HS-FS Prenatal Enrollment Addendum

HSID: __ __ __ __- __ __ __ __ - 00 Date: (mm/dd/yyyy)_____Staff:_____

□ Change Client Contact Information (update if needed; enter on client enter/edit screen)
Current Address:_____ Phone_____ □ None
City:_____State_____ Zip Code_____ County_____

Client's Current Age: _____(system calculated)

If <age 24, meets CSHCN criteria? Children with Special Health Care needs □ Yes □ No

Enrolled in WIC: □ Yes □ No
Enrolled in MIHP: □ Yes, Medicaid ID#_____(document on client enter/edit) □ No

Food
Needs Nutrition Information □ Yes □ No

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 was not enough money or food? □ Yes □ No □ Refused

If Yes, how often did this happen?
□Almost every month
□Some months but not very much
□In only 1 or 2 months

Transportation

Do you have access to reliable transportation? ☐ Yes ☐ No

If no, please check all concerns that apply. □ Potential Unavailability, □ Unreliable □ Not affordable

Needs transportation assistance □ Yes □ No

Housing

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, check all that apply. If no skip to next question.
□No place to live, no regular nighttime residence
□Affordability of current house or apartment.
□Strained relations with other(s) in household.
□House or apartment is too crowded.
□Safety of neighborhood
□Code violations
□Eviction or being forced to move out
□Safety of house apartment
□Sanitation/waste removal
□Pest Control
□Ease of access into home
□Ventilation/air conditioning
□Lack of continuous function basic utility service (e.g. heat, electricity)

Telephone:
How often do you have access to a telephone to make and receive calls where you live?
□ Always □ Sometimes □ Never

Medical Conditions	Have been treated for or told that you have	Date of last visit to health care provider about this condition	Follow up needed? Y/N
Group B Strep or Bacterial Vaginosis	☐ Yes ☐ No	mm/dd/yyyy	☐ Yes ☐ No
HIV/AIDS	☐ Yes ☐ No	mm/dd/yyyy	☐ Yes ☐ No
Gestational Diabetes	☐ Yes ☐ No	mm/dd/yyyy	☐ Yes ☐ No

Substance Use

Are you currently in treatment for Alcohol, Drugs, or Substance Use?

☐ Yes ☐ No ☐ Refused

Does anyone in the household uses tobacco products in the home?

☐ Yes ☐ No ☐ Refused

Depression (EPDS)

I have been able to laugh and see the funny side of things:

☐As much as I always could (0)
☐Not quite so much now (1)
☐Definitely not so much now (2)
☐Hardly at all (3)

I have looked forward with enjoyment to things

☐As much as I ever did (0)
☐Rather less than I used to (1)
☐Definitely less than I use to (2)
☐Hardly at all (3)

I blamed myself unnecessarily when things went wrong

☐No, never (0)
☐Not very often (1)
☐Yes, some of the time (2)
☐Yes, most of the time (3)

I have been anxious or worried for no good reason

☐No, not at all (0)
☐Hardly ever (1)
☐Yes, sometimes (2)
☐Yes, very often (3)

I have felt scared or panicky for no very good reason

☐No, not at all (0)
☐No, not much (1)
☐Yes, sometimes (2)
☐Yes, quite a lot (3)

Things have been getting the best of me
□No, I have been coping as well as ever (0)
□No, most of the time I have coped quite well (1)
□Yes, sometimes I haven't been coping as well as usual (2)
□Yes, most of the time I haven't been able to cope (3)

I have been so unhappy that I have had difficulty sleeping
□No, not at all (0)
□Not very often (1)
□Yes, sometimes (2)
□Yes, most of the time (3)

I have felt sad or miserable
□No, not at all (0)
□Not very often (1)
□Yes, quite often (2)
□Yes, most of the time (3)

I have been so unhappy that I have been crying
□No, never (0)
□Only occasionally (1)
□Yes, quite often (2)
□Yes, most of the time (3)

The thought of harming myself has occurred to me
□Never (0)
□Hardly ever (1)
□Sometimes (2)
□Yes, quite often (3)

Staff: Maximum Score 30 possible. Always look at last question (Suicidal thoughts) for addition urgent follow-up. Total EPDS: _____ (Calculated In System)

Has this participant responded to the items of the depression screening?
□ Yes, all 10 items. □ Yes, but only some items. □ No, was not able to administer this

Staff- Please indicate which response best reflects the need for referral and/or follow-up services related to possible depression.

□ Participants total score was less than 11 and so did not indicate a need for referral
□ Participants total score of 11 or more indicates that additional screening and referral is needed, and referral was provided.
□ Participants total score of 11 or more indicates that additional screening and referral is needed, but referral was not provided because client is already receiving services for possible depression.
□ Participant's total score of 11 or more indicates that additional screening and referral is needed, but referral was not provided because client declined referral

<u>Stress (Perceived Stress Scale)</u>

In the last month, how often have you felt that you were unable to control the important things in your life? Never (0) Almost Never (1) Sometimes (2) Fairly Often (3) Very Often (4)

In the last month, how often have you felt confident about your ability to handle your personal problems? Never (4) Almost Never (3) Sometimes (2) Fairly Often (1) Very Often (0)

In the last month, how often have you felt that things were going your way?
Never (4) Almost Never (3) Sometimes (2) Fairly Often (1) Very Often (0)

In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? Never (0) Almost Never (1) Sometimes (2) Fairly Often (3) Very Often (4)

Higher score, Higher the stress. Total Perceived Stress Score_____ (System calculated)

Abuse/Violence

Are you in a relationship right now? ☐ Yes ☐ No ☐ Refused
If yes, do you feel safe in your present relationship? ☐Yes ☐ No ☐ Refused

As a child have you ever been involved with Children's Protective Services? ☐ Yes ☐ No ☐ Refused

Have you ever been involved with Children's Protective Services with any of your children?
☐ Yes ☐ No ☐ Refused

Physical Activity
In the past 30 days have you participated in any leisure time physical activity, such as walking, biking, swimming or other sports, ect? ☐Yes ☐ No

In the average week, how often do you participate in at least 30 minutes of physical activity?
☐ Zero times ☐ Once ☐ 2-3 times ☐ 4 times ☐ 5 or more

Oral Health

How long has it been since you had a dental exam or cleaning?

☐ Within the past Year. ☐ Within the past 2 years. ☐ Within the past 5 years

☐ More than 5 years ☐ Don't know/not sure. ☐ Never

Breastfeeding

Have you ever breastfed any other children? ☐ Yes ☐ No

Are you medically unable to breastfeed? ☐ Yes ☐ No