

HRSA – PARENT/CHILD 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” **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)

G3: Enrolled Child’s Unique Id#: **populated** _____

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

G5: Dates of Enrollment in Healthy Start.

Primary Participant: **populated (editable)** _____

Enrolled Child: **populated (editable)** _____

G6: : Initial Completion of This Form by Primary Participant _____

Date of initial completion of this Parent/Child Form: **populated with form certification date**

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 updated: _____

G9: Child is: **populated** Female Male

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

G11: This child was enrolled in HS but then **died**:
 Within 0-27 days of life (neonatal)
 28 to 365 days after birth (infant)
 12 months or older (post-infancy)
 Not applicable

1. Was your child:

Receiving HS services before birth (born into the program)
 Part of a family enrolled for services within 30 days following child's birth
 Part of a family enrolled for services more than 30 days following child's birth, If enrolled more than 30 days following birth please indicate child's age (in months) at enrollment _____ months

2. Is this Child Hispanic or Latino/a origin? **populated**

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

3. What is this child's 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

4. Which ONE racial classification below do you think best describes your child's racial background?

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

5. How many weeks pregnant were you (was the mother) when he/she was born?

- _____. Weeks
- Don't know
- Declined to answer

6. Was this child preterm (earlier than 37 weeks of pregnancy)?

- Yes
- No
- Unable to determine

7. How much did he/she weigh at birth?

- _____ lbs. _____ ounces or grams _____
- Don't Know
- Declined to answer

8. Please check appropriate box below for baby's birthweight:

- Very low birthweight (Less than 3 pounds 5 ounces or 1500 grams)
- Low birthweight (At least 3 pounds 5 ounces but less than 5 pounds 8 ounces or 2500 grams)
- Normal weight range (5 pounds 8 ounces to 9 pounds 4 ounces)
- High birthweight (More than 9 pounds 4 ounces or 4500 grams)
- Don't know
- Declined to answer

9: Was this child the only baby you were (the mother was) pregnant with at the time, or was it a multiple birth, such as twins, triplets or more?

- Singleton (from a pregnancy involving just one baby)
- Twins
- Triplets or more
- Don't know
- Declined to answer

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 10 month old baby has had her 9 month 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)

HOME LIFE

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

24. In the last 3 months of your pregnancy with this child how many cigarettes did you smoke on an average day? A pack has 20 cigarettes

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- I don't smoke
- Don't know
- Declined to answer

25. During the last 3 months of your pregnancy with this child on average how often did you use other tobacco or nicotine products?

a. E- cigarettes or other electronic nicotine products

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- Not at all
- Don't know
- Declined to answer

b. Hookah (a hook is a water pipe used to smoke tobacco.

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- Not at all
- Don't know
- Declined to answer

c. Chewing tobacco, snuff, snus, or dip

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- Not at all
- Don't know
- Declined to answer

d. Cigars, cigarillos, or little filtered cigars

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- Not at all
- Don't know
- Declined to answer