

HRSA – Background Form-Rescreen Other Major Change

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

Client Name: **populated** _____

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

Name of Primary Participant: **populated** _____

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

Note: Healthy Start considers all enrolled participants “primary participants/PP” with the exception of “enrolled child/EC”

*Note: Other Linked Primary Participant will **populate** if associated in data system before entry of this form. Otherwise enter information.*

Other Linked PP are Adults Only.

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 _____

G1: Participant Type: Primary Participant, **populated**

Enrolled woman (primary person receiving support is/identified as a female)

Enrolled man (primary person receiving support is/identified as a male)

Other adult with primary custody of enrolled child. Specify _____

G2: This Primary Participant’s Unique Id#: **populated** _____

*Note this # will start with 051PP and end with assigned HS ID number. Ex (051PPGR21222200)

Note: Other Linked Primary Participant Unique ID Numbers will populate if associated in data system before entry of this form. Otherwise enter information.

G3: 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# **populated** 051PP _____

Other Linked Primary ID#: **populated** 051PP _____

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

**Note: the next question is referring to an enrolled child's eligibility for HS (birth to 18 months)*

G4: This Participant Has At Least One Enrolled Child Attached to Her/Him.

- Yes, currently ***Staff Complete Parent/Child Form located on Child's Chart**
 No, never
 Formerly, but no longer

G5: Date of This Primary Participant's Enrollment in Healthy Start. **populated (editable)**

G6: What Phase of the Reproductive Cycle was the Primary Participant in when he/she first enrolled in HS? (Select all that apply)

Prenatal

- Woman (no prior pregnancies)
 Man (no prior children)

Postpartum

- Has a live infant less than 6 months old
 Partner has a live infant less than 6 months old
 Had a pregnancy loss less than 6 months ago
 Partner had a pregnancy loss less than 6 months ago

Parenting/Interconception

- Has child(ren) 6-18 months enrolled in HS
 Has children, but they are not enrolled or are not eligible for HS services
 A woman with no live children but who had a pregnancy loss 6 or more months ago
 A man with no live children but whose partner had a pregnancy loss 6 or more months ago
 An non-enrolled adult who has primary responsibility for custody of an enrolled child.

G8: This Form has been updated with the Primary Participant Following Initial Completion Based On

- Other update Date updated: **populated/editable** _____

Specify Reason for Update **Required** _____

G10: Age Classification: **populated from client enter/edit DOB**

- 10-14 years
 15-19 years
 20-24 years
 25-34 years
 35-44 years
 45 + years

1. What is your sex? **populated**

- Female
- Male
- Don't Know
- Declined to answer

1a. Staff Indicate here if participant expresses discomfort with or reluctance to use the male/female binary classification. **populated from client enter/edit**

- Participant prefers not to use the male/female binary categorization (including not sure)
- No, the participant seemed comfortable with the binary male/female designation
- Unable to determine

2. Now I'd like to ask some questions about your education. What is the highest grade or level of school that you have completed? **populated**

- No formal schooling
- 8th grade or less
- Some high school (Grades 9,10,11 & 12)
- High School diploma (Completed 12th grade)
- G. E. D.
- Some college or 2-year degree
- Technical or trade school
- Bachelor's Degree
- Graduate or professional school
- Don't know
- Declined to answer

3. Are you of Hispanic or Latino/a origin? **populated**

- Yes, Hispanic or Latino
- No, Not Hispanic or Latino
- Don't know
- Decline to Answer

4. What is your race? (Select all that apply) **populated**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Don't know
- Declined to answer

5. Which ONE racial classification below do you identify with the most? **populated**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- More than one race/biracial/multiracial
- Other, Specify _____
- Don't know
- Declined to answer

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

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

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.

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

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

11. Yearly total household Income before taxes? Populated

- \$0-16,000
- \$16,001 to \$20,000
- \$20,001 to \$24,000
- \$24,001 to \$28,000
- \$28,001 to \$32,000
- \$32,001 to \$40,000
- \$40,001 to \$48,000
- \$48,001 to \$57,000
- \$57,001 to \$60,000
- \$60,001 to \$73,000
- \$73,001 to \$85,000
- \$85,001 or more
- Don't Know
- Declined to Answer

12. During the last 12 months, how many people , including yourself, depended on this income?
populated _____

13. Of the people who depended on this income during the past 12 months how many are: **populated**

- Adults (18 yrs. +): _____
- Children (17 or younger): _____ # of Children in household
- Don't know
- Declined to answer

14. Staff is participant currently has children ask:

Do you have any children less than 18 months old who are enrolled or that you would like to enroll in Healthy Start?

- Yes, How many? # _____ (complete Parent/Child form for each child)
- No
- Don't know
- Declined to answer

15. Over the last 2 weeks, how often have you been bothered by the following problems?

Staff: Read each item to participant, and check one response for each item. A total score of 3 or more indicates additional screening and possible referral is needed.

a. Little interest or pleasure in doing things

- Not at all (0)
- Several days (1)
- More than half the days (2)
- Nearly every day (3)
- Declined to answer (0)

b. Feeling down, depressed, or hopeless

- Not at all (0)
- Several days (1)
- More than half the days (2)
- Nearly every day (3)
- Declined to answer (0)

Total Score: _____

16. Staff: has this participant responded to the items of the depression screening in the previous question?

- Yes, both items
- Yes, but only one item
- No, was not able to administer this

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

- Participant's total score was less than 3 and so did not indicate a need for referral
- Participant's total score of 3 or more indicates that additional screening and referral is needed and referral WAS PROVIDED.
- Participant's total score of 3 or more indicates that additional screening and referral is needed but referral WAS NOT PROVIDED because:
 - Client is already receiving services for possible depression
 - Client declined referral

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

19. During the past 12 months, has anyone

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

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

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:

21. 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**

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

- _____ # of children
- Don't know
- Declined to answer

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

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

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

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

26. 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

NOTE: Next, I'd like to ask you some questions about your pregnancy and childbirth history?

27. Are you pregnant now?

- Yes, complete Prenatal Form
- No
- Don't know
- Declined to answer

28. Have you ever had any of the following?

- Live birth _____ number
- Pregnancy that did not result in live birth
 - Ectopic or tubal pregnancy _____ number
 - Miscarriage (pregnancy ended spontaneously before 20 weeks). _____ number
 - Stillbirth or fetal death (pregnancy ended at 20 weeks or more) _____ number
 - Termination of pregnancy. _____ number
- None
- Don't know
- Declined to answer

Staff *If participant has no live births (Q28) this form is complete
If the participant is pregnant complete the Prenatal Form
If participant has had a live birth (Q28) continue to the next section*

Previous Birth:

29. A preterm delivery is one that occurs before the 37th week of pregnancy. As far as you know have you had a preterm delivery in the past?

- Yes, Number of preterm deliveries_____
- No, Number of prior full-term deliveries_____
- Don't Know
- Declined to answer

30. Did any of your babies weigh LESS than 5 pounds, 8 ounces at birth?

- Yes, How many babies_____
- No
- Don't Know
- Declined to answer

Staff: Skip question 31 if mother has not had previous babies born less than 5 lbs. 8 oz.

31. Thinking about your babies who were born weighing less than 5 pounds 8 ounces, how many of them weighed LESS THAN 3 pounds, 5 ounces at birth?

- Yes, How many babies_____
- No
- Don't Know
- Declined to answer

32. Did any of your babies weigh more than 9 pounds 4 ounces at birth?

- Yes, How many babies_____
- No
- Don't Know
- Declined to answer

33. Did any of your babies stay in the hospital after you came home?

- Yes, How many_____ number
Please specify reason_____
- No
- Declined to answer

34. Sometimes parents lose babies or children after they are born. This is heartbreaking. In order to offer you the best, most sensitive service I can, can you tell me if you've ever lost a baby or child after they were born?

- Yes, go to next question
- No, this form is complete
- Declined to answer, this form is complete

35. Staff, if mother indicates the prior loss of a child in previous question, sensitively ask about the number of babies/children she has lost. _____ number of babies/children lost.

36. Staff sensitively ask about the child's or children age(s) at death and record below.

Number of children who died within 0-27 days of life (neonatal) _____

Number of children who died 28 to 364 days after birth (infant) _____

Number of children who died 12 months or older (post-infancy) _____