

Perinatal Quality Collaborative of North Carolina

cLOUDi Mom Patient Data Collection Form



cLOUDi Mom Data

1. Patient Number: _____
2. Month/Year: _____
3. Was patient screened at initial prenatal visit for OUD?
 Yes
 No
 Unknown
4. Was patient screened on entry to the hospital for delivery for OUD?
 Yes
 No
5. Did patient screen positive?
 Yes (continue form)
 No (stop here and enter result)
6. Did patient receive a brief intervention?
 Yes (continue to question 7)
 No (skip to question 9)
7. Was patient receptive to a referral for treatment?
 Yes (continue to question 8)
 No (skip to question 9)
8. Was patient assessed and evaluated for treatment?
 Yes
 No
9. Did patient receive prenatal education regarding the risk for and treatment of neonatal abstinence syndrome?
 Yes
 No