Perinatal Quality Collaborative of North Carolina
clOUDi Mom Patient Data Collection Form

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
   ______ Patient already in a treatment program

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)
   ______ Patient already in a treatment program (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