



LABEL

Initial Parent/ Guardian

Visitor _____

Sig. Issues Present Now:	
<p><u>Environment/ Safety</u></p> <p>(A) Homeless/ Transient (B) Domestic violence (C) Current DCS involvement (D) Unsafe environment (E) Unstable housing (utilities) (F) Lack of transportation (G) Other (H) No Environment/ Safety Sig. Issue</p>	<p><u>Substance Use (Tobacco, Alcohol, Drugs)</u></p> <p>(A) Current use (B) Use in household (C) Exposure to Secondhand Smoke (D) Other (E) No Substance Use Sig. Issue</p>
	<p><u>Family Planning/ Birth Spacing</u></p> <p>(A) More than one pregnancy in 1 year (B) More than 2 children under 3 years of age (C) Other (D) No Family Planning Sig. Issue</p>
<p><u>Health – Mother/Parent/Guardian</u></p> <p>(A) Physically challenged client (B) Chronic disease (C) Lack of routine medical care (D) Non-compliance with medical care (E) Other (F) No Health Sig. Issue</p>	<p><u>Mental Health/ Development</u></p> <p>(A) Mentally challenged client (B) Diagnosed mental illness (C) Other (D) No Mental Health/ Development Sig. Issue</p>
<p><u>Nutrition</u></p> <p>(A) Food Insecurity (B) Other (C) No Nutrition Sig. Issue</p>	<p><u>Family Strengths/ Psychosocial</u></p> <p>(A) No income or inadequate income (B) Education less than 12 years (C) Maternal age under 17 years (D) Lack of father involvement (E) Limited support system (F) Other (G) No Family Strength Sig. Issue</p>

ENVIRONMENT/SAFETY

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

HEALTH

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

NUTRITION

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

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

FAMILY PLANNING

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

FAMILY STRENGTHS/ PSYCHOSOCIAL

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