



KY-MOMS: Maternal Assistance Towards Recovery: Classroom Administration Form

Please complete the questions below for each class. *(Only one classroom administration form needs to be completed for each class).*

Date of class ____ / ____ / ____ (MM/DD/YYYY)

Was this class presented (CIRCLE ONE): 1 = Virtually 2 = In-person

County (or region) the class took place: _____

RPC: _____

Presenter's First and Last Name: _____

Presenter's email address: _____

Presenter's phone number: (_____) _____

Class information	Number
Total number of pregnant and postpartum participants in today's class	
Total number of pregnant and postpartum participants with matched pre and post surveys	
Total number of support people in today's class	
Included with the survey mailing:	
Total number of pre surveys not matched	
Total number of post surveys not matched	
Total matched pre and post surveys	
Total length of time of the program in today's session	

Classroom Notes: If there are more pregnant/postpartum participants in the class than the number of 'matched sets' of pre- and post- surveys, please explain why this has occurred (*i.e. one client came late, two clients left early*). The section below should also be used to explain any other issues that may have interfered with the full completion of both surveys by all clients receiving the protocol.

Please mail all pre and post surveys regardless of matched sets to:

Dr. TK Logan

UK CDAR, KY Moms,

333 Waller Ave, Suite 480,

Lexington, KY 40504.

Surveys may be sent following each class or grouped together by class and mailed at the first of each month.