

**Missouri Department of Health and Senior Services
Bureau of Vital Records
Fetal Death Worksheet**

For hospital use only:

Mother's Medical Record # _____ Date of Delivery _____
Mother's Name _____ Time of Delivery _____
Was this delivery a: single birth multiple birth (twins, triplets, etc.)

If multiple, this worksheet is for baby: A (first born) B (second born) C (third born) D other (specify) _____

Mother's Worksheet

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. What would you like to name your child? (Last name is required.)

_____ _____ _____ _____
First Middle Last Suffix
(Jr., Sr., etc.)

2. What is your current legal name?

_____ _____ _____ _____
First Middle Last Suffix
(Jr., Sr., etc.)

3. What name did you use prior to your first marriage (maiden)?

Same as current legal name (#2 above)

_____ _____ _____ _____
First Middle Last Suffix
(Jr., Sr., etc.)

4. Where do you usually live – that is – where is your household / residence located?

State: _____ County: _____
(or U.S. Territory, Canadian Province)

Complete number and street: _____ Apartment Number: _____
City: _____ ZIP Code: _____

Do you live inside the city limits of this city? Yes No

If not United States, *Country*: _____

5. What is your mailing address?

Same as residence (#4 above). [Go to question #6.]

Complete number and street: _____
Apartment Number: _____ P.O. Box _____
City: _____ State: _____ ZIP Code: _____
If not United States, *Country*: _____

-questions continue on next page-

Fetal Death Mother's Worksheet

6. What is your social security number?

_____ - _____ - _____

7. What is your date of birth? (Example: March – 4 – 1977)

_____ / _____ / _____
Month Day Year

8. In what State, U.S. territory, or foreign country were you born? (If Canada, include Province.)

9. What is the highest level of schooling that you will 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.)

- | | |
|---|---|
| <input type="checkbox"/> 8 th grade or less | <input type="checkbox"/> Associate's degree (e.g. AA, AS) |
| <input type="checkbox"/> No diploma, 9 th – 12 th grade | <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) |
| <input type="checkbox"/> High school graduate or GED completed | <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA) |
| <input type="checkbox"/> Some college credit, but no degree | <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM) |

10. Are you Spanish / Hispanic / Latina? If not Spanish / Hispanic / Latina, check the "No" box. If you are Spanish / Hispanic / Latina, check the appropriate box. CHECK ONLY ONE 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, Colombian)

Specify: _____

11. Which one or more of the following would you say is your race? CHECK ALL THAT APPLY.

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other Asian (specify) _____ |
| <input type="checkbox"/> American Indian or Alaska Native (specify tribe) _____ | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Pacific Islander (specify) _____ |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Korean | |

12. Mother participated during pregnancy? (**Please answer both A & B.**)

12A. WIC? Yes No Don't know **12B.** Food Stamp Program? Yes No Don't know

13. What is your height?

_____ feet _____ inches

14. What was your pre-pregnancy weight, that is, your weight immediately before you became pregnant with this baby?

_____ pounds

-questions continue on next page-

Fetal Death Mother's Worksheet

15. How many cigarettes OR packs of cigarettes did you smoke on an average day during each of the following time periods?
If none, enter "0".

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

16. Were you married at delivery, conception or anytime between?

- Yes**
 No

17. What is the current legal name of the baby's father?

First Middle Last Suffix

18. What is the father's date of birth? (Example: March – 4 – 1977)

Month Day Year

19. In what State, U.S. territory, or foreign country was the father born? (If Canada, include Province.)

Signature of person completing this form _____ Date _____

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.