

Perinatal Quality Collaborative of North Carolina

cLOUDi Mom Patient Data Collection Form



cLOUDi Mom Data

1. Month/Year: _____
2. Patient Number: _____
3. Patient is:
 - _____ White
 - _____ Asian American
 - _____ Black or African American
 - _____ Hispanic or Latino
 - _____ Native Hawaiian and Other Pacific Islander
 - _____ American Indian or Alaska Native
 - _____ Multiracial
 - _____ Refused
4. Payor:
 - _____ Medicaid
 - _____ BCBS/State
 - _____ Uninsured
 - _____ Other
5. Was patient verbally screened at a prenatal visit for OUD using a validated verbal screening tool?
 - _____ Yes
 - _____ No
 - _____ Unknown
6. Was patient verbally screened for OUD on entry to the hospital using a validated verbal screening tool?
 - _____ Yes
 - _____ No
 - _____ Unknown
 - _____ Patient already in a treatment program
7. Did patient screen positive?
 - _____ Yes (continue form)
 - _____ No (stop here and enter result)
 - _____ Unknown (stop here and enter result)



8. Was patient referred for SUD assessment?
 Yes
 No
 Patient already in a treatment program

9. Was patient referred to Social Work?
 Yes
 No

10. Did patient receive education regarding the risk for Neonatal Abstinence Syndrome and the treatment of Neonatal Abstinence Syndrome prior to delivery?
 Yes
 No

cloudi Mom Data