



## Continuous Parent/ Guardian

Visitor \_\_\_\_\_

### ENVIRONMENT/SAFETY

|                                     |   |           |  |            |                                     |
|-------------------------------------|---|-----------|--|------------|-------------------------------------|
| <b>Feel unsafe in neighborhood?</b> | (A) Always<br>(X) <i>Don't Know/ Not Sure</i> | (B) Often | (C) Sometimes<br>(R) <i>Refuse to Answer</i>                 | (D) Rarely | (E) Never<br>(Z) <i>Did not ask</i> |
| <b>Domestic violence?</b>           | (Y) Yes<br>(X) <i>Don't Know/ Not Sure</i>    |           | (N) No<br>(R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i> |            |                                     |

### HEALTH

|                              |   |  |                        |
|------------------------------|---|--|------------------------|
| <b>Limited in any way?</b>   | (Y) Yes<br>(X) <i>Don't Know/ Not Sure</i>  | (N) No<br>(R) <i>Refuse to Answer</i>  | (Z) <i>Did not ask</i> |
| <b>Any of the following?</b> | (A) Heart attack (myocardial infarction)<br>(B) Angina or coronary heart disease<br>(C) A stroke<br>(D) Asthma<br>(E) High blood sugar (diabetes)<br>(F) Lung Problems (Other than asthma)<br>(G) Kidney problems<br>(H) Anemia (poor blood, low iron)<br>(I) Sickie Cell Trait | (J) Sickie Cell<br>(K) Cancer<br>(L) Overweight/ Obesity<br>(M) Mental Illness<br>(N) Other<br>(O) None of the above<br>(X) <i>Don't Know/ Not Sure</i><br>(R) <i>Refuse to Answer</i><br>(Z) <i>Did not ask</i> |                        |

### NUTRITION

|                       |  |  |
|-----------------------|--|--|
| <b>Food security?</b> | (A) Enough food to eat<br>(B) Sometimes not enough food to eat<br>(C) Often not enough food to eat | (X) <i>Don't Know/ Not Sure</i><br>(R) <i>Refuse to Answer</i><br>(Z) <i>Did not ask</i> |
|-----------------------|--|--|

### SUBSTANCE USE

|  |   |  |  |
|--|---|--|--|
| <b>Smoke now?</b>                                | (A) 41 cigarettes or more<br>(B) 21 to 40 cigarettes<br>(C) 11 to 20 cigarettes<br>(D) 6 to 10 cigarettes   | (E) 1 to 5 cigarettes<br>(F) Less than 1 cigarette<br>(G) I don't smoke now              | (X) <i>Don't Know/ Not Sure</i><br>(R) <i>Refuse to Answer</i><br>(Z) <i>Did not ask</i> |
| <b>Smoking in house?</b>                         | (A) No one is allowed to smoke anywhere in my home<br>(B) Smoking is allowed in some rooms or at some times<br>(C) Smoking is permitted anywhere inside my home | (X) <i>Don't Know/ Not Sure</i><br>(R) <i>Refuse to Answer</i><br>(Z) <i>Did not ask</i> |  |
| <b>Drink now?</b>                                | (A) 14 drinks or more a week<br>(B) 7 to 13 drinks a week<br>(C) 4 to 6 drinks a week   | (D) 1 to 3 drinks a week<br>(E) Less than 1 drink a week<br>(F) I don't drink now        | (X) <i>Don't Know/ Not Sure</i><br>(R) <i>Refuse to Answer</i><br>(Z) <i>Did not ask</i> |
| <b>Household drinking?</b>                       | (Y) Yes<br>(X) <i>Don't Know/ Not Sure</i>  | (N) No<br>(R) <i>Refuse to Answer</i>  | (Z) <i>Did not ask</i>   |
| <b>Prescription medication misuse?</b>           | (Y) Yes<br>(X) <i>Don't Know/ Not Sure</i>  | (N) No<br>(R) <i>Refuse to Answer</i>  | (Z) <i>Did not ask</i>   |
| <b>Household prescription medication misuse?</b> | (Y) Yes<br>(X) <i>Don't Know/ Not Sure</i>  | (N) No<br>(R) <i>Refuse to Answer</i>  | (Z) <i>Did not ask</i>   |
| <b>Illegal drug use now?</b>                     | (Y) Yes<br>(X) <i>Don't Know/ Not Sure</i>  | (N) No<br>(R) <i>Refuse to Answer</i>  | (Z) <i>Did not ask</i>   |
| <b>Household use?</b>                            | (Y) Yes<br>(X) <i>Don't Know/ Not Sure</i>  | (N) No<br>(R) <i>Refuse to Answer</i>  | (Z) <i>Did not ask</i>   |

FAMILY PLANNING

| Doing anything to keep from getting pregnant? | (Y) Yes   | (N) No   |
|---|---|--|
|   | (X) Don't Know/ Not Sure  | (R) Refuse to Answer (Z) Did not ask   |
| <b>If Yes: What are you doing?</b>            | (A) Tubes tied or closed (female sterilization)<br>(B) Vasectomy (male sterilization)<br>(C) Pill<br>(D) Condoms<br>(E) Shot once a month (Lunelle)<br>(F) Shot once every 3 months (Depo-Provera)<br>(G) Injectable Device (Implanon)<br>(H) Contraceptive Patch (OrthoEvra)<br>(I) Diaphragm, cervical cap, or sponge | (J) Cervical Ring (NuvaRing or others)<br>(K) IUD (including Mirena)<br>(L) Rhythm method or natural family planning<br>(M) Withdrawal (pulling out)<br>(N) Not having sex (abstinence)<br>(X) Don't Know/ Not Sure<br>(R) Refuse to Answer<br>(Z) Did not ask |

FAMILY STRENGTHS/ PSYCHOSOCIAL

| Protective Factors Survey Score: |   |  |
|----------------------------------|---|--|
| In school or working?            | (Y) Yes   | (N) No   |
|                                  | (X) Don't Know/ Not Sure  | (R) Refuse to Answer (Z) Did not ask   |
| <b>Marital status:</b>           | (A) Married<br>(B) Living with a steady partner or common-law marriage<br>(C) Divorced<br>(D) Separated   | (E) Single, never married<br>(F) Widow/ Widower<br>(X) Don't Know/ Not Sure<br>(R) Refuse to Answer<br>(Z) Did not ask |
| <b>Father support?</b>           | (Y) Yes<br>(X) Don't Know/ Not Sure   | (N) No<br>(R) Refuse to Answer (Z) Did not ask   |
| <b>Help with problem?</b>        | (A) My husband or partner<br>(B) My mother, father, or in-laws<br>(C) Other family member or relative<br>(D) A friend<br>(E) Someone else<br>(F) No one would help me | (X) Don't Know/ Not Sure<br>(R) Refuse to Answer<br>(Z) Did not ask  |