

Healthy Families Virginia

Charles City/New Kent

Self-Screening Tool

Congratulations!! You will soon be a new parent. Being a parent may be the most exciting and hardest thing you have ever done. We have a Healthy Families program that provides information and activities for parents. There is no charge for the program and participation is up to you. Your information is always confidential. Take a moment to complete the questions below.

Let us know that you are interested in program services by returning the form to us by mail (Angela Crawley, PO Box 208 New Kent, VA 23124) or fax (804.966.8727) and we will call you to schedule a time to meet with you.



Today's Date _____ My Baby is Due _____

1. Marital Status is: Married Single Separated Divorced
2. I started prenatal care on or between: 0-3 months 4-6 months 7-9 months never
3. Did you at any time consider adoption or abortion during this pregnancy? Yes No
4. Is this your first child? Yes No
5. Have you ever had a problem with drugs or alcohol? Yes No
6. I have enough money to pay my bills and buy the things I need: Always Sometimes Rarely
7. Have you ever been depressed? Yes No
8. If answered yes above, have you ever seen a Dr. for or taken medicine for stress or depression? Yes No
9. Are you a high school graduate? Yes No
10. I get along well with my family: Yes No I get along well in my relationships: Yes No

Name: _____ Date of Birth _____

Address: _____ County Reside In: _____

Phone: _____ Primary Language Spoken at Home: _____