

Having A Baby

To assist us in helping you choose services for your prenatal care, please answer the following 3 questions.

By completing this questionnaire, you are consenting to a contact from a public health nurse to help you plan for your baby.

1. Have you attended **3** or more prenatal classes (during this pregnancy or a previous pregnancy) or are you registered for classes?

Yes

No

2. What grade did you complete at school?

Grade 7

10

College (no degree)

8

11

College or more

9

12

3. How many cigarettes do you smoke a day?

0

1-5

6-10

11-15

16-20

20 or more

Name: _____

Address: _____

Phone number: _____ or Contact number: _____

Date of birth (YY/MM/DD): _____ Due Date (YY/MM/DD): _____

Signature: _____ Date (YY/MM/DD) : _____

When you return the completed questionnaire, your name will be entered into a monthly draw for a gift certificate.

Please return this form to your local Porcupine Health Unit office.

- Branch office telephone number _____
- Timmins office telephone number 1-800-461-1818 or 267-1181

* In Timmins this form may also be returned to the Pre-Admission Clinic at Timmins & District Hospital.



