

**MATERNAL INFANT HEALTH PROGRAM (MIHP)  
SUPPLEMENTAL MATERNAL RISK IDENTIFIER QUESTIONS**

**Beneficiary:** \_\_\_\_\_

**If beneficiary does not provide the following information during the administration of the Maternal Risk Identifier, ask the following questions**

**Health History/Risks- FAMILY PLANNING**

1. What is beneficiary's history of birth control use?  None  Intermittent  Consistent

2. What is beneficiary's intent to use birth control post pregnancy?  YES  NO

If yes, what is birth control plan? \_\_\_\_\_

**Health History/Pregnancy History PRENATAL CARE**

1. Does the beneficiary have a history of pregnancy complication?  YES  NO

If yes, what were the complications? \_\_\_\_\_

**Basic Needs FOOD**

1. Does the beneficiary have access to affordable, nutritious food?  YES  NO

If no, please check all concerns that apply:

- Restricted access to food supply
- Inadequate storage
- Limited preparation knowledge
- Limited preparation facilities

2. Has the beneficiary ever had an eating disorder?  YES  NO

If yes, please describe: \_\_\_\_\_

3. Does the beneficiary have any other nutritional risks (e.g. gestational diabetes, obesity)?  YES  NO

If yes, please describe: \_\_\_\_\_

**Basic Needs HOUSING**

1. Is the beneficiary homeless?  YES  NO

2 Does the beneficiary have a regular place to stay each night ?  YES  NO

If No, please describe where she is staying at night and how long she believes this arrangement will last: \_\_\_\_\_

**Basic Needs TRANSPORTATION**

1. Does the beneficiary have access to routine transportation?  YES  NO

If no, please check all concerns that apply:

- potential unavailability
- unreliable
- not affordable

**Comments:**

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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