para: _____
(# of times client has given birth to a fetus >24 wks gestation)

*Previous Premature Births: _____
(# of births <36 wks gestation)

Prenatal OB/Midwife: _____ Location of Prenatal Care: _____

Expected Location of Birth (Hospital/Birth Center Name): _____

How did the client hear about service? (Check box)

0 – not known	1 – CAP	2 – University of Maryland	3 – Mercy
4 – Johns Hopkins Hospital	5 – Baltimore City	6 – Baltimore County Health	7 – Maryland General Hospital
8 – House of Ruth	9 – Wald	10 – Personal	11 – Other

*Race (Check Box)

AA (0)	Hispanic (1)	Caucasian (2)
Asian (3)	Other/Mixed (4)	Unknown (5)

*Primary Language (Check box)

English	Spanish	Russian	French	Other
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*Ethnicity (Check Box)

Somalia/Bantu	Eritrea	Nepal	Burma	
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*Client's Education in Years Completed (Check Box)

<8 (1)	9-12 (2)	HS grad, no college (3)
Some College (4)	4-year college, grad school, or above (5)	Unknown (99)

*Client's annual household income (circle): <\$20,000 (1) \$20,000-\$50,000 (2) > 50,000 (3) Unknown (99)

*Prenatal Visit Date(s): _____ Location of visit(s) (e.g. clinic, library): _____

*Date of Delivery: _____ Location of delivery: _____

*Postpartum Visit Date(s): _____ Location of PP visit (e.g. clinic, hospital): _____