

HSID: _____ - _____ - 00 Date: ____ / ____ / ____ Staff _____

Location of Visit Home Office Other

Core Data Questions

Highest level of Education Completed?

- No formal schooling
- Less than 8th grade
- Less than high school diploma
- High School graduate
- GED completed
- Some college/formal training beyond high school
- Technical training/ trade school or certification
- Associate's degree
- College (Bachelor's degree)
- Graduate Degree
- Other
- Don't Know
- Declined to answer

Currently a Student or in Training?

- Yes No

Employment Status

- Full Time
- Part Time < 30 hours per week
- Not Employed

Total Household Income (yearly):

Adults (18 yrs+):

Children (17 or younger):

Total in Household: _____

system generates using the sum of the number of adults + child(ren) in the household

Income Category: will populate in system if total in household information is entered

- 50% and under
- 51% - 100%
- 100% - 133%
- 134% - 200%
- 201% - 300%
- >300%
- Unknown

Income level: will populate in system if total in household information is entered

- < 100% FPL
- 100%-185% FPL
- >185% FPL
- Unknown

Housing Status

- Not Homeless
- Homeless
- Unknown/ Did not report

Homeless Situation

- Homeless and sharing housing
- Homeless and living in emergency or transitional shelter
- Homeless with some other arrangement

_____End of Core Data Questions_____

Assessment Year: Year 1 Year 2 Year 3 Year 4 Year 5

Client's First Name: _____ Client's Last Name: _____

Change Client Contact Information (Update if needed)

Current Address _____ Phone _____ None
 City _____ State _____ Zip Code _____
 County _____

Child's FirstName _____ Child's Last Name: _____

Relationship to Child Father Other, Specify _____

Race/Ethnicity: populated from enter/edit

Hispanic: populated from enter/edit

Tribal Member Yes No Tribe: _____ Specify _____

Parenting Education Classes:

Have you ever attended a parenting class? Yes No Refused
 Would you like to receive parenting education at this time? Yes No Refused

Alcohol Use: *One drink = 12 oz./1 can of Beer, 5 oz. wine, 1.5 oz. liquor (one shot)

Women: How many times in the past year have you had 4 or more drinks in a day?
 None 1 or more (Proceed to AUDIT screen) Refused

Men: How many times in the past year have you had 5 or more drinks in a day?
 None 1 or more (Proceed to AUDIT screen) Refused

Drug Use:

Are you in treatment for Alcohol, Drug, or Substance Use? Yes No Refused
 If yes, skip "Alcohol and Drug Use" questions below

How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons? (not prescribed for you)
 None. 1 or more (Proceed to DAST screen) Refused

*Recreational drugs include Methamphetamines (speed, crystal), cannabis (marijuana, pot), inhalents (paint thinner, aerosol, glue), tranquilizers (Valium, Xanax), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

Basic Needs

In the last 12 months, did you (or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food? Yes No Refused

If Yes, How often did this happen?

Almost every month Some months but not every month In only 1 or 2 months

Do you receive a Bridge Card (food Stamps)? Yes No

How many times have you moved in the past 12 months? 0 1 2 3 4 or more

Do you currently have any concerns or worries about you housing situation? Yes No
 If Yes what are your concerns or worries about your housing? (Check all that apply)

Instability

- Eviction or being forced to move out
- Affordability of current house or apartment
- No place to live, no regular nighttime residence
- Strained relations with others in household

Adequacy

- House or apartment is too crowded
- Lack of continuous functioning basic utility service (e.g. heat, electricity)

Safety

- Safety of house/apartment
- Safety of neighborhood

How often do you have access to a telephone to make and receive calls?

- Always Sometimes Never

Work/Education Hours:

About how many (awake) hours per week do you dedicate to the following activities

Working outside the home _____. Caring for your infant/child _____.

Obtaining Education (ie. Diploma/GED/Highschool/formal training/job training/ college/cultural and community education programs/study time.) _____

PICCOLO Scores:

Affection: _____ Responsiveness _____ Encouragement _____ Teaching _____

Healthy Start Background Questions

B 6. Is there a place that you Usually go for care when you are sick or need advice about your health?

- Yes
- No
- Don't know
- Declined to answer

B 7. Where do you Usually go first?

- Doctor's Office
- Hospital Emergency Room
- Hospital Outpatient Department
- Clinic or Health Center
- Retail Store Clinic or "Minute Clinic"
- School (Nurse's Office, Athletic Trainer's Office)
- Some other place, Specify _____
- Don't Know
- Declined to Answer

B 8. During the past 12 months, were you EVER covered by ANY kind of health insurance or health coverage plan?

- Yes, I was covered all 12 months
- Yes, but I had a gap in coverage
- No
- Don't know
- Declined to answer

Note: If the participant uses Indian Health Service, please indicate below in Question 9. We understand that Indian Health Service does not constitute insurance. If participant uses Indian Health Service please check both Indian Health Service and the "I do not have health insurance now" boxes, if the participant does not have other insurance.

B 9. What kind of health insurance do you have now? Select all that apply

- a. Private health insurance from my job or job of my spouse or partner
- b. Private health insurance from my parents
- c. Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- d. Medicaid (title XIX). State Medicaid name: **populated**
- e. CHIP (Title XIX)
- f. Subsidized ACA plan (also called subsidized premium or subsidized coverage through the Affordable Care Act)
- g. TRICARE or other military health care
- h. *Indian Health Service or tribal (also check "I do not have health insurance now" below if the participant does not have other insurance type)
- i. Other health insurance, Specify _____
- j. I do not have health insurance now
- k. Don't know
- l. Declined to answer

B 10. During the past 12 months, did you see a doctor, nurse, or other health care professional for PREVENTIVE medical care, such as a physical or well visit checkup? A preventive check-up is when you are not sick or injured, such as an annual or sports physical, or well visit. Does not include Prenatal Care.

- Yes
- No
- Don't Know
- Declined to Answer

B 18. In the past 12 months, how often have you?

a. Used any tobacco product (for example, cigarettes, e-cigarettes, cigars, pipes, or smokeless tobacco)?

- Daily or Almost Daily
- Weekly
- Monthly
- Less than Monthly
- Never
- Declined to answer

b. For women: Had 4 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine 5oz, 1 beer (12 oz), or 1 single shot of liquor

- Daily or Almost Daily
- Weekly
- Monthly
- Less than Monthly
- Never
- Declined to answer

c. Used Marijuana?

- Daily or Almost Daily
- Weekly
- Monthly
- Less than Monthly
- Never
- Declined to answer

d. Used any illicit drugs including cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?

- Daily or Almost Daily
- Weekly
- Monthly
- Less than Monthly
- Never
- Declined to answer

e. Used any prescription medications just for the feeling, more than prescribed, or that were not prescribed to you?

- Daily or Almost Daily
- Weekly
- Monthly
- Less than Monthly
- Never
- Declined to answer

Protective Factors Survey (If yes, enter pop up survey questions) Yes Not Completed

PHQ9 Screening Completed? (If yes, enter pop up survey questions)

- Yes , Score populated _____ Not completed

Domestic Violence

B 19. During the past 12 months, has anyone

a. Threatened you or made you feel unsafe in some way

- Current of Former Intimate Partner
 Other Family Member
 Someone Else
 No-one
 Declined to answer

b. Made you feel frightened for your safety or your family's safety because of their anger or threats?

- Current of Former Intimate Partner
 Other Family Member
 Someone Else
 No-one
 Declined to answer

c. Tried to control your daily activities, for example, control who you could talk to or where you could go?

- Current of Former Intimate Partner
 Other Family Member
 Someone Else
 No-one
 Declined to answer

d. Pushed, hit, slapped, kicked, choked, or physically hurt you in any other way?

- Current of Former Intimate Partner
 Other Family Member
 Someone Else
 No-one
 Declined to answer

e. Forced you to take part in touching or any sexual activity when you did not want to?

- Current of Former Intimate Partner
 Other Family Member
 Someone Else
 No-one
 Declined to answer

B 20. Staff: Indicate IPV screening status below:

- Screening completed (all questions 19a-e answered)
 Screening not completed due to:
 Presence of partner
 Presence of Family Member
 Participant declined to answer one or more questions
 Other Reason, Specify _____

Staff- Indicate IPV screening status below

Screening completed (all questions answered)

Screening not completed due to:

Presence of partner

Presence of family member or friend

Participant declined to answer one or more questions

Other reason. Please Specify _____

Notes: