

Father of baby involved (please circle one): Yes No

Date of survey completion: ____/____/____

Gestational age at time of completion ____

PATIENT STICKER

Social Determinants of Health In Pregnancy Tool (SIPT)

***Instructions:** Your answers to the questions will be kept confidential like the rest of your medical information. We want to help you and your baby have a healthy life. Studies have shown too much stress can cause problems to mom and baby during pregnancy. We'd like to help you if we can identify different areas of stress you may have. Please complete the questions below.*

1. Please place an X in the box if you have you been bothered by any of the following problems IN THE PAST MONTH:

	Never	Almost never	Sometimes	Fairly often	Very often
How often have you felt that you were unable to control the important things in your life?					
How often have you felt confident about your ability to handle your personal problems?					
How often have you felt that things were going your way?					
How often have you felt difficulties were piling up so high you could not overcome them?					

Score: ___/16 Follow up plan: _____

2. Please place an X in the box to mark if any of the following are a stress or hassle for you CURRENTLY:

	No Stress	Some Stress	Moderate Stress	Severe Stress
Problems related to family				
Having to move, either recently or in the future				
Recent loss of a loved one				
Current pregnancy				
Problems related to friends				

Score: ___/15 Follow up plan: _____

3. Please place an X in the box to mark yes or no if the following have affected you EVER:

	No	Yes
Do you ever dread going home because there is someone living in the house who mistreats you or is unkind to you?		
Is there anyone who often says things that hurt you?		
Have you ever been hit, slapped, kicked, or hurt by someone?		
Since you have been pregnant, have you been hit, slapped, kicked, or hurt by someone?		
Have you ever been forced to have sex?		
Have you or your parents ever been involved in DCFS? <u>If yes</u> , please circle one: you your parents		
Did you ever experience any sexual, physical, verbal, or emotional abuse during your childhood?		

Score: POSITIVE/NEGATIVE Follow up plan: _____

4. Please place an X in the box to mark yes or no if the following have affected you EVER:

	No	Yes
Did any of your <i>Parents</i> have problems with alcohol or drug use?		
Do any of your <i>friends (Peers)</i> have problems with alcohol or drug use?		
Does your <i>Partner</i> have a problem with alcohol or drug use?		
Before you were pregnant did you have problems with alcohol or drug use? (<i>Past</i>)		
In the past month, did you drink beer, wine or liquor, or use other drugs? (<i>Pregnancy</i>)		

Score: POSITIVE/NEGATIVE Follow up plan: _____

5. Please place an X in the box to mark if you have worried about the following items IN THE PAST YEAR:

	Never true	Sometimes true	Often true
Worry food would run out before you had money to buy more			
Worry about not having a place to live			
Worry about transportation to appointments			
Worry about losing a job			
Other money worries like bills			

Score: ___/16 Follow up plan: _____

Provider signature after review: _____ Date: _____

Citations

1. **Psychological Stress Screener – Adapted from the Cohen Perceived Stress Scale-4.** Cohen S, Kamarck T, Mermelstein R. A global measure of perceived stress. *Journal of health and social behavior.* 1983;385-396. Karam F, Bérard A, Sheehy O, et al. Reliability and validity of the 4-item Perceived Stress Scale among pregnant women: Results from the OTIS antidepressants study. *Research in Nursing & Health.* 2012;35(4):363-375. 2. **Relationship and Family Stress Screener – Adapted from Curry's Prenatal Psychosocial Profile.** Curry MA, Burton D, Fields J. The prenatal psychosocial profile: A research and clinical tool. *Research in nursing & health.* 1998;21(3):211-219. 3. **Domestic Violence Screener – From MacFarlane questionnaire and previously used internal clinic system questions.** McFarlane J, Parker B, Soeken K, Bullock L. Assessing for abuse during pregnancy: severity and frequency of injuries and associated entry into prenatal care. *Jama.* 1992;267(23):3176-3178. 4. **5 P's.** <https://ilpqc.org/wp-content/docs/toolkits/MNO-OB/5Ps-Screening-Tool-and-Follow-Up-Questions.pdf> 5. **Financial Stress – Adapted from Curry's Prenatal Psychological Profile and Hager Hunger Screener.** Hager ER, Quigg AM, Black MM, et al. Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics.* 2010;126(1):e26-e32