



OunceNet Child Intake

Due Date: _____

Trimester Medical Care Began: _____

DOB: _____

Pregnancy Outcome: _____

First Name: _____

Last Name: _____

Birth Weight: pounds _____

Birth Weight: ounces _____

Delivery type: *Vaginal* *Cesarean*

Gender: *Female* *Male*

Race: *African American/Black*

Amer Indian/Alaska Native

Asian

Caucasian/White

Nat Hawaiian/Pac Islander

Declined to answer

Ethnicity: *Hispanic/Latino*

Non-Hispanic/Latino

Declined to answer

Medical Insurance: *Medicaid* *KidCare*

Other

None

Subsequent birth: *Yes* *No*

Breast milk in first week? *Yes* *No*

DOULA DATA

Birth Attendance	Yes	No
<i>Doula</i>		
<i>Father</i>		
<i>Participant's Mother</i>		

	Yes	No
<i>Father's Mother</i>		
<i>Sibling or Friend</i>		

Hospital Name: _____

Doctor/Midwife known to participant? *Yes* *No*

Epidural given? *Yes* *No*