

Perinatal Quality Collaborative of North Carolina

cLOUDi Mom Patient Data Collection Form



cLOUDi Mom Data

1. Patient Number: _____
2. Month/Year: _____
3. Was patient verbally screened at a prenatal visit for OUD using a validated verbal screening tool?
 Yes
 No
 Unknown
4. Was patient verbally screened for OUD on entry to the hospital using a validated verbal screening tool?
 Yes
 No
 Patient already in a treatment program
5. Did patient screen positive?
 Yes (continue form)
 No (stop here and enter result)
6. Was patient referred for SUD assessment?
 Yes
 No
 Patient already in a treatment program
7. Was patient referred to Social Work?
 Yes
 No
8. Did patient receive education regarding the risk for Neonatal Abstinence Syndrome and the treatment of Neonatal Abstinence Syndrome prior to delivery?
 Yes
 No