

**PREGNANCY TEST INFORMATION QUESTIONNAIRE**  
**All Information Is Confidential**

Name \_\_\_\_\_ Date \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race: White Black Hispanic Asian Indian Biracial  
(circle one)

Income \_\_\_\_\_ Family Size \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_ Student: Yes No

**Gynecological History**

First day of last period: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Was your last period normal? YES NO

Have you had any bleeding or spotting since your last menstrual period? YES NO

Have you taken any drugs or medications since your last menstrual period? YES NO

**Contraceptive History**

\_\_\_\_ Currently using a method of birth control REGULARLY

If yes, what method? \_\_\_\_\_

\_\_\_\_ Are you trying to get pregnant?

**Pregnancy History**

Have you ever been pregnant before? \_\_\_\_\_

If yes, how many times? \_\_\_\_\_

Date last pregnancy ended \_\_\_\_\_

Age of youngest child \_\_\_\_\_

**Symptoms, please check all that apply**

\_\_\_\_ Breast tenderness

\_\_\_\_ Frequent urination

\_\_\_\_ Appetite changes

\_\_\_\_ Headaches/dizziness

\_\_\_\_ Nausea/vomiting

\_\_\_\_ Weight gain

Do you smoke? Yes No Do you use alcohol? Yes No Do you use street drugs? Yes No

**For Staff Use Only**

Type of Pregnancy Test: \_\_\_\_\_

Pregnancy Test Lot Number 0561208

\_\_\_\_ NEGATIVE

\_\_\_\_ Retest recommended in \_\_\_\_\_ weeks

\_\_\_\_ Follow up with private physician

\_\_\_\_ Pre-depo

\_\_\_\_ POSITIVE

EDC \_\_\_\_\_

Estimated Number of Fetus \_\_\_\_\_

\_\_\_\_ Options Counseling

Interviewer/Technician \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

- Prenatal Referral \_\_\_\_\_
- Multivitamins
- Prenatal education folder given/reviewed
- WIC referral
- Healthy Start referral
- Sexual coercion discussed

- 5-A counseling
- Plan B given Lot # \_\_\_\_\_
- Plan B side effects reviewed
- Condoms given
- Follow-up appointment \_\_\_\_\_
- Method of birth control reviewed