

**Casey Life Skills Assessment Supplement
Pregnancy
(Version 1.1)**

Instructions: These items will ask you about what you know, and what you can do. Use the scroll bar on the right side of each page to make sure that all items are answered. Try to answer all of the items.

Demographics

1. I am: Male Female

2. My current age (years): _____

3. My grade in school:

- | | |
|---|--|
| <input type="radio"/> 1 st grade | <input type="radio"/> 9 th grade |
| <input type="radio"/> 2 nd grade | <input type="radio"/> 10 th grade |
| <input type="radio"/> 3 rd grade | <input type="radio"/> 11 th grade |
| <input type="radio"/> 4 th grade | <input type="radio"/> 12 th grade |
| <input type="radio"/> 5 th grade | <input type="radio"/> Trade school |
| <input type="radio"/> 6 th grade | <input type="radio"/> In college |
| <input type="radio"/> 7 th grade | <input type="radio"/> Not in school |
| <input type="radio"/> 8 th grade | <input type="radio"/> Other |

4. My race/ethnicity? (Please choose all that apply)

- | | |
|---|--|
| <input type="radio"/> American Indian or Alaskan Native | <input type="radio"/> Korean |
| <input type="radio"/> Asian Indian | <input type="radio"/> Native Hawaiian |
| <input type="radio"/> Black, African-American | <input type="radio"/> Other Asian |
| <input type="radio"/> Chinese | <input type="radio"/> Other Pacific Islander |
| <input type="radio"/> Filipino | <input type="radio"/> Other Race: _____ |
| <input type="radio"/> Guamanian or Chamorro | <input type="radio"/> Samoan |
| <input type="radio"/> Hispanic/Latino/Spanish | <input type="radio"/> Vietnamese |
| <input type="radio"/> Japanese | <input type="radio"/> White |

5. My primary race/ethnicity? (Please choose one)

- | | |
|---|--|
| <input type="radio"/> American Indian or Alaskan Native | <input type="radio"/> Korean |
| <input type="radio"/> Asian Indian | <input type="radio"/> Native Hawaiian |
| <input type="radio"/> Black, African-American | <input type="radio"/> Other Asian |
| <input type="radio"/> Chinese | <input type="radio"/> Other Pacific Islander |
| <input type="radio"/> Filipino | <input type="radio"/> Other Race: _____ |
| <input type="radio"/> Guamanian or Chamorro | <input type="radio"/> Samoan |
| <input type="radio"/> Hispanic/Latino/Spanish | <input type="radio"/> Vietnamese |
| <input type="radio"/> Japanese | <input type="radio"/> White |

6. If you are American Indian, Native American, or Alaska Native, please write the name of your Tribal or Community Affiliation on the line below.

7. **Postal (zip) code of your home address (for research purposes):** _____

8. **Which answer best describes your current living situation:**

- On my own (alone or shared housing)
- With my birth (biological) parents
- With my birth (biological) mother or father
- With my adoptive parent(s)
- With my foster parent(s) who is/are unrelated to me
- With relatives (not foster care)
- With relatives who are also my foster parents
- In a group home or residential facility
- In a juvenile detention or corrections facility
- With a friend's family (not foster care)
- At a shelter or emergency housing
- With my spouse, or partner, or boyfriend or girlfriend
- Other

9. **How many years have you been in this living situation?** _____

10. **I have a Social Security number:**

- Yes
- No

11. **I have a copy of my birth certificate:**

- Yes
- No

12. **I have a photo ID:**

- Yes
- No

13. **When completing this assessment, I am at the following location:**

- Employment or vocational agency
- Youth/family community service agency
- School library, classroom, or computer room
- Public Library
- Foster care agency
- Recreation facility (like YMCA, Boys/Girls Club)
- Where I live
- University
- Church, synagogue, temple, mosque or religious facility
- Juvenile detention or correction facility

Choose the response (1, 2 or 3) that best describes you:

	Not Like Me	Somewhat Like Me	Very Much Like Me
Medical			
1. I keep my prenatal appointments.	1	2	3
2. I can reschedule an appointment, if necessary.	1	2	3
3. I take prenatal vitamins on a regular basis.	1	2	3
4. I ask questions of my doctor if don't understand something.	1	2	3
5. I know the signs of labor and birth.	1	2	3
6. I know what to do when I begin labor and delivery.	1	2	3
7. I listen to my friends' advice more than my doctor's advice about my pregnancy.	3	2	1
8. I know the signs of urinary tract and vaginal infections.	1	2	3
9. I know what kind of medicine to take if I catch a cold during my pregnancy.	1	2	3
10. I can name at least two things I need to pack for the hospital before labor and birth.	1	2	3
11. I know how to tell if my water breaks.	1	2	3
12. I have a responsible friend or relative who will be near me during labor and birth.	1	2	3
13. I know how to use a thermometer to take my temperature.	1	2	3
Daily Habits and Care			
1. I eat healthy meals every day.	1	2	3
2. I believe that eating fast food is OK for my unborn baby.	3	2	1
3. I get some exercise every day.	1	2	3
4. I smoke cigarettes.	3	2	1
5. I can explain what could happen to my baby if I drink alcohol or use illegal drugs.	1	2	3
6. I know 3 types of healthy exercise for pregnant women.	1	2	3
7. I get enough rest every day.	1	2	3
8. I can explain what safer sex means.	1	2	3
9. I can explain 2 effective methods of birth control.	1	2	3
10. I avoid drinks with caffeine, like coffee and tea.	1	2	3
11. I understand why it is not OK to hit, shake or pull on a baby.	1	2	3

12. I know how to comfort a baby when he or she is crying.	1	2	3
Safety and Well-Being			
1. I can get help if I feel unsafe.	1	2	3
2. I know how to find shelter or safe housing if I need it.	1	2	3
3. I know at least one person I can talk to about any worries I may have while I'm pregnant.	1	2	3
4. My relationships are free from violence.	1	2	3
5. I use a seat belt when I'm in a car.	1	2	3
6. I know when to call 9-1-1 if a child is sick or in danger.	1	2	3
7. I know about the normal changes my body will go through after I have given birth.	1	2	3

Assessment Evaluation

1. **Not counting today, how many times have you taken an ACLSA assessment?** _____
2. **I filled out this assessment (please mark all that apply):**
 - With an adult By myself With a friend
3. **How did you like this assessment?**
 - I liked it It was OK I didn't like it

Additional Questions

This section is for use with questions provided by your school, agency or caregiver. If no questions have been provided, please stop here. Thank you.

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