



**COLORADO**  
Department of Health Care  
Policy & Financing

303 E. 17th Avenue  
Denver, CO 80203

# Prenatal Plus Psychosocial Assessment Form

*Updated September 2023*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medicaid # \_\_\_\_\_

**Please answer the questions honestly so we can help ensure a healthy pregnancy for you and your baby.**

1. When you first learned you were pregnant, how did you feel about it? (Check the best answer)

- ☐ I wanted to be pregnant sooner
- ☐ I wanted to be pregnant then
- ☐ I wanted to be pregnant later
- ☐ I did not want to be pregnant then or at any time in the future

Clarify response here:

2. What causes you to feel stressed?

3. When you are upset, do you (check all that apply):

- ☐ cry
- ☐ count your blessings, hope, pray, think "I can make it"
- ☐ talk to someone
- ☐ rock
- ☐ ignore it
- ☐ try to keep busy (watch TV, listen to music, read, shop)
- ☐ practice relaxing
- ☐ use drugs
- ☐ drink alcohol
- ☐ eat
- ☐ try to figure out what's going on
- ☐ smoke
- ☐ go for a walk
- ☐ sleep
- ☐ daydream
- ☐ lose your temper
- ☐ party
- ☐ think of the future
- ☐ take it out on someone else
- ☐ other \_\_\_\_\_

Clarify response here:

4. What do you feel is the best thing about yourself? What are your strengths? What would people who know you say they like about you?

5. Have you ever been diagnosed with any of the following (check all that apply):

- ☐ Depression
- ☐ Anxiety
- ☐ Postpartum depression or the “baby blues”
- ☐ Bi-polar disorder
- ☐ Schizophrenia
- ☐ Other

Clarify response here:

Did you see a counselor for any of the above?

☐ Yes ☐ No

If so, when?

For how long?

Did you take medicine for any of the above?

☐ Yes ☐ No

If yes, what kind?

When did you last take it?

Who prescribed it?

Were you hospitalized for any of the above?

☐ Yes ☐ No

If so, when?

For how long?

6. Do you have concerns about postpartum depression or the “baby blues”?

☐ Yes ☐ No

Clarify response here:

7. Do you have any thoughts or plans about hurting yourself?

☐ Yes ☐ No

Clarify response here:

8. In the past, have you ever tried to hurt yourself?

☐ Yes ☐ No

If yes, how and when?

9. Do you have any thoughts or plans about hurting anyone else?

☐ Yes ☐ No

Clarify response here:

10. Have you ever repeatedly been put down, or hurt emotionally?

☐ Yes ☐ No

If yes, when?

11. Are you now, or have you ever been hit, slapped, kicked, pushed, or otherwise physically hurt?

☐ Yes ☐ No

If yes, when?

12. Are you now, or have you ever been uncomfortably touched or forced into sexual contact?

☐ Yes ☐ No

If yes, when?

13. Does anyone in your life make you feel humiliated, threatened or afraid?

☐ Yes ☐ No

If yes, who?

14. How safe do you feel in your current living situation?

- ☐ very safe
- ☐ somewhat safe
- ☐ very unsafe
- ☐ not really sure how safe

Clarify response here:

15. Have you ever been involved with the legal system (juvenile court, probation, jail, parole)?

☐ Yes ☐ No

If yes, when?

16. Have you ever been in the foster care system?

☐ Yes ☐ No

If yes, when?