Demographics Update

Client ID ☐ Client Name ☐ DOB ☐

Date ☐ Nurse Home Visitor ID ☐ Nurse Home Visitor Name ☐

Check one: ☐ Infancy 6 Months ☐ Infancy 12 Months ☐ Toddler 18 Months ☐ Toddler 24 Months

Personal/Family

1. ♦Marital Status:
   - ☐ Married (legal or common law)
   - ☐ Single - never married
   - ☐ Widowed
   - ☐ Divorced
   - ☐ Separated
   - ☐ Not Married – living with partner

2. ♦How often do you usually see or talk to the baby's biological father?
   - ☐ Not at all
   - ☐ Less than once a week
   - ☐ At least once a week but not daily
   - ☐ Daily

3. ♦During the past three months, how often did the baby's biological father spend time taking care of and/or playing with the baby?
   - ☐ Not at all
   - ☐ Less than once a week
   - ☐ At least once a week but not daily
   - ☐ Daily

4. ♦With whom do you live? (check only one from options 1 – 5)
   - ☐ Live with others (check all that apply)
     - ☐ Client's mother
     - ☐ Father of Child (FoC)
     - ☐ Current husband/partner (not FoC)
     - ☐ Other family members
     - ☐ Infant/child
     - ☐ Other adults
   - ☐ Live alone (or with infant/child)
   - ☐ Live in a group home/shelter
   - ☐ Confined to an institutional facility (residential treatment facility, incarcerated)
   - ☐ Homeless
     - ☐ Homeless and sharing housing (skip to 6)
     - ☐ Homeless and living in emergency or transitional shelter (skip to 6)
     - ☐ Other (skip to 6)

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5. ♦If you are not homeless, where do you currently live?
   - ☐ Owns or shares own home, condominium, or apartment
   - ☐ Rents own home, condominium, or apartment
   - ☐ Lives in public housing
   - ☐ Lives with parent or family member
   - ☐ Other

6. ♦Which members of your family are in the Military – active or reserve? (check all that apply)
   - ☐ Self (client)
   - ☐ Client's spouse
   - ☐ Client's parent(s)
   - ☐ Father of child (FoC)
   - ☐ None

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Education and Income

7. ♦Are you currently enrolled in middle or high school?
   - ☐ Yes – middle school (6th – 8th grade)
   - ☐ Yes – high school or GED program (includes alternative and technical programs)
   - ☐ Not enrolled

8. ♦Have you completed high school or a GED or vocational/certification program?
   - ☐ Yes - completed high school
   - ☐ Yes - completed GED
   - ☐ Yes - completed vocational/certification program
   - ☐ No. If no, what is the last grade you have completed? ☐ grade (skip to 12)

9. ♦If you have completed high school/GED, are you currently enrolled in any kind of school, vocational, certification or educational program?
   - ☐ Yes
     - ☐ Full Time – 12 semester hours or equivalent
     - ☐ Part Time
       - ☐ 7 – 11 semester hours or equivalent
       - ☐ 6 or less semester hours or equivalent
   - ☐ No (skip to 11)

10. ♦What type of educational program are you currently enrolled in?
    - ☐ Post-high school vocational/certification/technical training
    - ☐ College

11. ♦Have you completed education other than high school/GED (mark the highest level)?
    - ☐ Vocational/certification/technical training program (beyond high school)
    - ☐ Some college (no degree)
    - ☐ Associate's degree
    - ☐ Bachelor's degree
    - ☐ Master's degree
    - ☐ Professional degree (e.g.: LLB, LD, MD, DDS)
    - ☐ Doctorate degree (e.g.: PhD, EdD)
    - ☐ No

12. ♦Do you **have a** plan to enroll in any ***additional*** kind of school, vocational, certification or educational program?
    - ☐ Yes
    - ☐ No

13. ♦Have you worked at all at a paid job since the birth of your infant?
    - ☐ Yes
    - ☐ No (skip to 15)

14. ♦How many months have you worked since the birth of your infant?
    ☐ months

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15. ♦Are you currently working?
    - ☐ Yes
        - ☐ Full-time: 37+ hours per week
        - ☐ Part-time
            - ☐ 20 – 36 hours per week
            - ☐ 10 – 19 hours per week
            - ☐ less than 10 hours per week
    - ☐ No
        - ☐ Unemployed and seeking employment
        - ☐ Not employed (student, homemaker, other)

16. ♦Which of the following categories best describes your <u>total</u> yearly household income and types of benefits you receive? Include your income and any other income you may have received. For the purpose of this question, the household should include only you and your child. Remember that this information will be kept private and will not affect your access to services (Use public assistance programs that are for low-income families as a marker if the client does not know and she qualifies or receives a public assistance program).

    Sources of household income include (please check all that apply)
    - ☐ Salary/wages from employment
    - ☐ Social Security/Disability
    - ☐ TANF
    - ☐ Alimony
    - ☐ Child Support
    - ☐ Rent from tenants
    - ☐ Cash Assistance from friends/relatives
    - ☐ Unemployment
    - ☐ Other income (please specify)_____

    - ☐ Less than or equal to $6,000
    - ☐ $6,001 - $9,000
    - ☐ $9,001 - $12,000
    - ☐ $12,001 - $16,000
    - ☐ $16,001 - $20,000
    - ☐ $20,001 - $30,000
    - ☐ Over $30,000
    - ☐ Client is dependent on parent/guardian

17. ♦Do you (client) qualify for TANF, Medicaid, WIC or Foodstamps?
    - ☐ Yes
    - ☐ No

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Birth Control and Additional Pregnancies

18. ♦In the last 6 months, have you been using any form of birth control to prevent another pregnancy?

- ☐ Yes
- ☐ No. If no, do any of the following apply? (Check all that apply and skip to 21)
  - ☐ Female partner
  - ☐ Tubal ligation or hysterectomy
  - ☐ Partner has a vasectomy
  - ☐ Practicing abstinence
  - ☐ Plan to become pregnant
  - ☐ Currently pregnant

19. Thinking about all the times you've had sexual intercourse in the last six months, about how often did you use birth control?

- ☐ Some of the time
- ☐ About half the time
- ☐ Most of the time
- ☐ Every time

20. Please tell me all the different types of birth control you have used in the last six months. Mark all that apply.

- ☐ Male condom (rubbers)
- ☐ Natural family planning (rhythm method)
- ☐ Spermicides/jelly/foam/cream/suppositories/vcf
- ☐ Diaphragm/Cervical cap/Sponge
- ☐ Withdrawing (pulling out before coming)
- ☐ Birth control pills
- ☐ Patch
- ☐ Cervical ring
- ☐ Quarterly birth control shot (Depo-Provera)
- ☐ Monthly birth control shot (Lunelle)
- ☐ IUD
- ☐ Emergency contraception
- ☐ Female Condom
- ☐ Birth Control Implant
- ☐ Other

21. Please tell me all the different types of birth control you plan to use in the next six months. (Please check all that apply).

- ☐ Male condom (rubbers)
- ☐ Natural family planning (rhythm method)
- ☐ Spermicides/jelly/foam/cream/suppositories/vcf
- ☐ Diaphragm/Cervical cap/Sponge
- ☐ Withdrawing (pulling out before coming)
- ☐ Birth control pills
- ☐ Patch

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- ☐ Cervical ring
- ☐ Quarterly birth control shot (Depo-Provera)
- ☐ Monthly birth control shot (Lunelle)
- ☐ IUD
- ☐ Emergency contraception
- ☐ Female Condom
- ☐ Birth Control Implant
- ☐ Other
- ☐ None

22. ♦ Since you had [child's name], have you been pregnant?
    - ☐ Yes (Complete table below)
    - ☐ No (skip to 24)

Subsequent Pregnancy after Index Child
a. Which pregnancy after index child? ☐ First pregnancy ☐ Second pregnancy ☐ Third pregnancy
b. When did the pregnancy begin? ☐☐ mo. ☐☐☐☐ yr.
c. What have you been told is your due date (EDD)? ☐☐☐☐ EDD
d. Was this pregnancy planned? ☐ Yes ☐ No
e. What was the outcome? ☐ Still pregnant ☐ Miscarriage ☐ Abortion ☐ Stillbirth ☐ Live birth

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23. For the live birth reported in Question 22, please complete the following information:

Client's Subsequent Child
a. DOB ☐☐/☐☐/☐☐☐☐
b. Gender ☐ Male ☐ Female
c. Birthweight ☐☐☐☐ grams or ☐☐☐☐ lbs. ☐☐☐☐ oz.
d. Did (name) have to spend any time in the NICU or a special nursery because of problems? ☐ Yes. For how many days prior to being discharged? ☐☐☐☐ days ☐ No
e. Gestational age at birth: ☐☐☐☐ weeks

24. ♦In the past 6 months, have you (client) obtained care at the hospital emergency room for any reason?

☐ Yes

If yes, what was the purpose of the visit (please check all that apply)?

- ☐ Injury – Accidental, how many times? ☐☐☐☐ times
- ☐ Injury – Intentional self inflicted, how many times? ☐☐☐☐ times
- ☐ Injury – Intentional other inflicted, how many times? ☐☐☐☐ times
- ☐ Injury – Declined, how many times? ☐☐☐☐ times
- ☐ Ingestion – Accidental, how many times? ☐☐☐☐ times
- ☐ Ingestion – Intentional self inflicted, how many times? ☐☐☐☐ times
- ☐ Ingestion – Intentional other inflicted, how many times? ☐☐☐☐ times
- ☐ Ingestion – Declined, how many times? ☐☐☐☐ times
- ☐ Respiratory infection, how many times? ☐☐☐☐ times
- ☐ Fever, how many times? ☐☐☐☐ times
- ☐ Other (please specify)_____ , how many times? ☐☐☐☐ times

☐ No

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25. ♦In the past 6 months, have you (client) obtained care at the urgent care center for any reason?

☐ Yes

If yes, what was the purpose of the visit (please check all that apply)?

- ☐ Injury – Accidental, how many times? ☐ times
- ☐ Injury – Intentional self inflicted, how many times? ☐ times
- ☐ Injury – Intentional other inflicted, how many times? ☐ times
- ☐ Injury – Declined, how many times? ☐ times
- ☐ Ingestion – Accidental, how many times? ☐ times
- ☐ Ingestion – Intentional self inflicted, how many times? ☐ times
- ☐ Ingestion – Intentional other inflicted, how many times? ☐ times
- ☐ Ingestion – Declined, how many times? ☐ times
- ☐ Respiratory infection, how many times? ☐ times
- ☐ Fever, how many times? ☐ times
- ☐ Other (please specify)_____ , how many times? ☐ times

☐ No

26. ♦Do you (client) have health insurance coverage?

☐ Yes (If yes, which type of health insurance do you use when you go for medical care; please check all that apply)

- ☐ Medicaid
- ☐ CHIP
- ☐ Tri-Care
- ☐ Private
- ☐ Other (please specify)_____

☐ No

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