

Final 08/29/19

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 Suffix (Jr., III, etc.)

3. 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)

City, Town, or Location: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

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

If not United States, *country* \_\_\_\_\_

4. 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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**5. 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 in the United States, *country* \_\_\_\_\_

**6. What is your date of birth? (Example: 3 - 4 - 1977)**

\_\_\_\_\_  
Month      Day      Year

**7. 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 \_\_\_\_\_

**8. 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).**

- 8<sup>th</sup> grade or less
- 9<sup>th</sup> - 12<sup>th</sup> grade, no diploma
- High school graduate or GED completed
- Some college credit, 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)

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**9. Are you Spanish/Hispanic/Latina? If *not* Spanish/Hispanic/Latina, check the “No” box. If Spanish/Hispanic/Latina, check the appropriate box.**

- No, not Spanish/Hispanic/Latina
- Yes, Mexican, Mexican American, Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Dominican, Columbian)(specify)\_\_\_\_\_

**10. What is your race? (Please check *one or more* races to indicate what you consider yourself to be).**

- White
- Black or African American
- American Indian or Alaska Native (name of enrolled or principal tribe)\_\_\_\_\_
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (specify)\_\_\_\_\_
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (specify)\_\_\_\_\_
- Other (specify) \_\_\_\_\_

**11. What is the current legal name of your baby’s father?**

\_\_\_\_\_

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

**12. What is the father’s date of birth? (Example: 3 - 4 - 1976)**

\_\_\_\_\_

Month                      Day                      Year

- Don't know

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**13. 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 \_\_\_\_\_

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

- No
- Yes
- Don't know

**15. What is your height?**

\_\_\_\_\_ feet \_\_\_\_\_ inches

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

\_\_\_\_\_ lbs

**17. How many cigarettes OR packs of cigarettes did you smoke on an average day during each of the following time periods? If you NEVER smoked, enter zero for each time period.**

	# of cigarettes		# of packs
Three months before pregnancy	_____	OR	_____
First three months of pregnancy	_____	OR	_____
Second three months of pregnancy	_____	OR	_____
Third trimester of pregnancy	_____	OR	_____

***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.***