

## FATHERS AND OTHERS Enrollment

HSID: \_\_\_\_\_ - \_\_\_\_\_ - (last two digits must be 50 for father, 60 for others) Date: \_\_\_/\_\_\_/\_\_\_\_\_

Staff \_\_\_\_\_ **Location of Enrollment Visit:** Home  Office  Other

Enter/Review Client Contact Information (on client edit screen)

Change Client Contact Information (update if needed)

Current Address: \_\_\_\_\_ Phone \_\_\_\_\_  None

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Child First Name: \_\_\_\_\_ Child Last Name: \_\_\_\_\_

Relationship to Child: (select father or other) Specify: \_\_\_\_\_

Race/Ethnicity: populated from enter/edit

Hispanic: populated from enter/edit

Tribal Member  Yes.  No Tribe: **select from drop down** \_\_\_\_\_ Specify \_\_\_\_\_

Client Date of birth (mm/dd/yy) \_\_\_/\_\_\_/\_\_\_\_\_ **populated**

Current Age \_\_\_\_\_

Primary Insurance Coverage: **populated**  Medicaid  MI-Child  Private  None

### Participation Status:

Primary Adult associated with infant/child

Accompanying Other Primary (List and associate on database) \_\_\_\_\_

Other (explain) \_\_\_\_\_

Medical Home:  Yes  No

Medical Home Description:

Tribal Clinic  Private Practice

Hospital Based Primary Care Center  Community Health Center (other than tribe)

Other, Specify \_\_\_\_\_

Have you had an annual check up visit to your primary care provider in the last 12 months?  Yes  No

### Transportation

Do you have access to reliable transportation?  Yes  No

If Yes, please describe:

own car,  borrow car,  gets rides from family,  gets rides from friends/others,  public transportation

## Smoking

Do you currently smoke cigarettes?  Yes  No  Refused

If Yes, About how many do you smoke per day? \_\_\_\_\_

Have you cut down in the past year?  Yes  No  Refused

Are you seriously considering quitting?  Yes  No  Refused

## 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:

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

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

## Drug Use:

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), inhalants (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

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

Yes  No  Refused

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

Do you currently have any concerns or worries about your 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 where you live?

- 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 \_\_\_\_\_

Obtaining Education (ie diploma/GED/HighSchool/formal training/job training/college/cultural and community education programs/study time) \_\_\_\_\_

Total Paid Work/Education Hours: auto populated \_\_\_\_\_

PICCOLO Scores:

A \_\_\_\_\_ R \_\_\_\_\_ E \_\_\_\_\_ T \_\_\_\_\_ Total \_\_\_\_\_

**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 \_\_\_\_\_

**Reproductive Life Plan:**

B21. Do you want any more children?

- Yes, Go to next question
- No, **Skip to Question 24**
- Unable to get pregnant, **Skip to Question 25** (Check No & answer Question 24 if participant has sought/will seek sterilization via procedure)
- Don't know **Skip to Question 24**
- Declined to answer **Skip to Question 24**

B 22. If you want (more) children....How many (more) children do you want?

- \_\_\_\_\_ # of children
- Don't know
- Declined to answer

B 23. If you want (more) children....How long do you plan to wait until you become pregnant again?

- \_\_\_\_\_ # of months (round to nearest whole number)
- Don't know
- Declined to answer

B 24. What kind of birth control are you using now to keep from getting pregnant before you are ready? Or, if you are currently pregnant, what method do you plan to use following your pregnancy to prevent becoming pregnant again before you are ready? Select all that apply:

- Tubes tied or blocked (female sterilization)
- Vasectomy (male sterilization)
- Birth control pills
- Condoms
- Shots or injections (Depo-Provera)
- Contraceptive patch (OrthoEvra) or vaginal ring (NuvaRing)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Other, specify \_\_\_\_\_
- None
- Don't know
- Declined to answer

B 25. Are you currently using a condom to prevent sexually transmitted infections?

- Yes
- No
- N/A – not sexually active
- Don't know
- Declined to answer

B26. Staff Has this participant responded to the question in this section, as relevant, to create a satisfactory Reproductive Life Plan? That is if she does not want more children, she has identified a method of birth control to use to prevent pregnancy (Q24); or if she does want more children, she has thought about how many (Q22), their spacing (Q23), and how to prevent pregnancy until she is ready (Q24).

- Yes participant has completed all relevant items to create a satisfactory RLP
- No participant responded to at least some of the questions but the RLP leaves her/him vulnerable to unplanned pregnancies
- No was not able to administer this