



Newfoundland and Labrador Healthy Baby Club

HBC site _____

FOLLOW-UP CONTACT

This form is used to guide your conversation with the HBC participant. Not all questions may need to be asked during every contact.

Please ✓ Home Visit _____ Phone Call _____

Name _____ Date of Contact _____
(MM/DD/YYYY)

Due Date _____ (1st ___ 2nd ___ 3rd ___ trimester)¹
(MM/DD/YYYY)

Tell me how you have been feeling since we last chatted. _____

Date of last visit with Doctor/Health Care Provider: _____

Any concerns from this visit: _____

Tell me about the way you are eating. _____

Tell me how you are using the food supplements (e.g. milk, eggs, oranges) _____

Are you still taking your daily vitamin/mineral supplements? Yes _____ No _____

If no, explain. _____

Tell me what you have been doing to keep active since we last met. _____

¹ 1st Trimester weeks 0 – 12 weeks 2nd Trimester 13 -27 weeks 3rd Trimester 28 – 42 weeks

The following question is in follow up to the feeding information obtained during the initial “Getting to Know the Mom” interview. This question provides an opportunity to further explore the mother’s decision for feeding her baby.

Have you thought more about how you are going to feed your baby? _____

The following questions should be asked if there were identified concerns from the “Getting to Know the Mom” form or previous contacts.

How are you doing with your smoking? _____

How are you doing with your drinking/drug usage? _____

Last time we chatted you were concerned about e.g. food, transportation, money, relationships. Tell me how things are going with that (those) concern(s) now. _____

Are there other things that you would like to chat about? _____

Suggestions given to participant and plans for follow-up:

Resource Mother Signature _____