

HRSA – PARENT/CHILD RESCREEN FORM- EXIT

Date: **populated (editable)** ___/___/_____

Client Name: **populated** _____

HSID: **populated** _____ - _____ - 00 Staff: **populated (editable)** _____

Name of Primary Participant: **populated** _____

Primary Participant Date of Birth: **populated** _____

Name of Other Linked Primary Participant _____

Date of Birth of Other Linked Primary _____

Name of Other Linked Primary Participant _____

Date of Birth of Other Linked Primary _____

G4: Other Adult Participants (If Applicable) Unique ID Numbers that should be linked to this Primary Participant (Entered up to 2 & user format indicated in question G2)

Other Linked Primary ID#:051PP_____

Other Linked Primary ID#:051PP_____

No Other participants are linked to the primary participant completing this form

G7: This form has been updated with the Primary Participant following its initial completion base on

Enrolled infant turns 6 months date updated

Other update (example annual) date updated **populated/ editable**_____

Specify change/reason for update: **populated- EXIT**

G8: Update this form when the child exits HS

Date of child's exit from HS services **populate/ editable**_____

Reason for exit _____

G10: Based on Date of Birth in box above child is currently: **populated if HRSA eligible child**

Less than 6 months old

6 through 12 months old

13-18 months old

10. Is there a place that you or another caregiver Usually take this child when he or she is sick or you need advice about his or her health?

Yes

No

Don't know

Declined to answer

11. Where does this child 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

12. During the past 12 months, was this child EVER covered by ANY kind of health insurance or health coverage plan?

- Yes, the child was covered all 12 months
- Yes, but this child 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.

13. What kind of health insurance is your child covered by 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

14. How old was this child at his/her last well child check-up? _____ months

Note: if under one month old enter 1.

Staff Below is the AAP-recommended schedule of well visits for the first 18 months of life

*The first week visit (3-5 days old)

*1 month old

*2 months old

*4 months old

*6 months old

*9 months old

*12 months old

*15 months old

*18 months old

14a. Staff: Compare the child's current age with age at his/her most recent well-visit , and determine: was this child's last well-child visit within the time frame recommended for this child's age (e.g. a 10month old baby has had her 9month visit)?

Yes

No

Unable to determine

15. Did you (or the biological mother) EVER breast feed or pump breast milk to feed this child after delivery, even for a short period of time?

Yes

No

Don't Know

Declined to answer

16. Is this child currently being breastfed or fed pumped milk?

Yes

No

Don't Know

Declined to answer

17. How many months (up till current date) was this child breastfed or fed pumped milk?

Not at all

Less than 1 month

_____months (for mothers still breastfeeding, indicate how many months so far)

Don't Know

Declined to answer

18. Staff Was this child breastfed or fed pumped milk for first 6 months of life?

- Yes
- Not yet, Child is currently less than 6 months old and is current being breastfed
- No, child was not breastfed for the first 6 months of life
- Don't Know
- Declined to answer

Infant Sleep

*For children 12 months or older check "not applicable" in each box and move to next section:

19. In which one position do you most often lay your baby down to sleep now?

- On his or her side
- On his or her back
- On his or her stomach
- Not applicable (child is 12 months or older)

20. In the past 2 weeks, how often has your baby slept alone in his or her own crib or bed?

- Always
- Often
- Sometimes
- Rarely
- Never
- Not applicable (child is 12 months or older)

20a. Is your baby's crib free of pillows, extra bedding, stuffed animals?

- Yes
- No
- Don't Know
- Declined to answer
- Not applicable (child is 12 months or older)

21. During the past week, how many days did you or other family members read or look at books with your (this) child?

- Did not read to the baby in the past week
- 1-2 days in the past week
- 3 days in the past week
- 4-7 days in the past week
- Don't Know
- Declined to answer

22. Next we have a question about home relationships that the baby/child experiences. Would you describe this child's second primary parent as:

- Involved and supportive of me and the child
- Involved with the child but not supportive of me
- Involved and supportive of me but not the child
- Not involved with the child but supportive of me and the child
- Not regularly involved/supportive in either mine or the child's life
- There is no second parent
- Don't know
- Declined to answer

ENROLLED MEN and OTHER's with custody of enrolled child: this form is now COMPLETE.
ENROLLED women continue.

The next question is about the postpartum care you may have received following your most recent delivery. Recently doctors have been talking about the fourth trimester and this includes ongoing contact with an obstetric care provider during the 12 weeks following labor and delivery. Postpartum care is important to ensure your ongoing health.

23. Did you receive postpartum care from an obstetric care provider following your most recent delivery?

- yes within the first 3 weeks following delivery
- Yes between 4 weeks and 6 weeks following delivery
- Yes between 7 weeks and 8 weeks following delivery
- Yes between 9 and 12 weeks following delivery (Note: if participant responds after 12 weeks explain that it is not considered a postpartum checkup after 12 weeks.)
- Not yet but one. Is already scheduled for the following date _____
- Not yet Specify reason_____
- No, I did not have a postpartum visit with an obstetric care provider within 12 weeks of the birth of my most recent child.
- Don't know
- Declined to answer