YAS Progress Report Addendum I: Pregnancy Report
Complete only if #9 on page 1 was answered "Yes"

1.	How old was this client when they became pregnant? (This pregnancy) _____years old
2.	How long was the client in the YAS program prior to becoming pregnant? (Select <u>one</u> answer) a. Prior to YAS admission b. Between admission and 1 year c. 1-2 years d. Over 2 years
3.	As a child, was this client ever removed from her natural home due to abuse or neglect? Yes _____ No_____ Information unavailable _____
4.	Just prior to referral to your program, was this client: (Select <u>one</u> answer) a. In DCF foster care? b. In a DCF group home? c. In care of non-parent family members, as the result of abuse or neglect? d. In Albert Solnit North (CT Children's Place) e. In Albert Solnit South (River View Hospital) f. Living with family g. Other residential h. Out of state i. In another YAS program. ***Specify:*** _____
4a.	When the client was aged 14-18, where did they live for the **majority** of the time? (Select <u>one</u> answer) a. In DCF foster care b. In a DCF group home c. In care of non-parent family members, as the result of abuse or neglect d. In Albert Solnit North (CT Children's Place) e. In Albert Solnit South (River View Hospital) f. Living with family g. Other residential h. Out of state
5.	Did this client previously give birth to other children? Yes _____ No_____ ***If yes, number previous children:*** _____
6.	Number of children in this client's care (not counting pregnancy in this period): _____ (Enter "0" if none)

7.	If this client is no longer pregnant, indicate reason: (Select <u>one</u> answer)
	a. Client had abortion, miscarriage, or still birth.
	b. Pregnancy came to term and client released baby to adoption.
	c. Pregnancy came to term and DCF took custody. ***Specify***:
	          1. DCF took custody of the child at the hospital.
	          2. DCF took custody of the child at a later date.
	d. Pregnancy came to term and client gave custody to family member.
	e. Pregnancy came to term and client retained custody.

8.	How adherent was client to prenatal treatment? (Select <u>one</u> answer) a. Not at all adherent b. Somewhat adherent c. Mostly adherent d. Completely adherent
9.	Did this client receive Perinatal Support Services/BSEB (including parenting education, doula)? Yes_____ No_____
10.	If the client has delivered, are they currently using birth control? Yes_____ No_____ Unknown_____
11.	Was the client referred to other community agencies for support during pregnancy/childbirth? Yes _____ No_____ ***If yes, specify:*** _____
12.	Was this client a direct DCF referral? Yes _____ No_____ Information unavailable _____