

Patient's Name: _____
Patient's Medical Record # _____ FOR HOSPITAL USE ONLY
Fetus' Medical Record # _____ FOR HOSPITAL USE ONLY

## PATIENT WORKSHEET FOR THE FETAL DEATH CERTIFICATE

*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. Would you like to name the child? This is entirely optional.  No Name Please

\_\_\_\_\_  
First Name                      Middle Name                      Last Name                      Suffix (Jr, II, etc.)

2. What is your current legal name?

\_\_\_\_\_  
First Name                      Middle Name                      Last Name

3. What is your complete maiden name (name before marriage)?

\_\_\_\_\_  
First Name                      Middle Name                      Maiden Name

4. What is your date of birth?

\_\_\_\_\_  
Month (spell out)      Day      Year

5. What is your Social Security Number (SSN)?

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

6. Where were you born?

\_\_\_\_\_  
Country                      State                      City

7. What is your current residence address (do not list a P.O. Box):

\_\_\_\_\_  
Street                      City                      Parish/County                      State                      ZIP Code

**8. Is this address within city limits?**

- No
- Yes
- Don't Know

**9. What is your mailing address?**

Mailing Address same as residence address

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
Parish/County

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

**10. What is the highest level of schooling that you will have completed as of today? (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).**

- 8th grade or less
- 9th - 12th grade, no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

**11. Are you Spanish/Hispanic/Latina? If not Spanish/Hispanic/Latina, check the "No" box. If Spanish/Hispanic/Latina, check the appropriate 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, Columbian)  
(specify) \_\_\_\_\_

**12. What is your race? (Please check one or more races to indicate what you consider yourself to be).**

- White
- Black or African American
- American Indian or Alaska Native (name of enrolled or principal tribe)
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (specify) \_\_\_\_\_
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**13. Have you ever been married?**

- Yes [Please go to next question]
- No [Please continue below]

**13a. If not married, has a paternity acknowledgment been completed for this child?** *(That is, have you and the father signed an ACKNOWLEDGMENT OF PATERNITY AFFIDAVIT?) If you are not married, and a paternity acknowledgment has not been completed, information about the father **cannot** be included on the fetal death certificate. Information about the procedures for adding the father's information to the fetal death certificate after it has been filed can be obtained from the State Vital Records Office.*

- Yes, a paternity acknowledgment has been completed [Please go to Question 15]
- No, a paternity acknowledgment has not been completed [Please go to Question 22]

**14. Were you married at the time you conceived this child, at the time of birth, or at any time between conception and giving birth?**

- Yes [Please go to next question]
- No [Please see below]

**14a. If no, has a paternity acknowledgment been completed?** *(That is, have you and the father signed an ACKNOWLEDGMENT OF PATERNITY AFFIDAVIT?) If you were not married, or if a paternity acknowledgment has not been completed, information about the father cannot be included on the fetal death certificate. Information about the procedures for adding the father's information to the fetal death certificate after it has been filed can be obtained from the State Vital Statistics Office.*

- Yes, a paternity acknowledgment has been completed [Please go to next question]
- No, a paternity acknowledgment has not been completed [Please go to Question 22]

**15. What is the current legal name of this child's father?**

\_\_\_\_\_  
First Name                      Middle Name                      Last Name                      Suffix (Jr, II, etc.)

**16. What is the father's date of birth?**

\_\_\_\_\_  
Month (spell out)      Day      Year

**17. What is the father's Social Security Number (SSN)?**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**18. Where was the father born?**

\_\_\_\_\_  
Country                      State                      City

19. What is the highest level of schooling that the father will have completed as of today? (Check the box that best describes the father's education. If you he is currently enrolled, check the box that indicates the previous grade or highest degree received).

- 8th grade or less
- 9th - 12th grade, no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

20. Is the father Spanish/Hispanic/Latino? If not Spanish/Hispanic/Latino, check the "No" box. If Spanish/Hispanic/Latino, check the appropriate box.

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Dominican, Columbian)  
(specify) \_\_\_\_\_

21. What is the father's race? (Please check one or more races to indicate what race the father considers himself to be).

- White
- Black or African American
- American Indian or Alaska Native (name of enrolled or principal tribe)
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (specify) \_\_\_\_\_
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

22. What is your height?

\_\_\_\_\_  
Feet      Inches

23. What was your pre-pregnancy weight, that is, your weight immediately before this pregnancy?

\_\_\_\_\_  
Pounds

24. Did you receive WIC (Women, Infants, and Children) food for yourself because of this pregnancy?

- No
- Yes
- Don't Know

25. How many cigarettes OR packs of cigarettes did you smoke on an average day during each of the following time periods? If you NEVER smoked, enter zero for each time period.

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

26. Did you consume alcohol during this pregnancy?

- No
- Yes

27. What was the date your last normal menses started?

\_\_\_\_\_  
Month (spell out)    Day    Year

*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.*