

# Perinatal Quality Collaborative of North Carolina

## cLOUDi Prenatal Pilot Patient Data Collection Form



cLOUDi Prenatal Pilot Data Collection

- 1. Month/Year: \_\_\_\_\_
- 2. Patient Number: \_\_\_\_\_
- 3. Patient race/ethnicity:
  - White
  - Asian
  - Black or African American
  - Native Hawaiian and Other Pacific Islander
  - American Indian or Alaska Native
  - Multiracial
  - Hispanic or Latino
  - Refused/Don't know
- 4. Payor:
  - Medicaid
  - BCBS/State
  - Uninsured
  - Other
  - Refused/don't know
- 5. Was patient **screened for substance use disorder (SUD)** at a prenatal visit using a **validated verbal or written screening tool**?
  - Yes
  - No
  - Patient previously identified as having SUD, and/or in a treatment program
  - Unknown
- 6. Did patient **screen positive for SUD** using a **validated verbal or written screening tool**?
  - Yes
  - No
  - Patient previously identified as having SUD, and/or in a treatment program
  - Unknown

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7. Did patient **screen positive for SUD using any other means** (NOT a validated verbal or written screening tool, e.g., urine drug screen, clinical observation, unvalidated verbal/written questions)?

- Yes
- No
- Patient previously identified as having SUD, and/or in a treatment program
- Unknown

8. Was patient **referred** for further **substance use assessment and/or care**?

- Yes
- No
- Unknown
- Patient previously identified as in a treatment program

