

HUGS Program Guidelines

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I. Table of Contents

II.	HUGS Core Components	5
A.	Statement of Purpose.....	5
B.	Program Goals	5
C.	Governing Legislation/ Program Definitions	5
D.	Target Population	6
	1. <i>Program Populations</i>	6
	2. <i>Priority Populations</i>	7
	3. <i>Concept of Core Family</i>	7
E.	Eligibility	8
F.	Service Requirements	8
III.	Interventions	10
A.	Approved Program Educational Materials	10
IV.	Referral, Enrollment, and Closure Protocols	10
A.	Referring Agencies	10
B.	Referral Protocol	11
C.	Enrollment	12
D.	Closure Protocol.....	12
V.	Assessments	15
A.	Initial and Continuous Questionnaire Assessments	15
	1. <i>Initial Assessment</i>	15
	2. <i>Continuous Questionnaire Assessment</i>	16
B.	Development (Ages and Stages Questionnaire - ASQ).....	16
C.	Medical Verification	17
	1. <i>Children</i>	17
	2. <i>Prenatal/ Postpartum Women</i>	18
D.	Nutrition	19
VI.	Coding	20
A.	Definitions Pertaining to Codes	20

B.	Diagnosis Codes	20
C.	Incoming Referral	20
D.	Visits.....	20
	1. <i>Three Step Process</i>	20
	2. <i>Step 1: New or Established Family</i>	21
	3. <i>Step 2: Level of Complexity</i>	21
	4. <i>Step 3: Time</i>	22
E.	Codes for Attempted Visits	22
F.	Interpreter Codes.....	23
G.	Group Education Code	24
H.	Closure Codes.....	24
VII.	Documentation	24
A.	Introduction.....	24
B.	Principles of Documentation	25
C.	The Medical Record	26
D.	Charting Guidelines	27
E.	SOAP format	28
	1. <i>Subjective (S):</i>	29
	2. <i>Objective (O):</i>	29
	3. <i>Assessment (A):</i>	29
	4. <i>Plan (P):</i>	29
	5. <i>Abbreviations</i>	30
	6. <i>Records Management</i>	30
F.	Electronic Data Collection System	31
	1. <i>Background</i>	31
	2. <i>Encounters</i>	31
	3. <i>Attempts</i>	31
	4. <i>Assessments</i>	31
	5. <i>Outside Agency Referral Tracker</i>	32
VIII.	Staff	32
A.	General Policies for Staff.....	32
	1. <i>Scheduled Work Hours</i>	32
	2. <i>Punctuality</i>	33

3.	<i>Staff Safety</i>	33
4.	<i>Mobile Phones</i>	33
5.	<i>Boundaries</i>	33
6.	<i>Accepting Gifts or Favors</i>	34
7.	<i>Transportation Guidelines</i>	34
B.	Orientation.....	34
C.	Professional Development/ Training.....	34
D.	Supervision.....	34
IX.	Quality Monitoring	35
A.	Audit Tool	35
B.	Program Measures	35
X.	Regional/ Metropolitan Health Department Responsibilities	35
A.	Annual Plan	35
B.	Regional/ Metropolitan Target Population	35

Appendices:

Appendix 1: Forms

- A. List of Approved Forms – PH Numbers, Last Revision Date
- B. Incoming Referral Form
- C. HUGS Documentation Record and Instructions
- D. HUGS Assessment Forms
 - 1. Initial Prenatal
 - 2. Initial Postpartum
 - 3. Initial Infant
 - 4. Initial Child
 - 5. Initial Parent/Guardian
 - 6. Continuous Prenatal
 - 7. Continuous Postpartum
 - 8. Continuous Infant
 - 9. Continuous Child
 - 10. Continuous Parent/Guardian
 - 11. HUGS Medical Verification Form (CHILD)
 - 12. HUGS Medical Verification Form (ADULT)
- C. Assessment Interpretive Guidelines
- D. HUGS Encounter Data Transmittal Worksheet

Appendix 2: Incoming Referral Flowchart

Appendix 3: Coding Flowchart

Appendix 4: Outside Agency Referral Tracker

- A. Paper Referral Tracker Form
- B. List of Abbreviations
- C. List of Outside Agencies

Appendix 5: HUGS Electronic Data Capture System

- A. System Manual
- B. System Map

Appendix 6: Audit Tool

II. HUGS Core Components

A. Statement of Purpose

The purpose of the Help Us Grow Successfully (HUGS) program is to provide home-based intervention services to pregnant/postpartum women, children birth through the age of five (5) years and their primary caregivers. Home visitors form a unique and voluntary relationship with a family with identified needs. Home visitors screen for and identify potential problems, provide education, and connect families with resources in their communities. The HUGS program seeks to prevent or reduce risks as well as promote health and wellness.

B. Program Goals

The goals of the program are:

- To improve pregnancy outcomes
- To improve maternal and child health and wellness
- To improve child development
- To maintain or improve family strengths

C. Governing Legislation/ Program Definitions

1. Definition of Home Visitation: “In-home visitation” means a service delivery strategy that is carried out in homes of families of children from conception to school age that provides culturally sensitive face-to-face visits by nurses, other professionals, or trained and supervised lay workers to promote positive parenting practices, enhance the socio-emotional and cognitive development of children, improve the health of the family, and empower families to be self-sufficient. (TCA-68-1-125).

2. Definition of the Home Visitor: The Home Visitor is a specially trained health care provider, employed by the local health department and/or non-profit organization, providing services in the home setting.

3. Tennessee law requires all persons to make a report when they suspect abuse, neglect or exploitation of children (TCA 37-1-403 and TCA 37-1-605).

a. **The Home Visitor should contact 911 if the situation is a life-threatening emergency.**

b. Home visitors should contact the Tennessee Central Intake Child Abuse Hotline at 1-877-237-0004 or 1-877-54ABUSE (1-877-542-2873) for the following situations:

- Any knowledge or suspicion of child abuse or neglect, emergency and non-emergency situations.
- The home visitor wishes to remain anonymous
- The home visitor has insufficient data to complete the required information on the report
- The suspected abuse/neglect you are reporting occurred outside the state of Tennessee and you do not know how to contact the state where it occurred
- The home visitor is unsure if the child is imminent risk of harm
- Supervisor should be made aware of all DCS reports in a timely manner. Whenever possible, report should be discussed with supervisor in advance.

D. Target Population

1. Program Populations

The HUGS program provides services to all women, infants/ children, and family members in the following populations:

- **Prenatal** - Any pregnant woman with an identified need may benefit from care coordination services and is thus eligible for services.
- **Postpartum** - a new mother (with an infant from birth until one year of age)
- **Infant** - a child from birth to one year of age.

- **Child** - a young person between ages one through the age of five years.
- **Parent/Guardian** - anyone who lives with and cares for the pregnant/postpartum woman and/or an infant or child enrolled in the program or a woman who has lost a child less than 1 year of age.

2. Priority Populations

- Pregnant and parenting adolescents (less than 18 years of age)
- First time parents
- High risk pregnancies - defined as any of the following:
 - History of a chronic disease
 - History of pregnancy related complications
 - History of poor pregnancy outcomes
 - Late entry to prenatal care or no prenatal care
- Families that have experienced the death of an infant

3. Concept of Core Family

- Once a person is referred and accepts HUGS services, all members of their core family receive HUGS services. The rationale is that if any person in the family has a problem that merits home visiting services, then all people in the family are at risk.

The core family is:

- **One adult - Mother or father or primary guardian**
- **All children in the household under 6 years of age**
- **Any additional adult caregivers (Optional)**

The option exists to add additional adult caregivers that have a direct impact on child's life only if they will be participating in home visits.

- A family member may be a core family member but designated as inactive for the following reasons that that would cause their absence from home visits:

- Refused further services
- Moved from state
- Living with relative

- Child turned 6
- Child is enrolled in full time kindergarten, Head Start or daycare program
- Placed in foster care
- Death
- Unable to Locate
- Client schedule unable to accommodate HUGS
- Incarcerated
- Long-term hospitalization
- Separation from family and/or home
- Family closed

E. Eligibility

- i. There are no financial eligibility criteria for the HUGS Program.
- ii. HUGS services are voluntary.
- iii. Services are offered to all referred families based on staff capacity. If staff resources are limited, referrals for families in the priority populations or those with greater needs (based on referral reasons) should be given preference.

F. Service Requirements

- i. The home visitor is to:
 - **Assess** – evaluate and determine the needs of the family using observation/interaction, program assessment tools, and formal assessment tools
 - **Educate** – provide adult family members/caregivers with evidence based information about the Seven Domains of Wellness (Environment/ Safety, Physical Health, Mental Health/ Development, Nutrition, Family Planning, Substance Use, Family Strengths) and using the Partners For a Healthy

Baby Curriculum. Education also includes coaching and modeling of appropriate parenting skills/ interaction with children.

- **Assist** – connect the family with the appropriate resources and services based on need and availability and provide appropriate follow-up, as well as be an advocate for the family.

- ii HUGS services are delivered primarily in the home setting. Telephone contacts with family members are an integral part of care coordination services. However, they do not substitute for a home visit.

- iii Group education classes may supplement the home visits but do not substitute for a home visit.

- iv **Visitors are expected to visit families a minimum of once every 30 days.** Family circumstances may indicate more frequent visits and this should be determined by the judgment of the visitor on a case-by-case basis.

- v The size of the caseload per each full time equivalent (FTE) home visitor is dependent on the experience of the visitor and the needs of the families served. As a general rule, a full caseload for a full time HUGS visitor consists of 25 - 40 active families. Each visitor is expected to work with their supervisor to establish a caseload that allows for maximum benefit to the families served and avoid overstressing the visitor's capabilities. The visitor should be allowed adequate time for travel, preparation, documentation, and continuing education/ training without negatively impacting families. If the caseload for a particular worker seems to be over or under this guideline, then the regional coordinator/supervisor and home visitor should develop an agreed upon plan of action. For planning purposes, a full time home visitor should conduct 4 visits/attempts a day or 20 visits/attempts a week.

III. Interventions

A. Approved Program Educational Materials

The *Partners for a Healthy Baby Curriculum* (developed by Florida State University Center for Prevention and Early Intervention Policy) and *Learninggames, The Abecedarian Curriculum* (developed by Joseph Sparling, Ph.D. and Isabelle Lewis) are the required educational curricula for the HUGS program. Home visitors are expected to utilize the curricula through teaching and interaction at all monthly visits for prenatal women and children for all applicable months.

The following educational materials are acceptable for use as supplemental materials:

- San Angelo Curriculum
- Tennessee's Agriculture Extension Curriculum
- Planning a Healthy Pregnancy, by Channing Bete - Prenatal
- Caring for Your Baby and Young Child – Birth to Age 5
- American Baby
- Healthy Children Ready to Learn
- Dear Mommy, Dear Daddy - Marie Foss Hafen
- Smart from the Start
- First 12 Months of Life
- Second 12 Months of Life
- Brain Games for Babies
- Keys to Care giving – A Parent's Guide to Learning How Babies Behave

IV. Referral, Enrollment, and Closure Protocols

A. Referring Agencies

Incoming referrals are accepted from

- Local Health Departments (WIC, Primary Care, Family planning/ pregnancy testing)

- Hospitals
- Department of Children's Services
- Community clinics/physicians/ providers/pediatricians
- Self referrals
- Any community provider who may have knowledge of family that would benefit from home visiting services
- Schools

Note: HUGS services are strictly voluntary. A family may be referred by the justice system, but may *not* be mandated to participate as part of a court sentence.

B. Referral Protocol

- i. Incoming referrals should use the Incoming Referral Form (PH- 3825) (See Appendix 1: Forms)

- ii. Incoming referrals should be contacted within 15 business days of receipt of the referral.

- iii. The HUGS program will attempt to contact a new referral with a minimum of one phone call, one letter, and one attempt at a face-to-face meeting. If no contact has been made after three attempts and 30 days from the date referral was received, the referral should be closed with the appropriate closure code. (See Section VI: Coding)

- iv. Once contact is established, the HUGS staff member should introduce themselves, introduce the program (benefits, what the program does and does not do, what the basic expectations are of the family) and ask the family if they would like to participate.

- a. If the referred person refuses, the referral should be closed with the appropriate closure code. (See Section VI: Coding)
 - b. If the referred person accepts services, a home visit should be scheduled within 15 business days of contact. (If family is in crisis, every effort should be made to visit as soon as possible).
- v. Once the referred person accepts services, then the HUGS visitor is required to perform the necessary assessments within 60 business days from the date the referral was received, unless client has deferred visit or been out of service area for an extended time, which must be documented. (See Section V: Assessments).

C. Enrollment

- i. A family is defined as “enrolled” once the referred person has completed the Initial Assessment.

D. Closure Protocol

- i. Case closure may occur at any time and must be documented electronically and in the paper chart.
- ii. Case closure may occur for six reasons:
 - a. Case Closure – Family reaches stability and wellness **(1516)**
 - The visitor and the family agree that the family no longer requires services.
 - Requires verbal discussion
 - Family is stable
 - Family has resources to meet future challenges
 - A *positive* parting of ways

b. Client Chooses to Terminate Services **(1516C)**

- When a client chooses to end services *before the visitor thinks the family is ready*.
- Requires verbal discussion (visit or phone)
- Family may not be stable but no longer wants services
- The visitor should attempt to understand if there are underlying issues contributing to the family terminating services. If possible, attempt to help and offer resources.
- Let the family know that services are still available to them should circumstances change.

c. Client Moves Out of Visitor Service Area **(1516M)**

- Verbalized by client (visit or phone) to HUGS staff
- If the Primary Client moves but the rest of the family remains, HUGS service may continue if the family desires and remains eligible.
- If the family is moving out of state, close the family.
- If the client is moving within the state of Tennessee, the home visitor should ask client if they would like to continue services, if so the visitor is responsible for referring the family to the HUGS worker who covers the new residential area. This entails at minimum a phone call and written communication to the new HUGS office that the case is being transferred. A copy of client's chart should be forwarded to the new visitor.

- If the move is outside the PTBMIS service area (metropolitan or rural region) then close the family.
- If the move is within a PTBMIS service area (metropolitan or rural region) then the family should remain open and active but the provider number should be changed to reflect the transfer.
 - Once the move has occurred, the new HUGS visitor should try to contact the family a minimum of three times (phone call, letter, and home visit attempt). If no contact is established within 60 days of receiving a call or written communication to transfer client, then the family should be closed because they are Unable to be Located.

d. Unable to Locate **(1516U)**

- When the visitor is unable to locate an ENROLLED client after minimum 3 tries (phone call, letter, attempted visit) and 60 days

e. Client Refuses Services **(1516R)**

- When an UNENROLLED (Primary Client has not completed Initial Assessment) person refuses HUGS services.
- Requires a face-to-face visit and verbalization of refusal of HUGS services.

f. Closure Not Enrolled **(1516NE)**

- Used to close an UNENROLLED client

- Has received a billable service (home visit attempt) but has not verbalized refusal of services.

iii. Please refer to Section VI: Coding for additional information on Closure Codes

V. Assessments

The home visitor is responsible for assessing the family's needs using observation/ interaction, program assessment tools, and formal assessment tools.

A. Initial and Continuous Questionnaire Assessments

Formal program assessments are required on all active core family members.

The home visitor should make every effort to administer the program Assessments in a conversational manner while maintaining the integrity of the Assessment form. Questions should be asked in a standardized manner according to the wording indicated in the Interpretive Guidelines. Refer to Appendix 1: Forms.

1. Initial Assessment

i. The Initial Assessment Form is required:

- On all active core family members within 60 days of the date the referral was received
- When a Pregnant woman gives birth and becomes Postpartum
- When an Infant is born
- When a woman becomes Pregnant

An Initial Assessment is *not* required at the following population changes:

- When a Postpartum woman becomes a Parent/ Guardian (one year after birth)

- When an Infant becomes a Child (turns one year old)

2. Continuous Questionnaire Assessment

i. The Continuous Questionnaire Assessment Form should be completed for all active core family members every 6 months.

B. Development (Ages and Stages Questionnaire - ASQ)

- i. The Ages and Stages Assessment Tool is a flexible and culturally sensitive screening tool available to screen the development of children 4 months to 5 years of age.

- ii. The ASQ Assessment Tool is required on all active family members under the age of 6 years.

- iii. The HUGS program requires the ASQ to be performed at:
 - 4, 8, 12, 18, 24, 30, 36, and 48 months
 - Within 60 days of date the referral was received (excluding infants less than 3 months)

- iv. Additionally, the ASQ should be administered *any time* the home visitor or the primary caregiver of the child has a concern about the development of the child.

- v. If the questionnaire indicates a need, the home visitor should make the appropriate referral.

- vi. If a profoundly delayed child is receiving documented services from Tennessee Early Intervention Services (TEIS), the home visitor may use their own judgment about performing the screening at the required intervals on that client. The home visitor may screen to possibly identify other delays.

C. Medical Verification

The role of the home visitor is not to provide medical care, but to encourage and verify that families are getting the recommended medical and preventive care.

1. Children

- a. HUGS advocates the preventive care periodicity schedule promoted by the American Academy of Pediatrics (AAP).
- b. Key components include:
 - Well child Check-ups/ Early Periodic Screening Diagnosis & Treatment (EPSD&T) Exams with all seven required components:
 - Health History
 - Complete Physical Exam
 - Lab Tests (as needed)
 - Immunizations
 - Vision/ Hearing Screening
 - Developmental/ Behavior Screening
 - Advice/ Anticipatory Guidance
 - Dental care

Reference: TENNderCare brochure

<http://www.tn.gov/tenncare/tenndercare/brochure.pdf>

Reference: TENNderCare Oral Health

<http://www.tn.gov/tenncare/tenndercare/healthygums.pdf>

- c. Medical Verification for Infants/ Children is required within 60 days of date referral received, and at 7, 13, 24, 36, and 48 months.
- d. To verify medical care, the home visitor must determine the primary care provider for the child, have the provider complete and return the HUGS Medical Verification Form, and place returned form and copy of immunization record in the child's paper chart.
- e. The home visitor should attempt to contact the primary care provider a minimum of three times to verify care. If after three attempts the provider does not comply, the visitor should document the attempts in the child's chart that medical care was unable to be verified.

2. Prenatal/ Postpartum Women

- a. HUGS advocates the preventive care periodicity schedule promoted by the American College of Obstetricians and Gynecologists (ACOG).
- b. Medical Verification for Prenatal/ Postpartum women is required within 60 days of date referral received, each prenatal trimester, and the 6 week postpartum check.
- c. To verify medical care, the home visitor must determine the primary care provider for the woman, have the provider complete and return the HUGS Medical Verification Form, and place returned form in the woman's paper chart.

- d. The home visitor should attempt to contact the primary care provider a minimum of three times to verify care. If after three attempts the provider does not comply, the visitor should document the attempts in the woman's chart that medical care was unable to be verified.

D. Nutrition

- i. Within 60 days of date the referral was received the home visitor must document at least ONE of the following:
 - a. Food security (on Initial Assessment Form)
 - b. Currently receiving WIC services (in Progress Notes, on Initial Assessment Form, or on HUGS Documentation Record)
 - c. Referral to food services - WIC, TANF, CSFP, Food bank, etc. (in Referral Tracker)
- ii. All eligible women and children should be referred to the Supplemental Food Program for Women, Infants, and Children (WIC) or the Commodity Supplemental Food Program (CSFP).
- iii. Any women or children who may not be eligible for WIC should follow the nutritional guidelines at www.ChooseMyPlate.gov

VI. Coding

Please refer to the PTBMIS Codes Manual for current HUGS Codes and definitions.

A. Definitions Pertaining to Codes

- i. **Billable Service** = a home visit, a home visit attempt, group class, or face-to-face visit in a setting other than home (phone calls and letters are *not* billable services)

- ii. **Primary Client** = the person referred to the program

- iii. **Enrolled** = Initial Assessment has been completed

B. Diagnosis Codes

- i. The diagnosis code for a HUGS encounter is the word “HUGS” followed by number of core family members seen at the visit.
Example: Mother and new infant both seen. Diagnosis: HUGS2

- ii. If no person is seen for a face-to-face visit, then the diagnosis code is HUGS0. This would occur for a home visit attempt or an encounter documenting closure only.

C. Incoming Referral

- i. Please refer to Appendix 2: Incoming Referral Flowchart for guidance regarding the process and coding for an incoming referral.

D. Visits

1. Three Step Process

- i. HUGS procedure codes reflect the intensity of the visit performed.

ii. Determining what procedure code to use for each face-to-face home visit is a three step process. The steps are listed below and then discussed in greater detail.

Step 1: Determine if the family is new or established

Step 2: Determine the level of complexity of the visit.

Step 3: Determine the amount of time for the visit.

iii. Please refer to Appendix 3: Codes Diagram Flowchart for guidance on selecting the appropriate visit code.

2. Step 1: New or Established Family

i. A new family is defined as having been enrolled for 60 or fewer days since the date of enrollment (the date the Initial Assessment was completed) by the HUGS program.

ii. An established family has been enrolled for 61 or more days.

3. Step 2: Level of Complexity

i. To determine the level of complexity, count the significant issues that were addressed at the visit for all enrolled core members. A significant issue is any problem or domain that a visitor either assesses, educates on, or assists with (counseling or referral). The count used for coding should be the sum total for all family members seen at this visit.

- 1 Significant Issue = **Low Complexity**
- 2 Significant Issues = **Medium Complexity**
- 3 - 4 Significant Issues = **High Complexity**
- 5+ Significant Issues = **Highest Complexity**

- ii. When completing program Assessment Forms, count the number of domains that were assessed at the visit.

- iii. The following populations are automatic highest complexity codes, regardless of how many significant issues are addressed at the visit:
 - Mothers less than 18 years of age
 - Children with special health needs (Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs. The condition may be developmental or acquired and may cause limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.)
 - Homeless/ transient families

4. Step 3: Time

- i. Determine the amount of time the visit took.

- ii. If the visit lasted longer than the suggested time for that level of complexity, the visitor may use the next most intense code.

- ii. Generally, visits should not last longer than one hour, though special circumstances may arise.

E. Codes for Attempted Visits

99348A	Home Visit Attempt (ENROLLED, SCHEDULED): This code is used to document the home visitor’s unsuccessful home visit attempt to an ENROLLED client. The home visitor HAD A SCHEDULED VISIT, traveled to the patient’s residence, but was unable to complete the home visit. This code can only be used one time per household each day, even if the worker stops by more than once in a day.
99348B	Home Visit Attempt (ENROLLED, NOT SCHEDULED): This

	code is used to document the home visitor's unsuccessful home visit attempt to an ENROLLED client. The home visitor DID NOT HAVE A SCHEDULED VISIT, traveled to the patient's residence, but was unable to complete the home visit. This code can only be used one time per household each day, even if the worker stops by more than once in a day.
99348C	Home Visit Attempt (NOT ENROLLED): This code is used to document the home visitor's unsuccessful home visit attempt to a REFERRED client. The home visitor traveled to the patient's residence, but was unable to complete the home visit. This code can only be used one time per household each day, even if the worker stops by more than once in a day.

- i. It is permissible by the program to code for an attempted visit and a face-to-face visit on the same day.
- ii. It is not permissible to code for an attempted visit and a face-to-face visit in the same encounter.

F. Interpreter Codes

- i. Interpreter codes are used to indicate that a visit took more time due to translation into another language. Visitors should estimate the amount of time the visit would have taken had the visit been conducted in one language, then estimate the amount of *extra* time it took to translate the visit. This *extra* time is what is indicated by the following interpreter codes:

INT1	15 minutes
INT2	30 minutes
INT3	45 minutes
INT4	60 minutes

- ii. The visitor may use an interpreter code if the translation was performed by an official interpreter/ language line or an unofficial translator such as a family member or friend.
- iii. If the visitor is conducting the visit in a language they are fluent in, it is *not* appropriate to use the interpreter codes.

G. Group Education Code

i. Group education classes can be a way to promote learning and socialization amongst HUGS clients, however group education sessions **do not take the place of one-on-one interaction in the home and may not be substituted for the minimum home visit every 30 days.**

ii. Use code **99412** for each family attending the group session

H. Closure Codes

i. When families are closed out of HUGS services, there are 6 codes to indicate the reason for closure

1516	Case Closure
1516C	Client Chooses to Close
1516M	Client Moved
1516R	Client Refused Services
1516U	Unable to Locate
1516NE	Closure – Not Enrolled

ii. See Section IV.D : Closure Protocol

VII. Documentation

A. Introduction

i. The following section is adapted from the Public Health Nurse (PHN) Orientation and Practice Manual (2005 version).

ii. Documentation of patient care in a medical record, including electronic medical record (PTBMIS), is necessary to communicate accurate and complete information about the patient and the care provided. Documentation is the

objective recording of observations, findings, actions, and interactions. Information is recorded according to established standards of practice.

B. Principles of Documentation¹

- Unique patient identification must be assured within and across paper-based and electronic healthcare documentation systems.
- Documentation systems must assure the security and confidentiality of patient information.
- Documentation must be accurate and consistent
- Documentation must be clear, concise, and complete reflecting patient response and outcome related to nursing care received
- Documentation must be timely and sequential
- Documentation must be retrievable on a permanent basis in a nursing-specific manner (SOAP Format)
- Documentation must be able to be audited
- Documentation must meet existing standards such as those promulgated by state and federal regulatory agencies (to include HIPAA as enforced through the Department of Justice, the Centers for Medicare and Medicaid Services, and though accrediting organizations such as the Joint Commission on Accreditation of Healthcare Organizations and the National Committee for Quality Assurance.
- Entries into the medical record (including orders) must be legible, complete, and authenticated and dated by the person

¹ Taken from Principles for Documentation, American Nurses Association, January 2003
PHN Orientation and Practice Manual January 2005 II-15

responsible for ordering, providing, or evaluating the care provided.

- Abbreviations, acronyms, and symbols utilized in documentation must be standardized.
- The home visitor must be familiar with regional organization policies and/or procedures related to documentation.

C. The Medical Record

The medical record is a tool used to chart client care in order to assure that appropriate care is provided and also to provide a mechanism to audit both the care and the performance of the health care providers. It should provide a complete written account of the visit history of the client. It is a legal document and is strictly confidential.

The courts have recognized two types of ownership of medical records - the actual record remains the property of the health care agency but the information contained in the record is the property of the patient.

i. Purpose:

- To communicate patient findings to other care providers.
- To provide a legal and permanent record of the care given.
- To provide data for monitoring quality care.

ii. Initiation:

The Department of Health policy (policy 5.1.a) for initiating medical records is as follows:

“A medical record must be prepared for every patient who receives health services of any kind, including immunizations, from health department personnel, under the auspices of the health department, whether done in the health department, the home, or other settings.”

iii. Chart order is determined by regional policy, with the exception of the primary care regions where the chart order is determined by the established primary care standards. The medical record includes:

- Patient identification
- Date of service
- Location where service is provided
- Service provided
- Signature of provider
- All services must be documented on the patient encounter or through PTBMIS.

D. Charting Guidelines

- It is the provider's responsibility to capture required data for tracking and billing purposes that accurately matches services provided.
- Code services rendered on appropriate PTBMIS encounter form.
- Document all information directly into the patient's record immediately following the given care.
- Record facts, not opinions.
- Make all entries in chronological order. Never insert notes between lines or leave space for someone to insert a note. If it should be necessary to record out of time sequence, the entry should be marked "late note", dated and signed, and any unused spaces filled in with lines.
- Correct all charting errors according to policy. The policy for correcting charting documentation is as follows:
 - Draw a line through the entry needing correction

- Write CID (Correction in documentation) immediately above the entry
- Initial Date (if different from date of original entry)
- Never obliterate entries or use “white out”.
- Write with blue or black ink.
- Use only standard abbreviations approved by the Nursing Practice Committee (See PHN Protocol Manual) or Region-specific approved abbreviations
- Date and sign every entry according to specific medical record instructions.
- Use proper signature on medical record - first initial, last name, and provider status (e.g., J. Doe, R.N.; if initials are used (medical record, logs, equipment maintenance) full signature must be on file.
- Do not chart for anyone else or allow others to chart for you.
- Always record return visits, telephone conversations, and follow-up instructions.
- Telephone calls may be documented in patient’s record by indenting date (regional option) and a brief narrative note summarizing telephone call (SOAP format is not required).
- Make all charts legible.
- If you are documenting subjective information, identify the informant.
- If an interpreter is used, document full name.
- Simplify charting as much as possible.
- Use correct grammar and spelling.

E. SOAP format

To assure an orderly and coherent narrative of the home visiting process, as well as to facilitate data retrieval, information in the client record should be organized

in a consistent pattern. The S.O.A.P. format is recommended, i.e., SUBJECTIVE, OBJECTIVE, ASSESSMENT, and PLAN.

1. Subjective (S):

Subjective data is information about the client, based on personal experience or the reporting of someone close to the patient. This includes client history, including pertinent physical, social, emotional, mental, spiritual, and economic information. May also include subjective feelings, symptoms, and perceptions reported by the patient.

2. Objective (O):

Objective data is describable, measurable, observable, and verifiable. Information is obtained through observation. It is something you can see, hear, feel, smell, quantify, etc.

3. Assessment (A):

Assessment is an analysis or interpretation of the patient's status and need for help, based on subjective and objective data. It is a statement of conclusion – an assessment of a problem and/or need.

4. Plan (P):

This is a written plan of management for each client problem. The plan indicates intervention that will take place to alleviate or solve the problem. The plan must be related to the problems/needs and include a written action for each problem or need identified. The plan may include the following:

- The need for more information to accurately diagnose problem or need
- The need for treatment, care coordination, follow-up, referral, or management
- The need for patient and/or family teaching/education

5. Abbreviations

See Model PHN Protocol manual for list of accepted standard abbreviations that can be used for documentation in the medical record. New requests for abbreviations to be added to the list should be submitted to the State Public Health Nurse Practice Committee for their review and approval. The use of abbreviations in standard program manuals are allowed

For additional abbreviations, also refer to current PTBMIS/RVU Codes Manual and WIC Manual. If regional specific abbreviations are used, they must be approved by the regional medical director and/or regional nursing director and added as an appendix to the standard abbreviations in the state Model PHN Protocol Manual.

6. Records Management

a. **Central Patient Filing:** See Section 5.1.a, HSA Policies and Procedures Manual. All client records (paper/or electronic) should be filed according to Central Patient Filing System. In local health departments, the Clerical Consultant is responsible for the maintenance of medical records in a safe and organized manner to insure confidentiality of content/ready accessibility to medical providers.

b. **Transfer of Medical Record:** See Confidentiality, 5.1.b, 5.1.c, 5.2, HSA Policies and Procedures Manual.

c. **Closing Records:** See Retention and Destruction of Records, Section 5.3, HSA Policies and Procedures Manual.

d. **Release of Information:** See HSA Policies and Procedures Manual, sections HSA 5.1.b, 5.1.c, and 5.2

e. **STD Contact Records:** See Confidentiality, Section 5.2, HSA Policies and Procedures Manual.

f. **Subpoena of Medical Records:** See Section 3.1, HSA Policies and Procedures Manual.

g. **Forms Processing and Printing:** See Section 5.4.a, HSA Policies and Procedures Manual.

F. Electronic Data Collection System

1. Background

- i. Beginning July 1, 2009 the HUGS program began to utilize a specially designed HUGS module for the statewide Patient Tracking, Billing, and Management Information System (PTBMIS) for electronic data collection for evaluation. This system is integrated with other Health Department functions and allows for timely data extraction and analysis.
- ii. Please reference Appendix 5: Electronic Data Capture System for complete technical assistance on utilizing the electronic data capture system.

2. Encounters

- i. The HUGS module in PTBMIS has distinct and separate HUGS-specific encounters for data collection.
- ii. Please reference Appendix 5: Electronic Data Capture System for complete technical assistance on utilizing the electronic data capture system.

3. Attempts

- i. A HUGS encounter that documents an attempted home visit (See Section VI: Coding for Attempted Home Visit Codes) may suffice for the only documentation for that encounter (no paper documentation is needed).

4. Assessments

- i. The HUGS module in PTBMIS records HUGS assessment data.
- ii. Please reference Appendix 5: Electronic Data Capture System for complete technical assistance on utilizing the electronic data capture system.

5. Outside Agency Referral Tracker

- i. Based on formal and informal assessments, the home visitor may identify needs or problems that require an outside service or agency. The Outside Agency Referral Tracker serves as a family-centric record of referrals made as well as a data collection tool regarding referrals and referral outcomes.
- ii. Only the electronic version of the Outside Agency Referral Tracker is mandatory. A paper version is available if the visitor prefers to keep a paper record of referrals in addition to the electronic version. Please reference Appendix 4: Outside Agency Referral Tracker for the paper version of the Outside Agency Referral Tracker, a complete list of the abbreviations used in the electronic Outside Agency Referral Tracker, and a complete list of Available Referral Agencies.
- iii. Once a problem has been identified on the Referral Tracker (either manually or automatically from an assessment) a referral must be made and documented within 7 or fewer business days.
- iv. Please reference Appendix 5: Electronic Data Capture System for complete technical assistance on utilizing the electronic Outside Agency Referral Tracker.

VIII. Staff

A. General Policies for Staff

The following are some general policies for staff. Regions/ Metros are required to develop policies around these topics more fully and with specifics to their own sites and communities.

1. Scheduled Work Hours

Family support programming requires flexibility. Each site determines its normal hours of operation. Note that programs may adopt flexible schedules, e.g., evenings and weekends in order to meet the needs of families with work or school conflicts.

Any changes in scheduled appointments, or calling in sick, are communicated to the immediate supervisor. Supervisors need to know where and when home visitors are conducting visits each day. It is recommended that staff who are in the field call the office to speak with their supervisor and check on messages. If a visitor starts their day before coming to the office or ends their day without coming to the office, it is recommended that they call the office and check in with a supervisor.

2. Punctuality

Staff members are expected to schedule visits in a timely manner and to be on time for scheduled visits. If home visitor is delayed or must change time or date of home visit due to unforeseen circumstances, client should be notified of change in a timely manner.

3. Staff Safety

Safety of staff members is a program priority. Each program site must have established a policy on safety to guide staff in their work in the office, families' homes and the community. This includes protocols around signing-in and out, calling in throughout the day, and assuring supervisors know staff's schedules. Home visitors and supervisors share responsibility for maximizing safety of staff members. Staff members should never attempt to intervene in a domestic dispute. Program staff should leave if their safety is threatened for any reason and immediately contact a supervisor or manager.

4. Mobile Phones

Staff should not use personal mobile phones to contact clients.

5. Boundaries

Program staff receives initial orientation before their first home visit alone, and on-going support and training on maintaining effective boundaries between the personal and the professional. Feelings such as excessive worrying, 'rescuing,'

and over-identification should all be recognized by staff as issues where support is needed and should be brought to the attention of the supervisor.

6. Accepting Gifts or Favors

Staff should report to their supervisor any gifts given by clients and should not accept a gift of anything of significant value. Staff is encouraged to explain to the family that this is an agency policy.

7. Transportation Guidelines

State of Tennessee travel guidelines and policies should be followed at all times. Refer to the State Department of Finance and Administration Comprehensive Travel Regulation listed under personally owned automobile. <http://www.tn.gov/finance/act/documents/policy8.pdf>

For Staff Utilizing Automobiles: A copy of staff's valid driver's license and registration and insurance cards of the vehicle used for work must be on file. Mileage sheets are to be turned in to supervisors on a monthly basis. Mileage forms are completed as the local county requires.

B. Orientation

The guidelines for Orientation are currently under development.

C. Professional Development/ Training

The guidelines for Training are currently under development.

D. Supervision

The guidelines for the Protocol for Supervision are currently under development.

IX. Quality Monitoring

A. Audit Tool

The audit tool is utilized by program staff to ensure that basic program guidelines are adhered to and the program is implemented in a standard way.

B. Program Measures

The guidelines for Program Management are currently under development.

X. Regional/ Metropolitan Health Department Responsibilities

A. Annual Plan

1. Each Regional/Metro Health Department must develop and submit an annual plan to the Central Office Program Director of HUGS by July 1.

2. The plan should include, but not be limited to:

- A description of target population along with a projected number of clients and families to be served annually
- Plan to reach the identified target population
- Number of FTE/ Average caseload per FTE
- Referral sources
- A description of supplemental client education classes, if any
- The regional training schedule for periodic updates of skills and review of topics important to home visiting services
- Any approved deviation from program guidelines (additional forms/ protocols/ etc.)

B. Regional/ Metropolitan Target Population

1. The decision regarding which population of prenatal/postpartum women and/or children, birth through the age of 5 years that are enrolled should be made at the Regional/ Metropolitan Office level by the regional program supervisor. Decisions

should be based on the degree of need identified in these populations in their respective service areas and the capacity to provide such services.

Appendix 1: Forms

- A. List of Approved Forms – PH Numbers, Last Revision Date
- B. Incoming Referral Form
- C. HUGS Documentation Record and Instructions
- D. HUGS Assessment Forms
 - 1. Initial Prenatal
 - 2. Initial Postpartum
 - 3. Initial Infant
 - 4. Initial Child
 - 5. Initial Parent/Guardian
 - 6. Continuous Prenatal
 - 7. Continuous Postpartum
 - 8. Continuous Infant
 - 9. Continuous Child
 - 10. Continuous Parent/Guardian
 - 11. HUGS Medical Verification (CHILD)
 - 12. HUGS Medical Verification (ADULT)
- C. Assessment Interpretive Guidelines
- D. HUGS Encounter Data Transmittal Worksheet

Approved HUGS Forms

Form #	Form Name	Last Revision Date
PH-4060	Initial Prenatal	7/10/09
PH-4062	Initial Postpartum	5/14/09
PH-4066	Initial Infant	5/14/09
PH-4068	Initial Child	08/04/09
PH-4064	Initial Parent/Guardian	5/14/09
PH-4061	Continuous Prenatal	7/5/11
PH-4063	Continuous Postpartum	7/5/11
PH-4067	Continuous Infant	7/5/11
PH-4069	Continuous Child	7/5/11
PH-4065	Continuous Parent/Guardian	7/5/11
PH-3825	Incoming Referral Form	5/09
PH-3829	Outside Agency Referral Tracker	Original
PH-3828	HUGS Documentation Record	7/11
Pending	HUGS Medical Verification (CHILD)	8/11
Pending	HUGS Medical Verification (ADULT)	8/11
DH0127	HUGS Brochure	8/11
	HUGS Data Transmittal Encounter Sheet	10/20/10



**DEPARTMENT OF HEALTH
HUGS REFERRAL**



TYPE OF REFERRAL: Prenatal
Postpartum
Parent/Guardian
Infant
Child

Referral Source: _____ Phone #: _____ Date Referred: _____

Client Name: _____ DOB: _____ Age: _____ Sex: _____ Race: _____

Child's SS#: _____ Insurance/MCO: _____

Parent/ Guardian Name: _____ SS#: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Primary Language: _____ Primary Care Provider: _____

Gravida _____ Para _____ AB _____ EDC _____

Reasons for Referral (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> A) Homeless/ Transient | <input type="checkbox"/> P) History of or current caregiver substance use |
| <input type="checkbox"/> B) Domestic violence | <input type="checkbox"/> Q) More than one pregnancy in 1 year |
| <input type="checkbox"/> C) History of or current DCS involvement | <input type="checkbox"/> R) More than 2 children under 3 years of age |
| <input type="checkbox"/> D) Physically challenged client or family member | <input type="checkbox"/> S) Mentally challenged client or family member |
| <input type="checkbox"/> E) History of chronic disease | <input type="checkbox"/> T) Care giver with diagnosed mental illness (history of or current) |
| <input type="checkbox"/> F) History of pregnancy related complications | <input type="checkbox"/> U) At risk for/ has identified developmental delays |
| <input type="checkbox"/> G) History of poor pregnancy outcomes | <input type="checkbox"/> V) No income or inadequate income |
| <input type="checkbox"/> H) Lack of routine medical care (mother) | <input type="checkbox"/> W) Education less than 12 years |
| <input type="checkbox"/> I) Late entry into prenatal care | <input type="checkbox"/> X) Maternal age under 17 years |
| <input type="checkbox"/> J) Non-compliance with prenatal, postpartum or medical care | <input type="checkbox"/> Y) First time mother |
| <input type="checkbox"/> K) Failure to Thrive | <input type="checkbox"/> Z) Desires HUGS Services |
| <input type="checkbox"/> L) Prematurity | |
| <input type="checkbox"/> M) Low Birth Weight | OTHER REFERRALS FOR COMMUNITY-BASED SERVICES |
| <input type="checkbox"/> N) NICU Stay | <input type="checkbox"/> DCS <input type="checkbox"/> Counseling Center |
| <input type="checkbox"/> O) Infant/ Child has special health needs | <input type="checkbox"/> MCO <input type="checkbox"/> Any Other |

Additional Information/ Concerns:

FOR HUGS STAFF USE ONLY:

Date Referral Received: _____

Core Family Members:

Name	DOB	Pop	Comments



**Department of Health
HUGS Documentation Record**

LABEL	Population <input type="checkbox"/> Prenatal EDD: _____ <input type="checkbox"/> Postpartum <input type="checkbox"/> Infant <input type="checkbox"/> Child <input type="checkbox"/> Parent/Guardian	Location of Visit <input type="checkbox"/> Home <input type="checkbox"/> Other _____ <input type="checkbox"/> Interpreter Used: <input type="checkbox"/> Language Line _____ <input type="checkbox"/> Cert. Person _____ <input type="checkbox"/> Family/Friend _____ <input type="checkbox"/> Other _____
SUBJECTIVE: <input type="checkbox"/> Followed up with Family Goal from last visit <input type="checkbox"/> Goal achieved <input type="checkbox"/> Goal not achieved <input type="checkbox"/> Goal in progress Nutrition: <input type="checkbox"/> Breast <input type="checkbox"/> Bottle <input type="checkbox"/> Baby food <input type="checkbox"/> Diet recall: _____ _____ Medical Appointments: <input type="checkbox"/> Kept _____ <input type="checkbox"/> Missed Next medical appointment: _____ _____ _____		Prenatal: PN Vitamin? Y N Fetal Move? Y N S/S PTL? Y N
OBJECTIVE: Home: <input type="checkbox"/> Odor <input type="checkbox"/> Pests <input type="checkbox"/> Visible mold/ mildew <input type="checkbox"/> Inside Pets <input type="checkbox"/> Noisy <input type="checkbox"/> Evidence of substance use Status of Parent: <input type="checkbox"/> Alert <input type="checkbox"/> Listens attentively <input type="checkbox"/> Tearful <input type="checkbox"/> Distracted <input type="checkbox"/> Sleepy <input type="checkbox"/> Other: _____ Status of Infant/ Child: <input type="checkbox"/> N/A <input type="checkbox"/> Alert <input type="checkbox"/> Active <input type="checkbox"/> Playful <input type="checkbox"/> Fussy/ crying <input type="checkbox"/> Asleep <input type="checkbox"/> Other: _____ Parent/Child Interaction: <input type="checkbox"/> N/A <input type="checkbox"/> Eye Contact <input type="checkbox"/> Holding/touching <input type="checkbox"/> Smiles <input type="checkbox"/> Ignoring <input type="checkbox"/> Yelling at child <input type="checkbox"/> Anger _____ _____		
Assessed at this Visit: <input type="checkbox"/> Environment/ Safety <input type="checkbox"/> Health <input type="checkbox"/> Nutrition <input type="checkbox"/> Substance Use <input type="checkbox"/> Family Planning <input type="checkbox"/> Mental Health/ Dev. <input type="checkbox"/> Family Strengths	<input type="checkbox"/> No Problems Identified at this visit <input type="checkbox"/> Homeless <input type="checkbox"/> Abuse <input type="checkbox"/> Car Seat <input type="checkbox"/> SIDS Risk <input type="checkbox"/> Other _____ <input type="checkbox"/> Chronic Disease <input type="checkbox"/> Lack of Medical Care <input type="checkbox"/> Lack of Dental Care <input type="checkbox"/> Behind on Immunizations <input type="checkbox"/> No Insurance <input type="checkbox"/> Other _____ <input type="checkbox"/> Food Insecurity <input type="checkbox"/> Other _____ <input type="checkbox"/> Current Abuse <input type="checkbox"/> Secondhand Smoke Exposure <input type="checkbox"/> Other _____ <input type="checkbox"/> Not using method <input type="checkbox"/> Not happy with method <input type="checkbox"/> Other _____ <input type="checkbox"/> Diagnosed Mental Illness <input type="checkbox"/> Development Concerns <input type="checkbox"/> Other _____ <input type="checkbox"/> Income Concerns <input type="checkbox"/> Limited Support System <input type="checkbox"/> Other _____	
PLAN: Ed Provided: <input type="checkbox"/> Environment/ Safety <input type="checkbox"/> Health <input type="checkbox"/> Nutrition <input type="checkbox"/> Substance Use <input type="checkbox"/> Family Planning <input type="checkbox"/> Mental Health/ Dev. <input type="checkbox"/> Family Strengths <input type="checkbox"/> ASQ Completed: Mo: _____ N DEL	<input type="checkbox"/> See Referral Tracker <input type="checkbox"/> Car Seat <input type="checkbox"/> SIDS <input type="checkbox"/> Childproof Home <input type="checkbox"/> Injury Prevention <input type="checkbox"/> Other: _____ <input type="checkbox"/> Preventive Care <input type="checkbox"/> Infant Care <input type="checkbox"/> When to seek care <input type="checkbox"/> Other: _____ <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Infant/child Food Issues <input type="checkbox"/> Diet/ Exercise <input type="checkbox"/> Other: _____ <input type="checkbox"/> Use during Pregnancy <input type="checkbox"/> 2 nd hand Smoke Exposure <input type="checkbox"/> Other: _____ <input type="checkbox"/> Importance of birth spacing <input type="checkbox"/> Methods <input type="checkbox"/> Other: _____ <input type="checkbox"/> Symptoms <input type="checkbox"/> Development Milestones/ Activities <input type="checkbox"/> Other: _____ <input type="checkbox"/> Bonding <input type="checkbox"/> Finances/ Ed/ Career <input type="checkbox"/> Stress <input type="checkbox"/> Grief <input type="checkbox"/> Discipline <input type="checkbox"/> Other: _____ <input type="checkbox"/> PHBC Pages: _____ <input type="checkbox"/> See Pamphlet List <input type="checkbox"/> SAC Months: _____ <input type="checkbox"/> Other Ed. Provided _____	
NOTES: _____ _____ _____ _____		
Family Goal for next Visit: _____ _____		
Date of Next Visit: _____ Signature: _____ Date: _____		

HUGS Documentation Record Explanation of Form

Population – Mark the population of the person you are visiting. If you mark Prenatal woman, note the Estimated Date of Delivery (EDD).

Location of Visit – Most visits should take place in the home setting. However, some visits take place in other locations, document using the “other” box and blank.

Interpreter Used – Select the method used to interpret services for the client. A Certified Person is a professional interpreter; this person does not have to be employed through the health department.

Subjective –The first section is about Nutrition. Mark the method of feeding and additional information as appropriate. The “Diet Recall” box is not required, only fill this out if you are assessing nutrition in this way.

The second section asks about Medical Appointments. If the family has had scheduled medical appointment between two visits, assess if the family member kept their appointment. Medical appointments include those with private providers, the health department, or dentists.

The rest of the space should be used to document what the client says, including responses to your questions. It may help to organize your documentation by domain.

Example:

Environment/ Safety: Client states she is “trying to childproof the house” and bought baby gates for the stairs.

Substance Use: Dad smokes in the house. Child exposed to 2nd hand smoke.

Fam Strengths: Family attending a new church and “have made some new friends”

The inset box to the right is information you will ask prenatal women. The first question is if they are taking their prenatal vitamin daily. If they are taking it 6-7 days per week, the answer is Y. Anything less, mark N and work with the woman to increase her vitamin usage. The second question is about fetal movement. If the woman is feeling any fetal movement, then the answer is Y. The third question is S/S PTL which stands for Signs and Symptoms of Pre-term Labor. If a woman is experiencing any of the signs and symptoms, it should be addressed immediately. (Note: asking these questions are a good time for teaching. If you provide education about prenatal vitamins, how to do a kick count or what do with a decrease in fetal movement, or what the signs and symptoms of pre-term labor are, then document that in the Plan: Education Provided section).

Objective - This space should be used to document what the visitor observes in concrete, non-judgmental statements. Observations may be seen, heard, or smelled. The checkboxes are provided for your convenience.

E/S: No plastic plug covers or cabinet locks observed. Kitchen cleaning products accessible to child.

SU: Observed 2 full ashtrays and smell tobacco in the air.

Assessed at this Visit – A check mark here indicates that you addressed this domain during the visit. This does not have to be a “formal” assessment, it counts if you ask “How is your health today?”. They will let you know if they have concerns or problems that need more follow up questions or referrals. They may bring up problems before you ask about them – if you have a conversation about a problem, it counts as assessing for it and addressing it.

Problems Identified at this Visit - These are some of the problems that may happen, though not a comprehensive list of problems.

Under Health – “Lack of Medical Care” can be no prenatal care, late prenatal care, no postpartum exam, no or deficient routine care for well or ill clients, behind on immunizations, dental needs – any medical care that they need and are not getting.

Under Nutrition – the term Food Security is defined as access to a safe, nutritious, culturally appropriate, adequate diet. A family has Food Insecurity if they do not have means to obtain enough nutritious food. This could be if they do not have money to buy it, do not have transportation to a food supplier, if their food supplier does not have nutritious options, or if their food source is unsafe (drinking unpasteurized milk for example). If a family has the means to obtain the food but do not have the knowledge of what healthy food is or how to prepare it, they do not have food insecurity. This is a problem, however, and should be addressed through education.

“No problems identified at this visit” – If the client does not state any problems and no problems are observed at this visit, then mark this box.

Plan - This space should be used to document what you as a visitor are doing about the problems you identified at this visit (these can be new or existing).

Education provided – Use the checkboxes to indicate what education you provided at this visit. Document if you used Partners for a Healthy Baby Curriculum (PHBC) (this is the Florida State) and the page numbers, the San Angelo Curriculum (SAC) and the months used, and Other Ed. with a blank for pamphlets or additional materials. The PHBC curriculum is the standard curriculum for the HUGS program and should be used by everyone. San Angelo and other resources should only be used in addition to PHBC. Using the example from above, the plan would be:

E/S: educated about household safety, developed list of improvements to work on

Sub Use: educated on how smoke exposure can harm the child and ways to avoid exposure, provided Quitline materials for dad

If you performed an Ages and Stages Questionnaire at this visit, check the box that you completed ASQ and document the results by checking the box for Normal “N” or Delayed “DEL”.

If you are making referrals, all you need to do is mark the box for “See Referral Tracker” and enter the information in the PTBMIS referral tracker (the problem, the date the problem was identified, the referral service, and the status). If a family is already receiving services for a problem addressed at this visit, document that.

Family Goal for next visit – This is what the family agrees is a good goal to work on before the next visit. This may be related to a problem addressed at this visit or not. Working with the family to empower them to achieve their goals (no matter how little they may be) will help improve their wellness as a family. It is important to let them choose their goals, with possible suggestions and guidance from you. For example, the goal from the example above would be to complete the list of home safety improvements by the next visit.

Other possible goals could be:

- add one serving of fruits or vegetables to the child’s diet
- research the requirements for getting a GED
- make an appointment for a well-child check
- read to child at least three times
- work on a budget for home income
- take prenatal vitamin everyday
- figure out an enjoyable activity to do to reduce stress

Even if there are no problems going on with the family, there are always ways to improve the health and wellness of the family and promote the development of the child. The family may have several goals, but keep in mind it is difficult to make too many changes at a time. Often people try to do many changes and get discouraged when they don’t meet their goals. Work to help your families meet success!

Date for Next Visit – try to schedule the next visit while you have contact with the family. This may change, you do not need to go back and change it on the form.



Initial Prenatal

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>Health – Mother</u></p> <p>(A) Physically challenged client (B) Chronic disease (C) Pregnancy related complications (D) Lack of routine medical care (E) Late entry into prenatal care (F) Non-compliance with prenatal or medical care (G) Other (H) No Health 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>Nutrition</u></p> <p>(A) Food Insecurity (B) Lack of prenatal vitamin (C) Other (D) No Nutrition 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>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) Unplanned or undesired pregnancy (E) Lack of father involvement (F) Limited support system (G) Other (H) No Family Strength Sig. Issue</p>	

ENVIRONMENT/SAFETY

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

HEALTH

Limited in any way?	(Y) Yes	(N) No
Any of the following?	(X) <i>Don't Know/ Not Sure</i>	(R) <i>Refuse to Answer</i>
(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>	

Vaginal infection?	(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: (Check all that apply)	(A) Genital warts (HPV) (B) Herpes (C) Chlamydia (D) Gonorrhea	(E) Group B Strep (Beta Strep) (F) Pelvic Inflammatory Disease, (PID) (G) Syphilis (H) Urinary tract infection (UTI)	(I) Bacterial Vaginosis (J) Trichomoniasis (K) Yeast infections (L) Other
Total # Pregnancies:			
Total # Live Births:			
Total # Pre-term births:			
Pregnant in last 18 months?	(Y) Yes (X) <i>Don't Know/ Not Sure</i>	(N) No (R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>
Type of delivery for most recent child:	(A) Vaginal (B) I went into labor but had to have a cesarean delivery (C) I didn't go into labor and had to have a cesarean delivery (D) No Previous Children	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>	
Did you have any of these problems during your most recent pregnancy?	(A) High blood sugar (diabetes) that started before this pregnancy (B) High blood sugar (diabetes) that started during this pregnancy (C) Vaginal bleeding (D) Kidney or bladder (urinary tract) infection (E) Severe nausea, vomiting, or dehydration (F) Cervix had to be sewn shut (incompetent cervix) (G) High blood pressure, hypertension (including pregnancy-induced hypertensions [PIH], preeclampsia, or toxemia) (H) Problems with the placenta (such as abruptio placentae or placenta previa)	(I) Labor pains more than 3 weeks before my baby was due (preterm or early labor) (J) Water broke more than 3 weeks before my baby was due (premature rupture of the membranes [PROM]) (K) I had to have a blood transfusion (L) I was hurt in a car accident (M) No problems with most recent pregnancy (N) This is my first pregnancy (X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>	
Entry into Prenatal Care (trimester)	(A) 1 st (X) <i>Don't Know/ Not Sure</i>	(B) 2 nd (R) <i>Refuse to Answer</i>	(C) 3 rd (Z) <i>Did not ask</i>
EDD:	_____ (MMDDCCYY) (X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>		
Prenatal Dental Visit Made?	(A) Before my pregnancy (B) During my pregnancy (C) Within the last 12 months (D) More than a year ago	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>	

NUTRITION

Pre-pregnancy Wt:	_____ lb		
Prenatal Vitamin?	(A) I am not taking a multivitamin/ prenatal vitamin at all (B) 1 to 3 times a week (C) 4 to 6 times a week (D) Every day of the week	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>	
Entry into WIC (trimester)	(A) 1 st (X) <i>Don't Know/ Not Sure</i>	(B) 2 nd (R) <i>Refuse to Answer</i>	(C) 3 rd (Z) <i>Did not ask</i>
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>	

Initial Prenatal

LABEL

SUBSTANCE USE

Smoke 3 months before pregnancy?	(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 didn't smoke then	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
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 3 months before pregnancy?	(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 didn't drink then	(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 during pregnancy?	(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: Please list			
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>
Before pregnancy, illegal drugs?	(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

Were you 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 were 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> (R) <i>Refuse to Answer</i> (N) No (Z) <i>Did not ask</i>
Marital status:	(A) Married (E) Single, never married (B) Living with a steady partner or common-law marriage (F) Widow/ Widower (X) <i>Don't Know/ Not Sure</i> (C) Divorced (R) <i>Refuse to Answer</i> (D) Separated (Z) <i>Did not ask</i>
Mother's feeling about becoming pregnant:	(A) I wanted to be pregnant sooner (X) <i>Don't Know/ Not Sure</i> (B) I wanted to be pregnant later (R) <i>Refuse to Answer</i> (C) I wanted to be pregnant then (Z) <i>Did not ask</i> (D) I didn't want to be pregnant then or at any time in the future
Father's age	_____ years (X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
Father's feeling about pregnancy?	(A) He wanted me to be pregnant sooner (E) I didn't have a husband or partner (B) He wanted me to be pregnant later (X) <i>Don't Know/ Not Sure</i> (C) He wanted me to be pregnant then (R) <i>Refuse to Answer</i> (D) He didn't want me to be pregnant then or at any time in the future (Z) <i>Did not ask</i>
Father support?	(Y) Yes (N) No (X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
Help with problem?	(A) My husband or partner (F) No one would help me (B) My mother, father, or in-laws (X) <i>Don't Know/ Not Sure</i> (C) Other family member or relative (R) <i>Refuse to Answer</i> (D) A friend (Z) <i>Did not ask</i> (E) Someone else



Initial Postpartum Mother

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>Health – Mother</u></p> <p>(A) Physically challenged client (B) Chronic disease (C) Pregnancy related complications (D) Poor pregnancy outcome (E) Lack of routine medical care (F) Non-compliance with postpartum or medical care (G) Other (H) No Health 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>Nutrition</u></p> <p>(A) Food Insecurity (B) Breastfeeding Problems (C) Other (D) No Nutrition Sig. Issue</p>	<p><u>Mental Health/ Development</u></p> <p>(A) Mentally challenged client (B) Diagnosed mental illness (C) Abnormal Postpartum Depression Screen (D) Other (E) No Mental Health/ Development 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) Unplanned or undesired pregnancy (E) Lack of father involvement (F) Limited support system (G) Other (H) No Family Strength Sig. Issue</p>	

ENVIRONMENT/SAFETY

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

If Yes: (Circle all that apply)	(A) Genital warts [HPV] (B) Herpes (C) Chlamydia (D) Gonorrhea	(E) Group B Strep [Beta Strep] (F) Pelvic Inflammatory Disease [PID] (G) Syphilis (H) Urinary tract infection [UTI]	(I) Bacterial Vaginosis (J) Trichomoniasis (K) Yeast infections (L) Other
Total # Pregnancies:			
Total # Live Births:			
Total # Pre-term births:			
Most Recent Child: Total # Prenatal Visits:			
6 week Postpartum Follow Up Exam:	(Y) Yes (X) <i>Don't Know/ Not Sure</i>	(N) No (R) <i>Refuse to Answer</i>	(W) <i>Not applicable</i> (Z) <i>Did not ask</i>
6 Week Exam Date:			

NUTRITION

Total Weight Gain			
Receiving WIC?	(A) Yes (B) Have not applied for WIC (C) Ineligible	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>	
Currently Breastfeeding?	(A) Yes, only breast milk (B) Yes, combination breast milk and formula (C) No	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>	
If No: Did you breastfeed for any length of time?	(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: How long did you breastfeed?	____ Weeks OR ____ Months		
Reasons for stopping breastfeeding? (Circle all that apply)	(A) My baby had difficulty nursing (B) Breast milk alone did not satisfy my baby (C) I thought my baby was not gaining enough weight (D) My baby got sick and could not breastfeed (E) My nipples were sore, cracked, or bleeding (F) I thought I was not producing enough milk (G) I had too many other household duties (H) I felt it was the right time to stop breastfeeding (I) I got sick and could not breastfeed (J) I went back to work or school	(K) I wanted/ needed someone else to feed the baby (L) My baby was jaundiced (yellowing of the skin or whites of the eyes) (M) Other (X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>	
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>	

SUBSTANCE USE

Smoke 3 months before pregnancy?	(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 didn't smoke then	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
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 3 months before pregnancy?	(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/week (F) I didn't drink then	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>

Initial Postpartum Mother

LABEL

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 during pregnancy?	(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>
Before pregnancy, illegal drugs?	(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 illegal drug 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>	

MENTAL HEALTH

6 week Post-partum Depression Screen:	
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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>	
Mother's feeling about becoming pregnant:	(A) I wanted to be pregnant sooner (B) I wanted to be pregnant later (C) I wanted to be pregnant then (D) I didn't want to be pregnant then or at any time in the future	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>	
Father's age	_____ years (X) <i>Don't Know/ Not Sure</i>	(R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>

Father's feeling about pregnancy?	(A) He wanted me to be pregnant sooner (B) He wanted me to be pregnant later (C) He wanted me to be pregnant then (D) He didn't want me to be pregnant then or at any time in the future	(E) I didn't have a husband or partner (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>



Initial Infant (Birth up to 1 year)

Visitor _____

Sig. Issues Present Now:	
<p><u>Environment/ Safety</u></p> <p>(A) Homeless/ Transient (B) Abuse/ Neglect (C) Current DCS involvement (D) Unsafe environment (E) Unstable housing (utilities) (F) Lack of transportation (G) Lack of infant car seat (H) SIDS Risk (I) Other (J) No Environment/ Safety Sig. Issue</p>	<p><u>Substance Use (Tobacco, Alcohol, Drugs)</u></p> <p>(A) Current caregiver use (B) Use in household (C) Exposure to Secondhand Smoke (D) Other (E) No Substance Use Sig. Issue</p>
<p><u>Health - Infant</u></p> <p>(A) Failure to Thrive (B) Prematurity (C) Low Birth Weight (D) NICU Stay (E) Infant has special health needs (F) Follow up required for Genetics Screen (G) Did not pass newborn hearing test (H) Behind on Immunizations (I) Behind on Well Child medical care (J) Other (K) No Physical Health-Infant/Child 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>Nutrition</u></p> <p>(A) Food Insecurity (B) Breastfeeding Problems (C) Other (D) No Nutrition Sig. Issue</p>	<p><u>Mental Health/ Development</u></p> <p>(A) Mentally challenged client (B) Care giver with diagnosed mental illness (C) Suspected or identified developmental delay (D) Other (E) No Mental Health/ Development Sig. Issue</p> <p><u>Family Strengths/ Psychosocial</u></p> <p>(A) No income or inadequate income (family) (B) Mother's education less than 12 years (C) Maternal age under 17 years (D) Unplanned or undesired pregnancy (E) Lack of father involvement (F) Other (G) No Family Strength Sig. Issue</p>

ENVIRONMENT/SAFETY

Car seat?	(Y) Yes (X) <i>Don't Know/ Not Sure</i>	(N) No (R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>
How often ride in car seat?	(A) Always (X) <i>Don't Know/ Not Sure</i>	(B) Often (R) <i>Refuse to Answer</i>	(C) Sometimes (D) Rarely (E) Never (Z) <i>Did not ask</i>
Sleep position?	(A) Side (X) <i>Don't Know/ Not Sure</i>	(B) Back (R) <i>Refuse to Answer</i>	(C) Stomach (Z) <i>Did not ask</i>
Co-sleeping?	(A) Always (X) <i>Don't Know/ Not Sure</i>	(B) Often (R) <i>Refuse to Answer</i>	(C) Sometimes (D) Rarely (E) Never (Z) <i>Did not ask</i>
Pillows/ toys?	(Y) Yes (X) <i>Don't Know/ Not Sure</i>	(N) No (R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>

HEALTH

Gestational Age	weeks		
Birth Weight:	lb	oz	
Type of Delivery	(A) Vaginal (B) Cesarean Section (C) Unknown (adoption)	(X) Don't Know/ Not Sure (R) Refuse to Answer (Z) Did not ask	
NICU Stay?	(Y) Yes (X) Don't Know/ Not Sure	(N) No (R) Refuse to Answer	(Z) Did not ask
Newborn Hearing Screen?	(Y) Yes (X) Don't Know/ Not Sure	(N) No (R) Refuse to Answer	(Z) Did not ask
If Yes: Passed?	(Y) Yes (X) Don't Know/ Not Sure	(N) No (R) Refuse to Answer	(Z) Did not ask
Newborn Genetics Screen?	(Y) Yes (X) Don't Know/ Not Sure	(N) No (R) Refuse to Answer	(Z) Did not ask
If Yes: Follow Up Required?	(Y) Yes (X) Don't Know/ Not Sure	(N) No (R) Refuse to Answer	(Z) Did not ask
Well-baby check-up?	(Y) Yes (X) Don't Know/ Not Sure	(N) No (R) Refuse to Answer	(Z) Did not ask
Medical Home Identified?	(Y) Yes (X) Don't Know/ Not Sure	(N) No (R) Refuse to Answer	(Z) Did not ask
Medical Home:			

NUTRITION

Currently breastfeeding?	(A) Yes, only breast milk (B) Yes, combination breast milk and formula (C) No	(X) Don't Know/ Not Sure (R) Refuse to Answer (Z) Did not ask
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SUBSTANCE USE

About how many hours a day, on average, is your child in the same room or vehicle with someone who is smoking?	(A) None (B) Less than 1 hour (C) 1-12 hours (D) 13-24 hours	(X) Don't Know/ Not Sure (R) Refuse to Answer (Z) Did not ask
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DEVELOPMENT

Do you have any concerns about your child's learning, development, or behavior?	(Y) Yes (N) No	(X) Don't Know/ Not Sure (R) Refuse to Answer (Z) Did not ask
Have you been told by a medical provider that your child has a developmental delay?	(Y) Yes (N) No	(X) Don't Know/ Not Sure (R) Refuse to Answer (Z) Did not ask

FAMILY STRENGTHS

Primary caregiver?	(A) Mother (B) My husband or partner (C) Baby's grandparent (D) Other close family member or relative (E) Friend or neighbor (F) Babysitter, nanny, or other child care provider	(G) Staff at day care center (H) Other (X) Don't Know/ Not Sure (R) Refuse to Answer (Z) Did not ask
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Initial Child Visit (1-6 years)

Visitor _____

Sig. Issues Present Now:	
<p>Environment/ Safety</p> <p>(A) Homeless/ Transient (B) Abuse/ Neglect (C) Current DCS involvement (D) Unsafe environment (E) Unstable housing (utilities) (F) Lack of transportation (G) Lack of child car seat (H) Other (I) No Environment/ Safety Sig. Issue</p>	<p>Substance Use (Tobacco, Alcohol, Drugs)</p> <p>(A) Current caregiver use (B) Use in household (C) Exposure to Secondhand Smoke (D) Other (E) No Substance Use Sig. Issue</p> <p>Family Planning/ Birth Spacing</p> <p>(A) More than 2 children under 3 years of age (B) Other (C) No Family Planning Sig. Issue</p>
<p>Health - Child</p> <p>(A) Failure to Thrive (B) Child has special health needs (C) Behind on Immunizations (D) Behind on Well Child medical care (E) Other (F) No Physical Health-Child Sig. Issue</p>	<p>Mental Health/ Development</p> <p>(A) Mentally challenged client (B) Care giver with diagnosed mental illness (C) Suspected or identified developmental delay (D) Other (E) No Mental Health/ Development Sig. Issue</p>
<p>Nutrition</p> <p>(A) Food Insecurity (B) Breastfeeding Problems (C) Other (D) No Nutrition Sig. Issue</p>	<p>Family Strengths/ Psychosocial</p> <p>(A) No income or inadequate income (family) (B) Mother education less than 12 years (C) Maternal age under 17 years (D) Lack of father involvement (E) Other (F) No Family Strength Sig. Issue</p>

ENVIRONMENT/ SAFETY

Car seat?	(Y) Yes	(N) No
	(X) <i>Don't Know/ Not Sure</i>	(R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
How often ride in car seat?	(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>

HEALTH

Medical home identified?	(Y) Yes	(N) No
	(X) <i>Don't Know/ Not Sure</i>	(R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
Medical home:		
Child disease?	(A) Autism (F) Food or digestive allergy (K) None of the Above	
	(B) Diabetes (G) Eczema or any kind of skin allergy (X) <i>Don't Know/ Not Sure</i>	
	(C) Asthma (H) Sickle Cell Anemia (R) <i>Refuse to Answer</i>	
	(D) Respiratory allergy (I) Hearing or Speech Deficit (Z) <i>Did not ask</i>	
	(E) Cystic Fibrosis (J) Other	

IMMUNIZATIONS: (FROM MEDICAL RECORD)

13 Months: 3 DTap, 3 Hep B, 3 IPV, at least 2 Hib, 1 MMR, 1 Var	(A) Met (B) Unmet (C) Parent Refusal to Vaccinate Child (W) Not Applicable	(U) <i>Records Unavailable</i> (X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
24 Months: 4 DTap, 3 Hep B, 3 IPV, at least 2 Hib, 1 MMR, 1 Var	(A) Met (B) Unmet (C) Parent Refusal to Vaccinate Child (W) Not Applicable	(U) <i>Records Unavailable</i> (X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>

VISION SCREEN: (FROM MEDICAL RECORD)

3 year	(A) Normal (B) Abnormal	(C) Not Done (D) Deferred	(W) Not Applicable (U) Records Unavailable	(X) Don't Know/ Not Sure	(R) Refuse to Answer (Z) Did not ask
4 year	(A) Normal (B) Abnormal	(C) Not Done (D) Deferred	(W) Not Applicable (U) Records Unavailable	(X) Don't Know/ Not Sure	(R) Refuse to Answer (Z) Did not ask
5 year	(A) Normal (B) Abnormal	(C) Not Done (D) Deferred	(W) Not Applicable (U) Records Unavailable	(X) Don't Know/ Not Sure	(R) Refuse to Answer (Z) Did not ask

HEARING SCREEN: (FROM MEDICAL RECORD)

3 year	(A) Normal (B) Abnormal	(C) Not Done (D) Deferred	(W) Not Applicable (U) Records Unavailable	(X) Don't Know/ Not Sure	(R) Refuse to Answer (Z) Did not ask
4 year	(A) Normal (B) Abnormal	(C) Not Done (D) Deferred	(W) Not Applicable (U) Records Unavailable	(X) Don't Know/ Not Sure	(R) Refuse to Answer (Z) Did not ask
5 year	(A) Normal (B) Abnormal	(C) Not Done (D) Deferred	(W) Not Applicable (U) Records Unavailable	(X) Don't Know/ Not Sure	(R) Refuse to Answer (Z) Did not ask

DENTAL VISITS

1 year	(A) Seen (B) Not Seen	(W) Not Applicable (U) Records Unavailable	(R) Refuse to Answer (Z) Did not ask
2 year	(A) Seen (B) Not Seen	(W) Not Applicable (U) Records Unavailable	(R) Refuse to Answer (Z) Did not ask
3 year	(A) Seen (B) Not Seen	(W) Not Applicable (U) Records Unavailable	(R) Refuse to Answer (Z) Did not ask
4 year	(A) Seen (B) Not Seen	(W) Not Applicable (U) Records Unavailable	(R) Refuse to Answer (Z) Did not ask
5 year	(A) Seen (B) Not Seen	(W) Not Applicable (U) Records Unavailable	(R) Refuse to Answer (Z) Did not ask

SUBSTANCE USE

About how many hours a day, on average, is your child in the same room or vehicle with someone who is smoking?	(A) None (B) Less than 1 hour (C) 1-12 hours (D) 13-24 hours	(X) Don't Know/ Not Sure (R) Refuse to Answer (Z) Did not ask
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DEVELOPMENT

Do you have any concerns about your child's learning, development, or behavior?	(Y) Yes (N) No	(X) Don't Know/ Not Sure (R) Refuse to Answer (Z) Did not ask
Have you been told by a medical provider that your child has a developmental delay?	(Y) Yes (N) No	(X) Don't Know/ Not Sure (R) Refuse to Answer (Z) Did not ask



LABEL

Initial Parent/ Guardian

Visitor _____

Sig. Issues Present Now:	
<p>Environment/ Safety</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>Substance Use (Tobacco, Alcohol, Drugs)</p> <p>(A) Current use (B) Use in household (C) Exposure to Secondhand Smoke (D) Other (E) No Substance Use Sig. Issue</p> <p>Family Planning/ Birth Spacing</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>Health – Mother/Parent/Guardian</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>Mental Health/ Development</p> <p>(A) Mentally challenged client (B) Diagnosed mental illness (C) Other (D) No Mental Health/ Development Sig. Issue</p>
<p>Nutrition</p> <p>(A) Food Insecurity (B) Other (C) No Nutrition Sig. Issue</p>	<p>Family Strengths/ Psychosocial</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) (J) Sickle Cell (B) Angina or coronary heart disease (K) Cancer (C) A stroke (L) Overweight/ Obesity (D) Asthma (M) Mental Illness (E) High blood sugar (diabetes) (N) Other (F) Lung Problems (other than asthma) (O) None of the above (G) Kidney problems (X) <i>Don't Know/ Not Sure</i> (H) Anemia (poor blood, low iron) (R) <i>Refuse to Answer</i> (I) Sickle Cell Trait (Z) <i>Did not ask</i>

NUTRITION

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



Continuous Prenatal Visit

Visitor _____

ENVIRONMENT/SAFETY

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

HEALTH

Total # of Prenatal Visits:	
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NUTRITION

Prenatal vitamin?	(A) I am not taking a multivitamin/ prenatal vitamin at all (B) 1 to 3 times a week (C) 4 to 6 times a week (D) Every day of the week	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
Receiving WIC?	(A) Yes (B) No, did not apply (C) No, ineligible	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
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>

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 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>



Continuous Postpartum Mother

Visitor _____

ENVIRONMENT/SAFETY

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

HEALTH

6 week Postpartum Follow Up Exam:	(Y) Yes (X) <i>Don't Know/ Not Sure</i>	(N) No (R) <i>Refuse to Answer</i>	(W) <i>Not applicable</i> (Z) <i>Did not ask</i>
6 Week Exam Date:			

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>	

MENTAL HEALTH

4 month Post-Partum Depression Screen:	
4 month Post-Partum Depression Screen Date:	

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>	



LABEL

Continuous Infant (Birth to 1 yr)

Visitor _____
ENVIRONMENT/SAFETY

Car seat?	(Y) Yes (X) <i>Don't Know/ Not Sure</i>	(N) No (R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>
How often ride in car seat?	(A) Always (X) <i>Don't Know/ Not Sure</i>	(B) Often (R) <i>Refuse to Answer</i>	(C) Sometimes (D) Rarely (E) Never (Z) <i>Did not ask</i>
Sleep position?	(A) Side (X) <i>Don't Know/ Not Sure</i>	(B) Back (R) <i>Refuse to Answer</i>	(C) Stomach (Z) <i>Did not ask</i>
Co-sleeping?	(A) Always (X) <i>Don't Know/ Not Sure</i>	(B) Often (R) <i>Refuse to Answer</i>	(C) Sometimes (D) Rarely (E) Never (Z) <i>Did not ask</i>
Pillows/ toys?	(Y) Yes (X) <i>Don't Know/ Not Sure</i>	(N) No (R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>

HEALTH

Medical Home Identified?	(Y) Yes (X) <i>Don't Know/ Not Sure</i>	(N) No (R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>
Medical Home:			
Child disease?	(A) Autism (B) Diabetes (C) Asthma (D) Respiratory allergy (E) Cystic Fibrosis	(F) Food or digestive allergy (G) Eczema or any kind of skin allergy (H) Sickle Cell Anemia (I) Hearing or Speech Deficit (J) Other	(K) None of the Above (X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
FROM MEDICAL RECORD: Immunizations 7 Months: 3 DTap, 3 Hep B, 2 IPV, at least 2 Hib	(A) Met (B) Unmet (C) Parent Refusal to Vaccinate Child (U) <i>Records Unavailable</i>	(W) <i>Not Applicable</i> (X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>	

NUTRITION

Currently breastfeeding?	(A) Yes, only breast milk (B) Yes, combination breast milk and formula (C) No	(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

Secondhand smoke exposure?	(A) None (B) Less than 1 hour	(C) 1-12 hours (D) 13-24 hours	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
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DEVELOPMENT

Do you have any concerns about your child's learning, development, or behavior?	(Y) Yes (N) No	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>
Have you been told by a medical provider that your child has a developmental delay?	(Y) Yes (N) No	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>
ASQ 4 months	(A) Appropriate Development (B) Delayed	(C) Not Done	(W) Not Applicable
ASQ 8 months	(A) Appropriate Development (B) Delayed	(C) Not Done	(W) Not Applicable

FAMILY STRENGTHS

Primary Caregiver?	(A) Mother (B) My husband or partner (C) Baby's grandparent (D) Other close family member	(E) Friend or neighbor (F) Babysitter, nanny, or other child care provider (G) Staff at day care center	(H) Other (X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
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Continuous Child (1-6 years)

Visitor _____

LABEL

ENVIRONMENT/ SAFETY

Car seat?	(Y) Yes (X) <i>Don't Know/ Not Sure</i>	(N) No (R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>
How often ride in car seat?	(A) Always (X) <i>Don't Know/ Not Sure</i>	(B) Often (R) <i>Refuse to Answer</i>	(C) Sometimes (D) Rarely (E) Never (Z) <i>Did not ask</i>

HEALTH

Medical Home Identified?	(Y) Yes (X) <i>Don't Know/ Not Sure</i>	(N) No (R) <i>Refuse to Answer</i>	(Z) <i>Did not ask</i>
Medical Home:			
Child disease?	(A) Autism (B) Diabetes (C) Asthma (D) Respiratory allergy (E) Cystic Fibrosis	(F) Food or digestive allergy (G) Eczema or any kind of skin allergy (H) Sickle Cell Anemia (I) Hearing or Speech Deficit (J) Other	(K) None of the Above (X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>

IMMUNIZATIONS: (FROM MEDICAL RECORD)

13 Months: 3 DTap, 3 Hep B, 3 IPV, at least 2 Hib, 1 MMR, 1 Var	(A) Met (B) Unmet (C) Parent Refusal to Vaccinate Child (W) Not Applicable	(U) <i>Records Unavailable</i> (X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
24 Months: 4 DTap, 3 Hep B, 3 IPV, at least 2 Hib, 1 MMR, 1 Var	(A) Met (B) Unmet (C) Parent Refusal to Vaccinate Child (W) Not Applicable	(U) <i>Records Unavailable</i> (X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>

VISION SCREEN: (FROM MEDICAL RECORD)

3 year	(A) Normal (B) Abnormal	(C) Not Done (D) Deferred	(W) Not Applicable (U) <i>Records Unavailable</i>	(X) <i>Don't Know/ Not Sure</i>	(R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
4 year	(A) Normal (B) Abnormal	(C) Not Done (D) Deferred	(W) Not Applicable (U) <i>Records Unavailable</i>	(X) <i>Don't Know/ Not Sure</i>	(R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
5 year	(A) Normal (B) Abnormal	(C) Not Done (D) Deferred	(W) Not Applicable (U) <i>Records Unavailable</i>	(X) <i>Don't Know/ Not Sure</i>	(R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>

HEARING SCREEN: (FROM MEDICAL RECORD)

3 year	(A) Normal (B) Abnormal	(C) Not Done (D) Deferred	(W) Not Applicable (U) <i>Records Unavailable</i>	(X) <i>Don't Know/ Not Sure</i>	(R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
4 year	(A) Normal (B) Abnormal	(C) Not Done (D) Deferred	(W) Not Applicable (U) <i>Records Unavailable</i>	(X) <i>Don't Know/ Not Sure</i>	(R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
5 year	(A) Normal (B) Abnormal	(C) Not Done (D) Deferred	(W) Not Applicable (U) <i>Records Unavailable</i>	(X) <i>Don't Know/ Not Sure</i>	(R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>

DENTAL VISITS

1 year	(A) Seen (B) Not Seen	(W) Not Applicable (U) Records Unavailable	(R) Refuse to Answer (Z) Did not ask
2 year	(A) Seen (B) Not Seen	(W) Not Applicable (U) Records Unavailable	(R) Refuse to Answer (Z) Did not ask
3 year	(A) Seen (B) Not Seen	(W) Not Applicable (U) Records Unavailable	(R) Refuse to Answer (Z) Did not ask
4 year	(A) Seen (B) Not Seen	(W) Not Applicable (U) Records Unavailable	(R) Refuse to Answer (Z) Did not ask
5 year	(A) Seen (B) Not Seen	(W) Not Applicable (U) Records Unavailable	(R) Refuse to Answer (Z) Did not ask

SUBSTANCE USE

About how many hours a day, on average, is your child in the same room or vehicle with someone who is smoking?	(A) None (B) Less than 1 hour (C) 1-12 hours (D) 13-24 hours	(X) Don't Know/ Not Sure (R) Refuse to Answer (Z) Did not ask
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DEVELOPMENT

Do you have any concerns about your child's learning, development, or behavior?	(Y) Yes (N) No	(X) Don't Know/ Not Sure (R) Refuse to Answer (Z) Did not ask
Have you been told by a medical provider that your child has a developmental delay?	(Y) Yes (N) No	(X) Don't Know/ Not Sure (R) Refuse to Answer (Z) Did not ask

Ages and Stages Screening

12 months	(A) Appropriate Development	(B) Delayed	(C) Not Done	(W) Not Applicable
18 months	(A) Appropriate Development	(B) Delayed	(C) Not Done	(W) Not Applicable
24 months	(A) Appropriate Development	(B) Delayed	(C) Not Done	(W) Not Applicable
30 months	(A) Appropriate Development	(B) Delayed	(C) Not Done	(W) Not Applicable
36 months	(A) Appropriate Development	(B) Delayed	(C) Not Done	(W) Not Applicable
48 months	(A) Appropriate Development	(B) Delayed	(C) Not Done	(W) Not Applicable



LABEL

Continuous Parent/ Guardian

Visitor _____

ENVIRONMENT/SAFETY

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

HEALTH

Limited in any way?	(Y) Yes (X) <i>Don't Know/ Not Sure</i>	(N) No (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	(N) No	
	(X) Don't Know/ Not Sure	(R) Refuse to Answer	(Z) Did not ask
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) Don't Know/ Not Sure (R) Refuse to Answer (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
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) Don't Know/ Not Sure (R) Refuse to Answer (Z) Did not ask	
Father support?	(Y) Yes (X) Don't Know/ Not Sure	(N) No (R) Refuse to Answer	(Z) Did not ask
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) Don't Know/ Not Sure (R) Refuse to Answer (Z) Did not ask	



Tennessee Department of Health HUGS Medical Verification (CHILD)

Dear Provider,

Date:

Your patient _____ is participating in HUGS, a statewide home visiting program. Home visitors work to coordinate care and help families achieve wellness.

Please **verify this patient is receiving recommended medical care**. We welcome additional comments or suggestions for education/ resources that would benefit this family. Thank you for your cooperation and participation as a member of the care team for this patient.

STEP 1: HIPPA Release of Information (Filled out by CLIENT GUARDIAN)

My child _____, born ___/___/___, is a client of the TN Health Department. I am requesting that you verify whether or not my child is keeping medical appointments.

Mi hijo/a _____, nacido/a en, _____ es un cliente del TN Departamento de Salud. Solicito verificación de la asistencia de mi hijo/a a todas las citas medicas.

Client Signature/Firma del cliente

Date/Fecha

STEP 2: (Filled out by PROVIDER)

1) Has this child been seen in your clinical setting? Yes No

2) Date of most recent well child check-up/ EPSDT: Date (mm/dd/yy): [][] [][] [][]

3) Please complete about the most recent components of a well child check:

VISION Screen: Date: [][] [][] [][]

HEARING Screen: Date: [][] [][] [][]

Passed

Passed

Did Not Pass

Did Not Pass

Not applicable, did not perform

Not applicable, did not perform

STEP 3: (PROVIDER)

*****Please attach a copy of the child's immunization record to this form*****

STEP 4: (PROVIDER)

4) Education or resources that would benefit this client?

Safety/ Environment:

Physical Health Topics:

Mental Health/ Development Topics:

Nutrition:

Psychosocial:

Additional Comments:

Please mail
this form to:

Or Fax to:

HUGS MEDICAL VERIFICATION (CHILD) INSTRUCTIONS

PURPOSE: To provide pertinent information from the medical provider to the HUGS Program. The medical verification form may be generated from within the health department or from an outside agency or entity (i.e. Hospital, Doctor's Office, Clinics, Health Centers or any medical provider, etc.). This information will assist the home visitor with information related to the compliance of well child checks.

The Medical Verification Form is self-explanatory.



**Tennessee Department of Health
HUGS Medical Verification (ADULT)**

Dear Provider,

Date:

Your patient _____ is participating in HUGS, a statewide home visiting program. Home visitors work to coordinate care and help families achieve wellness.

Please **verify this patient is receiving recommended medical care**. We welcome additional comments or suggestions for education/ resources that would benefit this family. Thank you for your cooperation and participation as a member of the care team for this patient.

STEP 1: HIPPA Release of Information (Filled out by CLIENT GUARDIAN)

I _____, born ___/___/___ am a client of the TN Health Department. I am requesting that you verify whether or not I am keeping medical appointments.

Yo _____, nacido/a en, _____ soy un cliente del TN Departamento de Salud. Solicito verificación de mi asistencia a todas las citas medicas.

Client Signature/Firma del cliente

Date/Fecha

STEP 2: (Filled out by PROVIDER)

1) Has this client been seen in your clinical setting? Yes No

2) If Yes, please mark which trimester this patient has been seen in your clinical setting (mark all that apply):

- First Trimester Care Number of Visits _____
- Second Trimester Care Number of Visits _____
- Third Trimester Care Number of Visits _____
- Postpartum 6 week checkup: Date (mm/dd/yy): [] [] [] [] [] []
- Annual checkup: Date (mm/dd/yy): [] [] [] [] [] []

STEP 3: (Filled out by PROVIDER)

3) Education or resources that would benefit this client?

- Safety of the environment:
- Physical Health Topics:
- Mental Health Topics:
- Family Planning:
- Nutrition:
- Substance Use/ Abuse:
- Psychosocial:

Additional Comments:

Please mail this form to:

Or Fax to:

HUGS MEDICAL VERIFICATION (ADULT) INSTRUCTIONS

PURPOSE: To receive pertinent information from the medical provider to the HUGS Program. The medical verification form may be generated from within the health department or from an outside agency or entity (i.e. Hospital, Doctor's Office, Clinics, Health Centers or any medical provider, etc.). This information will assist the home visitor with information related to the compliance of prenatal, postpartum and/or medical care.

The Medical Verification Form is self-explanatory.

HUGS Assessment Forms Interpretive Guidelines

IPN	Initial Prenatal	QPN	Continuous Questionnaire Prenatal
IPP	Initial Postpartum	QPP	Continuous Questionnaire Postpartum
IIN	Initial Infant (Birth up to 1 year)	QIN	Continuous Questionnaire Infant (Birth up to 1 year)
ICH	Initial Child (1-6 years)	QCH	Continuous Questionnaire Child (1-6 years)
IPG	Initial Parent/ Guardian	QPG	Continuous Questionnaire Parent/ Guardian

Source of Data: All questions are asked of mother or parent' guardian unless otherwise specified.

General

Population	Form	Question	Answers	Guidelines
Prenatal Postpartum Infant Child	IPN IPP IIN ICH QPN QPP QIN QCH	Significant Issues Present Now:	<u>Environment/ Safety</u> Homeless/ Transient Domestic Violence Abuse/ Neglect Current DCS involvement Unsafe environment Unstable housing (Utilities) Lack of transportation Lack of infant/ child car seat SIDS Risk Other No Environment/ Safety Significant Issue	<u>Transient Housing:</u> Temporary living arrangements <u>Domestic Violence:</u> any physical violence including pushing, hitting, slapping, kicking, choking, or hurting in any way (adults in the family) <u>Unsafe environment:</u> Refer to question asked about feeling unsafe in neighborhood. Visitor observation of unsafe environment can include but is not limited to physical risks, suspicious persons, or unvaccinated animals. <u>Unstable Housing:</u> Housing is structurally unsound or in severe disrepair, does not have functional plumbing/ a source of drinkable water, electricity/ means of heat during winter/ or protection from the elements. <u>SIDS Risk:</u> Infant sleeping on stomach, co-sleeping/ crowded infant sleeping area.

	<p><u>Health - Mother</u> Physically challenged client Chronic disease Pregnancy related complications Poor pregnancy outcome Late entry into prenatal care Non-compliance with prenatal, postpartum or medical care Lack of routine medical care Other No Physical Health- Mother Significant Issue</p>	<p><u>Physically Challenged:</u> Limited in any way by physical problems. <u>Late Entry into Prenatal Care:</u> First prenatal appointment was during the third trimester of the pregnancy. <u>Non-compliance:</u> Fewer than 9 total prenatal visits or 2 missed appointments. <u>Lack of routine medical care:</u> Has not seen a medical provider in the last 12 months.</p>
	<p><u>Health - Infant/ Child</u> Failure to Thrive Prematurity Low Birth Weight NICU Stay Infant/ Child has special health needs Follow Up required for Genetics Screen Did not pass newborn hearing test Behind on Immunizations Behind on Well Child medical care Other No Physical Health- Infant/Child Significant Issue</p>	<p><u>Failure to Thrive:</u> Height or weight less than the third to fifth percentiles for age on more than one occasion. <u>Prematurity:</u> Baby was born before 37 weeks of gestational age. <u>Low Birth Weight:</u> Baby weighed less than 5 lb 8 oz at birth. <u>NICU Stay:</u> Baby was placed in a neonatal intensive care unit for any length of time.</p>
	<p><u>Nutrition</u> Food Insecurity Lack of prenatal vitamin Breastfeeding Problems Other No Nutrition Significant Issue</p>	<p><u>Food Insecurity:</u> Food security refers to the availability of food and one's access to it. A household is considered food secure when its occupants do not live in hunger or fear of starvation. Refer to question regarding food security.</p>
	<p><u>Substance Use (Tobacco, Alcohol, Drugs)</u> Current Use/ Current caregiver use Use in household Infant/ Child Exposure to Secondhand Smoke Other No Substance Use Significant Issue</p>	<p>This refers to all use of all substances – tobacco (cigarettes, cigars, smokeless), alcohol, and illegal drugs or misuse of prescription drugs.</p>

<p><u>Family Planning/ Birth Spacing</u> More than one pregnancy in 1 year More than 2 children under 3 years of age Other No Family Planning Significant Issue</p>	<p><u>Birth Spacing:</u> Recommended birth spacing is 18-36 months between pregnancies.</p>																		
<p><u>Mental Health/ Development</u> Mentally challenged client Care giver with diagnosed mental illness Abnormal Postpartum Depression Screen Suspected or identified developmental delays Other No Mental Health/ Development Significant Issue</p>	<p><u>Mentally Challenged:</u> Pertains to clients with a diagnosed and documented mental illness or developmental delay.</p>																		
<p><u>Family Strengths/ Psychosocial</u> No income or inadequate income Education less than 12 years Maternal age under 17 years Unplanned or undesired pregnancy Lack of father involvement Limited support system Other No Family Strength Significant Issue</p>	<p><u>Inadequate Income:</u> Based on 2007 census poverty thresholds:</p> <table border="1" data-bbox="1539 639 2007 979"> <thead> <tr> <th># in Family</th> <th>Income Below:</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>\$13,540</td> </tr> <tr> <td>3</td> <td>\$16,530</td> </tr> <tr> <td>4</td> <td>\$21,203</td> </tr> <tr> <td>5</td> <td>\$25,080</td> </tr> <tr> <td>6</td> <td>\$28,323</td> </tr> <tr> <td>7</td> <td>\$32,233</td> </tr> <tr> <td>8</td> <td>\$35,816</td> </tr> <tr> <td>9 or more</td> <td>\$42,739</td> </tr> </tbody> </table> <p><u>Limited Support System:</u> Refer to Family Strengths question regarding “Who would help you if a problem came up?” <u>Lack of Father Involvement:</u> Father does not contribute to the family financially or socially.</p>	# in Family	Income Below:	2	\$13,540	3	\$16,530	4	\$21,203	5	\$25,080	6	\$28,323	7	\$32,233	8	\$35,816	9 or more	\$42,739
# in Family	Income Below:																		
2	\$13,540																		
3	\$16,530																		
4	\$21,203																		
5	\$25,080																		
6	\$28,323																		
7	\$32,233																		
8	\$35,816																		
9 or more	\$42,739																		

Environment/ Safety

Population	Form	Question	Answers	Guidelines
Prenatal Postpartum Parent/ Guardian	IPN IPP IPG QPN QPP QPG	How often do you feel unsafe in the neighborhood where you live?	(A) Always (B) Often (C) Sometimes (D) Rarely (E) Never <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If “Always” or “Often”: Refer to Police
Prenatal Postpartum Parent/ Guardian	IPN IPP IPG QPN QPP QPG	Does your husband or partner (or anyone else in the home) push, hit, slap, kick, choke, or physically hurt you in any way?	(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If Yes: Refer to Domestic Violence resources
Infant Child	IIN ICH QIN QCH	Do you have an infant car seat? Do you have a child car seat?	(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If No: Refer to Car Seat program
Infant Child	IIN ICH QIN QCH	When your new baby/ child rides in a car, truck, or van, how often does he or she ride in an infant seat?	(A) Always (B) Often (C) Sometimes (D) Rarely (E) Never <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If any answer other than “Always”: Discuss importance and legality of transporting an infant/ child in a properly installed, appropriate for age/ size/ weight car seat.
Infant	IIN QIN	How do you most often lay your baby down to sleep?	(A) On his or her side (B) On his or her back (C) On his or her stomach <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If “Stomach”: Educate on SIDS and how to reduce risks

Infant	IIN QIN	How often does your baby sleep in the same bed with you or anyone else?	(A) Always (B) Often (C) Sometimes (D) Rarely (E) Never <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If “Always”, “Often”, “Sometimes”: Educate on dangers of co-sleeping and how to reduce risks. If family does not have appropriate child bed, assist in attaining one through local resources.
Infant	IIN QIN	Does your baby usually sleep with any pillows or stuffed toys?	(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If “Yes”: Educate on SIDS and how to reduce risks

Health

Population	Form	Question	Answers	Guidelines
Prenatal Postpartum Parent/ Guardian	IPN IPP IPG QPN QPP QPG	Are you limited in any way in any activities because of physical, mental, or emotional problems?	(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	This question is intended to be an indicator for general health and wellness. If "Yes": Follow up with additional questions to determine scope of problems and possible assistance and/ or referrals.
Prenatal Postpartum Parent/ Guardian	IPN IPP IPG	Have you ever been told by a medical provider that you have 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 <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	Determine controlled/ uncontrolled. If uncontrolled, refer to PCP, Local Health Department, Mental Health Resources, Pharmacy Assistance Programs, TennCare, or National Organizations for specific disease(s).
Prenatal Postpartum	IPN IPP	Has a doctor, nurse, or other health care worker tell you that you had urinary tract infection (UTI), a sexually transmitted disease (STD), or any vaginal infection, including bacterial vaginosis or Group B Strep (Beta Strep)?	(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If Yes: Go to next question to determine disease(s).

		If Yes: What disease or infection were you told you had? (Check all that apply)	(A) Genital warts (HPV) (B) Herpes (C) Chlamydia (D) Gonorrhea (E) Pelvic Inflammatory Disease (PID) (F) Syphilis (G) Group B Strep (Beta Strep) (H) Bacterial Vaginosis (I) Trichomoniasis (J) Yeast infections (K) Urinary tract infection (UTI) (L) Other	Discuss risks of untreated STIs to fertility and/ or baby. Discuss safe sex practices or refer to Local Health Department.
Prenatal Postpartum	IPN IPP	How many times have you been pregnant in your lifetime (regardless of outcome)?	# _____ <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	Enter number of pregnancies, regardless of outcome.
Prenatal Postpartum	IPN IPP	How many live babies have you given birth to?	# _____ <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	Enter number of children born alive to mother.
Prenatal Postpartum	IPN IPP	How many babies have you delivered three or more weeks before they were due?	# _____ <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	Enter total number of children born before 37 weeks of gestation, regardless of outcome.
Prenatal	IPN	Have you been pregnant for any length of time in the last 18 months?	(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If Yes: Discuss reasons for birth spacing; discuss birth control methods for when pregnancy is completed.
Prenatal	IPN	How was your most recent baby delivered?	(A) Vaginal (B) I went into labor but had to have a cesarean delivery (C) I didn't go into labor and had to have a cesarean delivery (D) No Previous Children <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	Discuss upcoming birth plan, expectations

<p>Prenatal</p>	<p>IPN</p>	<p>Did you have any of these problems during your most recent pregnancy? (Circle <u>all</u> that apply)</p>	<p>(A) High blood sugar (diabetes) that started before this pregnancy (B) High blood sugar (diabetes) that started during this pregnancy (C) Vaginal bleeding (D) Kidney or bladder (urinary tract) infection (E) Severe nausea, vomiting, or dehydration (F) Cervix had to be sewn shut (incompetent cervix) (G) High blood pressure, hypertension (including pregnancy-induced hypertensions [PIH], preeclampsia, or toxemia) (H) Problems with the placenta (such as abruptio placentae or placenta previa) (I) Labor pains more than 3 weeks before my baby was due (preterm or early labor) (J) Water broke more than 3 weeks before my baby was due (premature rupture of the membranes [PROM]) (K) I had to have a blood transfusion (L) I was hurt in a car accident (M) No problems with most recent pregnancy (N) This is my first pregnancy X. <i>Don't Know/ Not Sure</i> R. <i>Refuse to Answer</i> Z. <i>Did not ask</i></p>	<p>Ensure that a woman with a history of birth complications has adequate prenatal care, medical coverage, and risk reduction.</p>
<p>Prenatal</p>	<p>IPN</p>	<p>During which trimester did you have your first prenatal appointment?</p>	<p>(A) 1st (B) 2nd (C) 3rd (D) No Prenatal Care X. <i>Don't Know/ Not Sure</i> R. <i>Refuse to Answer</i> Z. <i>Did not ask</i></p>	<p>If 3rd Trimester: Late prenatal care, indicates high risk If No Prenatal Care: Refer to Health Department or appropriate PCP</p>
<p>Prenatal</p>	<p>IPN</p>	<p>When is your baby due?</p>	<p>Date X. <i>Don't Know/ Not Sure</i> R. <i>Refuse to Answer</i> Z. <i>Did not ask</i></p>	<p>If Don't Know: Calculate by: Date of 1st day of Last Menstrual Period + 7 days + 9 months</p>
<p>Prenatal</p>	<p>QPN</p>	<p>How many prenatal visits have you had for your current pregnancy?</p>	<p># _____ X. <i>Don't Know/ Not Sure</i> R. <i>Refuse to Answer</i> Z. <i>Did not ask</i></p>	
<p>Postpartum</p>	<p>IPP</p>	<p>How many prenatal visits did you have for your most recent pregnancy?</p>	<p># _____ X. <i>Don't Know/ Not Sure</i> R. <i>Refuse to Answer</i> Z. <i>Did not ask</i></p>	<p>If <5: Too few visits, indicates inadequate prenatal care If >13: Too many visits, indicates problems with pregnancy</p>

Postpartum Infant Child	IPP IIN IC QPP QIN QC	Do you have a doctor or health professional that you can get in contact with 24 hours a day, 7 days a week, who will take care of your baby for both sick and “well-baby” care? (Include after-hours paging service or other ways to reach your doctor after hours)	(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If No: Refer to Local Health Department, TennCare, Private Insurance Directory
Prenatal	IPN	When did you have your teeth cleaned by a dentist or dental hygienist? (Circle all that apply)	(A) Before my pregnancy (B) During my pregnancy (C) Within the last 12 months (D) More than a year ago <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If “More than a year ago”: Refer to Dentist and educate the importance of oral health during pregnancy.
Postpartum	IPP QPP	Since your new baby was born, have you had a postpartum checkup for yourself? (A postpartum checkup is the regular checkup a woman has after she gives birth, usually 6 weeks after)	(A) Yes (B) No <i>W. Not Applicable</i> <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If No: refer to OB, PCP, or Health Department If Yes: Enter Date of Exam
Postpartum	IPP QPP	6 week Post-partum Follow Up Exam Date:	Mm/yy	
Infant	IIN	Gestational Age	_____ weeks <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If <37 Weeks: Educate on prematurity and evaluate for developmental delays
Infant	IIN	Birth Weight:	_____ lb _____ oz <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If <5.8 lb: Low Birth Weight
Infant	IIN	How was your baby delivered?	(A) Vaginally (B) Cesarean Section (C) Unknown (adoption) <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	
Infant	IIN	After your baby was born, was he or she put in an intensive care unit?	(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	

Infant	IIN	Before your baby was discharged from the hospital, did your baby have a hearing screening test?	(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If No: Refer to audiology services or hospital
		When someone told you what the test said about your new baby's hearing, what did they tell you?	(A) Your baby's test showed no problems (B) Your baby should have another test <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If No: Refer to audiology services
Infant	IIN	Before your baby was discharged from the hospital, did your baby have a screening test for rare metabolic diseases called the Tennessee Newborn Screen or Blood spot screen? (A few drops of blood taken from your baby's heel)	(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If No: Refer to Local Health Department
		When someone told you what the Tennessee Newborn Screen (Blood Spot Screen) said about your new baby, what did they tell you?	(A) Your baby's test showed no problems (B) Your baby should have another test <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If Yes: Refer to PCP or Local Health Department for retesting.
Infant	IIN	Has your new baby had a well-baby checkup? (A well-baby checkup is a regular health visit for your baby usually at 2, 4, and 6 months of age)	(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If No: Refer to Local Health Department or PCP
Infant	QIN	<u>From Medical Record:</u> <u>7 Months:</u> 3 DTap, 3 Hep B, 2 IPV, 3 Hib By 7 months of age, has child received: 3 Diphtheria/ Tetanus/ Pertussis 3 Hepatitis B 2 Inactive Polio Vaccine 3 Haemophilus influenzae Type B	(A) Met (B) Unmet (C) Parent Refusal to Vaccinate Child <i>U. Records Unavailable</i> <i>W. Not Applicable</i> <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If Unmet: Refer to Local Health Department or PCP

<p>Child</p>	<p>ICH QCH</p>	<p>Has a doctor or health professional ever told you that your child had any of these conditions?</p>	<p>(A) Down syndrome (B) Cerebral palsy (C) Muscular dystrophy (D) Cystic fibrosis (E) Sickle cell anemia (F) Autism (G) Diabetes (H) Arthritis (I) Asthma (J) Anemia (K) Food Allergy (L) Congenital Heart Disease (M) Other Heart Condition (N) Respiratory Allergy (O) Eczema or any kind of skin allergy (P) Hearing or Speech Deficit (Q) Other (R) None of the Above <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i></p>	<p>Read each option out loud for parent/guardian to respond to.</p> <p>If child has an illness that is not being medically managed and medical intervention is needed, refer to Local Health Department or PCP.</p>
<p>Child</p>	<p>ICH QCH</p>	<p><u>From Medical Record:</u> <u>13 Months:</u> 3 DTap, 3 Hep B, 3 IPV, 3 Hib, 1 MMR, 1 Var By 13 months of age, has child received: 3 Diphtheria/ Tetanus/ Pertussis 3 Hepatitis B 3 Inactive Polio Vaccine 3 Haemophilus influenzae Type B 1 Measles, Mumps, Rubella 1 Varicella</p>	<p>(A) Met (B) Unmet (C) Parent Refusal to Vaccinate Child <i>U. Records Unavailable</i> <i>W. Not Applicable</i> <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i></p>	<p>If Unmet: Refer to Local Health Department or PCP</p>

<p>Child</p>	<p>ICH QCH</p>	<p><u>From Medical Record:</u> 24 Months: 4 DTap, 3 Hep B, 3 IPV, 3 Hib, 1 MMR, 1 Var By 24 months of age, has child received: 4 Diphtheria/ Tetanus/ Pertussis 3 Hepatitis B 3 Inactive Polio Vaccine 3 Haemophilus influenzae Type B 1 Measles, Mumps, Rubella 1 Varicella</p>	<p>(A) Met (B) Unmet (C) Parent Refusal to Vaccinate Child <i>U. Records Unavailable</i> <i>W. Not Applicable</i> <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i></p>	<p>If Unmet: Refer to Local Health Department or PCP</p>
<p>Child</p>	<p>ICH QCH</p>	<p><u>From Medical Record:</u> 3 Year Vision Screen</p>	<p>(A) Normal <i>U. Records Unavailable</i> (B) Abnormal <i>W. Not Applicable</i> (C) Not Done <i>X. Don't Know/ Not Sure</i> (D) Deferred <i>R. Refuse to Answer</i> <i>Z. Did not ask</i></p>	<p>If Not Done: Refer to Local Health Department or PCP If Abnormal: Refer to ophthalmology or vision services</p>
<p>Child</p>	<p>ICH QCH</p>	<p><u>From Medical Record:</u> 4 Year Vision Screen</p>	<p>(A) Normal <i>U. Records Unavailable</i> (B) Abnormal <i>W. Not Applicable</i> (C) Not Done <i>X. Don't Know/ Not Sure</i> (D) Deferred <i>R. Refuse to Answer</i> <i>Z. Did not ask</i></p>	<p>If Not Done: Refer to Local Health Department or PCP If Abnormal: Refer to ophthalmology or vision services</p>
<p>Child</p>	<p>ICH QCH</p>	<p><u>From Medical Record:</u> 5 Year Vision Screen</p>	<p>(A) Normal <i>U. Records Unavailable</i> (B) Abnormal <i>W. Not Applicable</i> (C) Not Done <i>X. Don't Know/ Not Sure</i> (D) Deferred <i>R. Refuse to Answer</i> <i>Z. Did not ask</i></p>	<p>If Not Done: Refer to Local Health Department or PCP If Abnormal: Refer to ophthalmology or vision services</p>
<p>Child</p>	<p>ICH QCH</p>	<p><u>From Medical Record:</u> 3 Year Hearing Screen</p>	<p>(A) Normal <i>U. Records Unavailable</i> (B) Abnormal <i>W. Not Applicable</i> (C) Not Done <i>X. Don't Know/ Not Sure</i> (D) Deferred <i>R. Refuse to Answer</i> <i>Z. Did not ask</i></p>	<p>If Not Done: Refer to Local Health Department or PCP If Abnormal: Refer to audiology services</p>
<p>Child</p>	<p>ICH QCH</p>	<p><u>From Medical Record:</u> 4 Year Hearing Screen</p>	<p>(A) Normal <i>U. Records Unavailable</i> (B) Abnormal <i>W. Not Applicable</i> (C) Not Done <i>X. Don't Know/ Not Sure</i> (D) Deferred <i>R. Refuse to Answer</i> <i>Z. Did not ask</i></p>	<p>If Not Done: Refer to Local Health Department or PCP If Abnormal: Refer to audiology services</p>
<p>Child</p>	<p>ICH QCH</p>	<p><u>From Medical Record:</u> 5 Year Hearing Screen</p>	<p>(A) Normal <i>U. Records Unavailable</i> (B) Abnormal <i>W. Not Applicable</i> (C) Not Done <i>X. Don't Know/ Not Sure</i> (D) Deferred <i>R. Refuse to Answer</i> <i>Z. Did not ask</i></p>	<p>If Not Done: Refer to Local Health Department or PCP If Abnormal: Refer to audiology services</p>

Child	ICH QCH	1 Year Dental Visit	(A) Seen (B) Not Seen	<i>W. Not Applicable X. Don't Know/ Not Sure R. Refuse to Answer Z. Did not ask</i>	An Oral Exam as part of an EPSD&T exam may substitute for a Dental Visit at this age. If Not Seen: Refer to Health Department Dental services
Child	ICH QCH	2 Year Dental Visit	(A) Seen (B) Not Seen	<i>W. Not Applicable X. Don't Know/ Not Sure R. Refuse to Answer Z. Did not ask</i>	If Not Seen: Refer to Health Department Dental services
Child	ICH QCH	3 Year Dental Visit	(A) Seen (B) Not Seen	<i>W. Not Applicable X. Don't Know/ Not Sure R. Refuse to Answer Z. Did not ask</i>	If Not Seen: Refer to Health Department Dental services
Child	ICH QCH	4 Year Dental Visit	(A) Seen (B) Not Seen	<i>W. Not Applicable X. Don't Know/ Not Sure R. Refuse to Answer Z. Did not ask</i>	If Not Seen: Refer to Health Department Dental services
Child	ICH QCH	5 Year Dental Visit	(A) Seen (B) Not Seen	<i>W. Not Applicable X. Don't Know/ Not Sure R. Refuse to Answer Z. Did not ask</i>	If Not Seen: Refer to Health Department Dental services

Nutrition

Population	Form	Question	Answers	Guidelines
Prenatal	IPR	Just before you got pregnant with your new baby, how much did you weigh?	_____ lb	This is an estimate from memory.
Postpartum	IPP	How much weight did you gain during your pregnancy?	_____ lb	
Prenatal	IPN QPN	How many times a week are you taking a multivitamin or a prenatal vitamin? (These are pills that contain many different vitamins and minerals)	(A) I am not taking a multivitamin or a prenatal vitamin at all (B) 1 to 3 times a week (C) 4 to 6 times a week (D) Every day of the week <i>X. Don't Know/ Not Sure R. Refuse to Answer Z. Did not ask</i>	If less than every day: educate on the importance of folic acid for the health of the baby and the importance of taking vitamin during pregnancy and after birth. If no source of vitamins: Refer to Health Department

Prenatal	IPN	When did you first begin using WIC (Women, Infant, and Children) Services?	(A) 1 st (B) 2 nd (C) 3 rd (D) Have not applied for WIC (E) Ineligible <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If "Have not applied for WIC": and desires assistance, refer to WIC.
Prenatal Postpartum	QPN IPP	Are you currently receiving WIC Women, Infant, and Children assistance (food vouchers?)	(A) Yes (B) No, did not apply (C) No, ineligible <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If "No, did not apply": and desires assistance, refer to WIC.
Postpartum	IPP QPP	Are you currently breastfeeding or feeding pumped milk to your baby?	(A) Yes, only breast milk (B) Yes, a combination of breast milk and formula (C) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	
		If No: Did you ever breastfeed or pump breast milk to feed your new baby after delivery?	(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	
		If Yes: How many weeks or months did you breastfeed or pump milk to feed to your baby?	____ Weeks OR ____ Months <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	

		<p>What were your reasons for not breastfeeding your baby?</p>	<p>(A) My baby had difficulty nursing (B) Breast milk alone did not satisfy my baby (C) I thought my baby was not gaining enough weight (D) My baby got sick and could not breastfeed (E) My nipples were sore, cracked, or bleeding (F) I thought I was not producing enough milk (G) I had too many other household duties (H) I felt it was the right time to stop breastfeeding (I) I got sick and could not breastfeed (J) I went back to work or school (K) I wanted or needed someone else to feed the baby (L) My baby was jaundiced (yellowing of the skin or whites of the eyes) (M) Other X. <i>Don't Know/ Not Sure</i> R. <i>Refuse to Answer</i> Z. <i>Did not ask</i></p>
<p>Prenatal Postpartum Parent/ Guardian</p>	<p>IPN IPP IPG QPN QPP QPG</p>	<p>During the past 12 months, which one of the following statements best describes the food eaten by you and your family?</p>	<p>(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></p>

Substance Use

Population	Form	Question	Answers	Guidelines
<p>Prenatal Postpartum</p>	<p>IPN IPP</p>	<p>In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day? (1 pack is 20 cigarettes)</p>	<p>(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 didn't smoke then X. <i>Don't Know/ Not Sure</i> R. <i>Refuse to Answer</i> Z. <i>Did not ask</i></p>	

<p>Prenatal Postpartum Parent/ Guardian</p>	<p>IPN IPP IPG QPN QPP QPG</p>	<p>How many cigarettes do you smoke on an average day <i>now</i>?</p>	<p>(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 <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i></p>	<p>If smoke at all: educate on risk to baby or health. Refer to Quitline, PCP or Health Department.</p>
<p>Prenatal Postpartum Parent/ Guardian</p>	<p>IPN IPP IPG QPN QPP QPG</p>	<p>Which of the following statements best describes the rules about smoking <i>inside your home now</i>?</p>	<p>(A) No one is allowed to smoke anywhere inside my home (B) Smoking is allowed in some rooms or at some times (C) Smoking is permitted anywhere inside my home <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i></p>	<p>If smoking in the house: educate on risk to baby/ child/ pets. Refer to Quitline, PCP or Health Department.</p>
<p>Infant Child</p>	<p>IIN QIN IC QC</p>	<p>About how many hours a day, on average, is your child in the same room or vehicle with someone who is smoking?</p>	<p>(A) None (B) Less than 1 hour (C) 1-12 hours (D) 13-24 hours <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i></p>	<p>If any exposure: educate on risk to infant/ child. Refer to Quitline, PCP or Health Department.</p>
<p>Prenatal Postpartum</p>	<p>IPN IPP</p>	<p>During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?</p>	<p>(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 didn't drink then <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i></p>	

<p>Prenatal Postpartum Parent/ Guardian</p>	<p>IPN IPP IPG QPN QPP QPG</p>	<p>How many alcoholic drinks do you have in an average week? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink).</p>	<p>(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 <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i></p>	<p>If prenatal or breastfeeding and drinking: educate on risk to baby. If drinking is excessive/ harmful/ addictive refer to AA, PCP, or Health Department.</p>
<p>Prenatal Postpartum Parent/ Guardian</p>	<p>IPN IPP IPG QPN QPP QPG</p>	<p>Do others members of your household drink more than 4 alcoholic drinks in one sitting?</p>	<p>(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i></p>	<p>If Yes: educate on risks to baby/ child. If drinking is excessive/ harmful/ addictive refer to AA, PCP, or Health Department.</p>
		<p>Drugs</p>		
<p>Prenatal Postpartum</p>	<p>IPN IPP</p>	<p>Did you use any of these drugs the month before you got pregnant: Marijuana, Amphetamines, Cocaine/ Heroin, Tranquilizers, Sniffing glue/ hairspray/ other aerosols?</p>	<p>(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i></p>	
<p>Prenatal Postpartum</p>	<p>IPN IPP</p>	<p>Did you use any of these when you were pregnant: Marijuana, Amphetamines, Cocaine/ Heroin, Tranquilizers, Sniffing glue/ hairspray/ other aerosols?</p>	<p>(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i></p>	<p>If "Yes": Indicates risk for physical or developmental delays.</p>
<p>Prenatal Postpartum Parent/ Guardian</p>	<p>IPN IPP IPG QPN QPP QPG</p>	<p>Do you use now any of the following: Marijuana, Amphetamines, Cocaine/ Heroin, Tranquilizers, Sniffing glue/ hairspray/ other aerosols?</p>	<p>(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i></p>	<p>If prenatal or breastfeeding and using substances: educate on risk to baby. Refer to PCP, Health Department, NA, Drug Rehab services.</p>
<p>Prenatal Postpartum</p>	<p>IPN IPP</p>	<p>Other than prenatal vitamins, have you taken any over-the-counter or prescribed medicine during your pregnancy, even for a short period of time?</p>	<p>(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i></p>	<p>If Yes: Indicates potential risk to baby.</p>

Prenatal Postpartum Parent/ Guardian	IPN IPP IPG QPN QPP QPG	Do you now use prescription medications in a way other than were prescribed to you?	(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If Yes: Refer to medical provider to address risks of misusing prescription medications
Prenatal Postpartum Parent/ Guardian	IPN IPP IPG QPN QPP QPG	Do other members of your household use now any of the following: Marijuana, Amphetamines, Cocaine/ Heroin, Tranquilizers, Sniffing glue/ hairspray/ other aerosols?	(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	
Prenatal Postpartum Parent/ Guardian	IPN IPP IPG QPN QPP QPG	Do other members of your household now use prescription medications in a way other than were prescribed to them?	(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	

Family Planning

Population	Form	Question	Answers	Guidelines
Prenatal	IPN	When you got pregnant with your new baby, were you and your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy)	(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	

		<p>If Yes: When you got pregnant with your new baby, what were you and your husband or partner doing to keep from getting pregnant? (Circle all that apply)</p>	<p>(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) <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i></p>	
<p>Postpartum Parent/ Guardian</p>	<p>IPP QPP IPG QPG</p>	<p>Are you and your husband or partner doing anything now to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy)</p>	<p>(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i></p>	<p>If “No”: and desires a method, refer to Local Health Department or family planning resources</p>

Postpartum Parent/ Guardian	IPP QPP IPG QPG	What kind of birth control are you and your husband or partner using now to keep from getting pregnant? (Circle all that apply)	(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) (O) Not currently using birth control X. <i>Don't Know/ Not Sure</i> R. <i>Refuse to Answer</i> Z. <i>Did not ask</i>	If “Not currently Using Birth Control”: and desires a method, refer to Local Health Department or family planning resources
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Mental Health/ Development

Population	Form	Question	Answers	Guidelines
Postpartum	IPP QPP	6 week Post-partum Depression Screen:	A. Normal B. Abnormal V. <i>Not Applicable</i> X. <i>Don't Know/ Not Sure</i> R. <i>Refuse to Answer</i> Z. <i>Did not ask</i>	Future Initiative – Do not use
Postpartum	IPP QPP	6 week Post-partum Depression Screen Date:		
Infant Child	IIN IC QIN QC	Do you have any concerns about your child’s learning, development, or behavior?	(Y) Yes (N) No X. <i>Don't Know/ Not Sure</i> R. <i>Refuse to Answer</i> Z. <i>Did not ask</i>	If Yes: Evaluate with ASQ. If normal, reassure parent and educate on developmental milestones. If abnormal, refer for further evaluation.
Infant Child	IIN IC QIN QC	Have you been told by a medical provider that your child has a developmental delay?	(Y) Yes (N) No X. <i>Don't Know/ Not Sure</i> R. <i>Refuse to Answer</i> Z. <i>Did not ask</i>	
Infant	QIN	ASQ 4 Months	(A) Appropriate Development (B) Delayed (C) Not Done (W) Not Applicable	If appropriate development, reassure parent and educate on developmental milestones. If delayed , refer for further evaluation.

Infant	QIN	ASQ 8 Months	(A) Appropriate Development (B) Delayed (C) Not Done (W) Not Applicable	If normal, reassure parent and educate on developmental milestones. If abnormal , refer for further evaluation.
Child	QC	ASQ 12 months	(A) Appropriate Development (B) Delayed (C) Not Done (W) Not Applicable	If normal, reassure parent and educate on developmental milestones. If abnormal , refer for further evaluation.
Child	QC	ASQ 18 months	(A) Appropriate Development (B) Delayed (C) Not Done (W) Not Applicable	If normal, reassure parent and educate on developmental milestones. If abnormal , refer for further evaluation.
Child	QC	ASQ 24 months	(A) Appropriate Development (B) Delayed (C) Not Done (W) Not Applicable	If normal, reassure parent and educate on developmental milestones. If abnormal , refer for further evaluation.
Child	QC	ASQ 30 months	(A) Appropriate Development (B) Delayed (C) Not Done (W) Not Applicable	If normal, reassure parent and educate on developmental milestones. If abnormal , refer for further evaluation.
Child	QC	ASQ 36 months	(A) Appropriate Development (B) Delayed (C) Not Done (W) Not Applicable	If normal, reassure parent and educate on developmental milestones. If abnormal , refer for further evaluation.
Child	QC	ASQ 48 months	(A) Appropriate Development (B) Delayed (C) Not Done (W) Not Applicable	If normal, reassure parent and educate on developmental milestones. If abnormal , refer for further evaluation.

Population	Form	Question	Answers	Guidelines
		Protective Factors Survey Score:		Future Initiative – Do not use
Prenatal Postpartum Parent/ Guardian	IPN IPP IPG QPN QPP QPG	Are you currently in school or working outside the home?	(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	If No: and desires employment refer to employment assistance, help with resume/ interviews, refer to education programs.
Infant Child	IIN ICH QIN QCH	Which one of the following people spends the most time taking care of your baby / child when you go to work or school?	(A) My husband or partner (B) Baby's Grandparent (C) Other close family member or relative (D) Friend or neighbor (E) Babysitter, nanny, or other child care provider (F) Staff at day care center (G) Other (H) I do not work or go to school <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	
Prenatal Postpartum Parent/ Guardian	IPN IPP IPG QPN QPP QPG	What is your 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 <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	
Prenatal Postpartum	IPN IPP	Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?	(A) I wanted to be pregnant sooner (B) I wanted to be pregnant later (C) I wanted to be pregnant then (D) I didn't want to be pregnant then or at any time in the future <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	

Prenatal Postpartum	IPN IPP	When you got pregnant, how old was your new baby's father?	____ Years <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	
Prenatal Postpartum	IPN IPP	Thinking back to just before you got pregnant with your new baby, how did your husband or partner feel about your becoming pregnant?	(A) He wanted me to be pregnant sooner (B) He wanted me to be pregnant later (C) He wanted me to be pregnant then (D) He didn't want me to be pregnant then or at any time in the future (E) I didn't have a husband or partner <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	
Prenatal Postpartum Parent/ Guardian	IPN IPP IPG QPN QPP QPG	Can you count on your husband or partner for support and help (including housekeeping, childcare, money or help with problems)?	(Y) Yes (N) No <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	
Prenatal Postpartum Parent/ Guardian	IPN IPP IPG QPN QPP QPG	Who would help you if a problem came up? (For example, who would help you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks?) (Circle all that apply)	(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 <i>X. Don't Know/ Not Sure</i> <i>R. Refuse to Answer</i> <i>Z. Did not ask</i>	



HUGS Encounter

LABEL

Date: _____

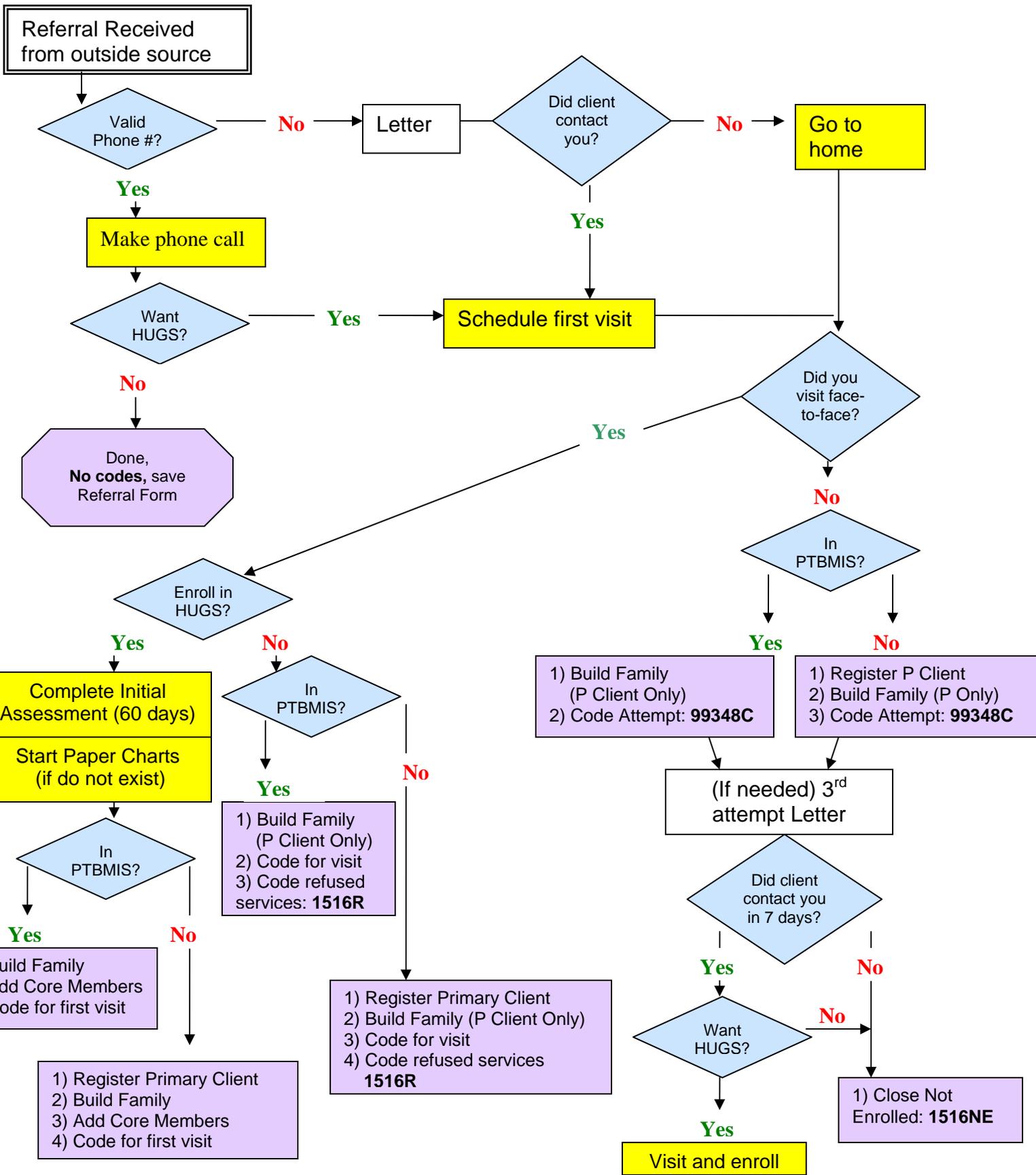
Family:	Name	Type of Visit
Primary Client		I Q O
Family Member 2		I Q O
Family Member 3		I Q O
Family Member 4		I Q O
Family Member 5		I Q O
Family Member 6		I Q O
Family Member 7		I Q O

Diagnosis Code	HUGS__
----------------	--------

Description	Code	Provider #	Program	Re		
Home Visit Attempt, Enrolled and Scheduled	99348A		HU	06		
Home Visit Attempt, Enrolled and Not Scheduled	99348B		HU	06		
Home Visit Attempt, Not Enrolled	99348C		HU	06		
New Family, Low Complexity, 20 min	99341X		HU	06		
New Family, Medium Complexity, 30 min	99342X		HU	06		
New Family, Medium Complexity, 45 min	99343X		HU	06		
New Family, High Complexity, 60 min	99344X		HU	06		
New Family, High Complexity, 75 min	99345X		HU	06		
New Family, Highest Complexity, 90min +	99345X1		HU	06		
Est. Family, Low Complexity, 15 min	99347X		HU	06		
Est. Family, Medium Complexity, 25 min	99348X		HU	06		
Est. Family, Medium Complexity, 40 min	99349X		HU	06		
Est. Family, High Complexity, 60 min	99350X		HU	06		
Est. Family, High Complexity, 75min +	99350X1		HU	06		
Est. Family, Highest Complexity, 90min +	99350X2		HU	06		
Interpret 15min INT1	Interpret 30min INT2	Interpret 45min INT3	Interpret 60min INT4		HU	06
Group Education	99412		HU	06		
Case Closure – Visitor Choice to Stop Services	1516		HU	06		
Case Closure – Client Choice to Stop Services	1516C		HU	06		
Case Closure – Client Changed Residence	1516M		HU	06		
Case Closure – Client Refused Services (with visit)	1516R		HU	06		
Case Closure – Unable to Locate Client	1516U		HU	06		
Case Closure – Not enrolled and could not contact	1516NE		HU	06		

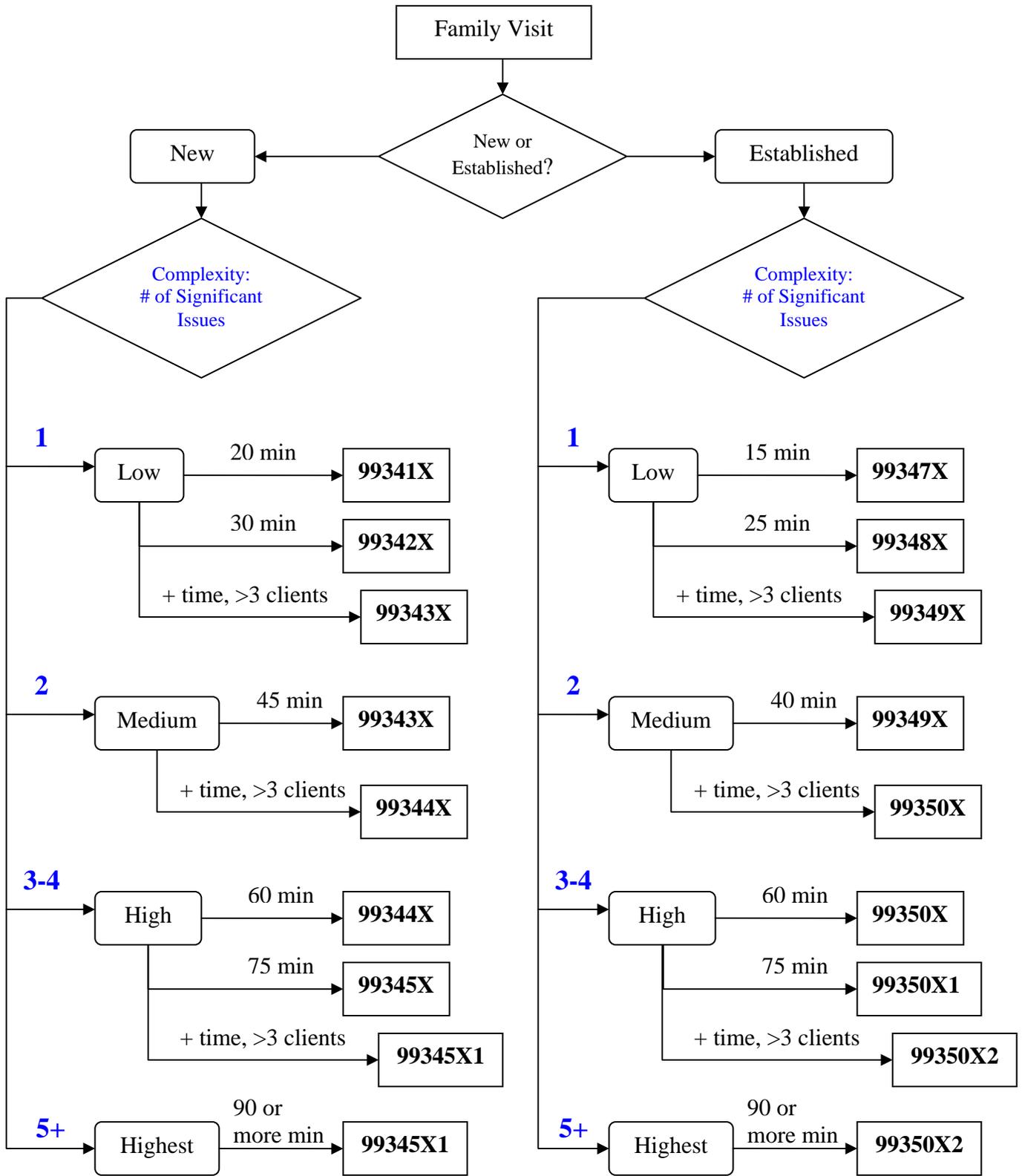
Was visit made?	(A) Yes (B) No
If No: If visit was not made, why?	(A) Core family member not at home (D) Visitor left for safety reasons (B) Client changed residence (E) Case Closure (C) Client there but visitor not allowed into the house (F) Unable to Locate Residence
If Yes: Did you use an interpreter for this encounter?	(A) Yes, a certified person came with me (B) Yes, I used the language line (C) Yes, a non-certified person (family member/ friend/ neighbor) interpreted for me (D) No, the family speaks English (E) No, I speak the language the family speaks (other than English) (F) No, language line was not accessible (no phone)
If you are bilingual, were you asked to help fill out or translate forms or letters or to serve as a translator for a doctor/ teacher/ court/ or other essential service?	(A) Yes (B) No

Appendix 2: Incoming Referral Flowchart



Yellow: Tasks
 Purple: Coding
 Blue: Questions
 White: Documents

Appendix 3: Coding Flowchart



Appendix 4: Outside Agency Referral Tracker

- A. Paper Referral Tracker Form**
- B. List of Abbreviations**
- C. List of Outside Agencies**

Domains:

- 1) Environment/ Safety
- 2) Physical Health
- 3) Nutrition
- 4) Substance Use
- 5) Family Planning
- 6) Mental Health/ Development
- 7) Family Strengths/ Psychosocial

***Status of Referral**

- (A) Pending
- (B) Client receives services
- (C) Client chooses not to receive services/ Non compliance
- (D) Client is ineligible (does not meet requirements, services are time limited)
- (E) Client was denied before starting services (for reasons other than ineligibility)
- (F) Client approved for services but unable to access services (transportation, money)
- (G) Services are not available within a 30 mile radius
- (H) Services not available "in a timely manner"

****Reason Services Ended**

- (A) Problem was resolved
- (B) Client became ineligible
- (C) Client chose to stop receiving services
- (D) Services terminated client (for reasons other than ineligibility)
- (E) Client became unable to access services (transportation, money)

HUGS Referral Tracker

Domains:

E/S – Environment/ Safety
HEA – Health
NUT – Nutrition
SUB – Substance Use
FPL – Family Planning
MHD- Mental Health/ Development
FST – Family Strengths

Problems: (Problems marked with an asterisk are automatically flagged from assessment questions)

Environment/ Safety

NHOME – homeless, transient
DOMVI – domestic violence (adult)*
NSAFE – unsafe environment*
UTIL – utilities
NTRAN – transportation
CSEAT – lack or improper use of infant/child car seat*
SIDS – risk of SIDS
A BUSE – Suspected or documented child abuse or neglect

Health

CDIS – chronic disease
PREGC – pregnancy complications
PREGO – poor pregnancy outcomes
NOMED – lack of medical care (prenatal, routine, well child)*
LAPNC – late prenatal care
NOCOM – non-compliance with medical or prenatal care
FTT – failure to thrive
PREM – prematurity
NICU – NICU stay
SPEC – special health needs
GENSC – follow up needed for newborn genetics screen*
HEAR – newborn hearing test*
IMM – behind on immunizations*
NMEDH – no medical home identified*
DENT – needs dental services*
NOVIS – age appropriate vision screen not done*
NOEAR – age appropriate hearing screen not done*
PREM – gestational age is less than 37 weeks
LBW – birth weight is less than 88 oz (5lb 8 oz)
NOINS – no or inadequate health insurance

Nutrition

NFOOD – food insecurity*

NOVIT – lack of prenatal vitamin
 BRFD – breastfeeding problem
 WIC – have not applied to WIC*

Substance Use

CGUSE – caregiver use
 HHUSE – household use
 2SMOK – secondhand smoke exposure
 DRUGS – illegal drug use now*
 RXUSE – prescription medication misuse*

Family Planning

>1P/Y – more than one pregnancy in 1 year
 >2C<3 – 2 or more children under 3 years of age
 NOFP – no family planning method used*

Mental Health/ Development

MHILL – diagnosed mental illness
 ABPPD – abnormal Postpartum Depression screen
 DELAY – identified or concerns about developmental delay*

Family Strengths/ Psychosocial

NOINC – no income or inadequate income
 UNEMP – unemployed
 LOWED – education less than 12 years
 NOSUP – limited support system
 NODAD – lack of father involvement

Status of Referral:

	Full Description	PTBMIS Description
A	Pending	Pending
B	Client receiving services	Receiving Serv
C	Client chooses not to receive services/ Non-compliance	Opts out/ Non Co
D	Client is ineligible	Ineligible
E	Client was denied prior to start of services	Denied Prior
F	Client approved for services but unable to access	Approv/ No Acces
G	Services not available within a 30 mile radius	Not Avail/30 mi
H	Services not available “in a timely manner”	Not Avail/time

Reason Services Ended:

	Full Description	PTBMIS Description
A	Problem resolved	Problem Resolved
B	Client became ineligible	Client Became Ineligible
C	Client chose to stop receiving services	Client Chose to Stop
D	Services terminated client (for reasons other than eligibility)	Service Terminated Client
E	Client became unable to access services	Now Unable to Access

AA	ALCOHOLICS ANONYMOUS
ACS	AMERICAN CANCER SOCIETY
AG	AGAPE
AHA	AMERICAN HEART ASSOCIATION
ARC	ASSOC. FOR RETARDED CITIZENS
ASC	AMBULATORY SURGICAL CENTERS
BBS	BIG BROTHERS/BIG SISTERS
BCS	BREAST/CERVICAL CANCER PROGRAM
BHO	BEHAVIORAL HEALTH ORGANIZATION
BRE	BREASTFEEDING CONSULT
CAR	CAR SEAT PROGRAM
CH	CHURCH
CHA	COMMUNITY HEALTH AGENCY
CHP	CHAPS
CHPP	CHAPS PLUS
CLB	COMMUNITY CLUBS
CLO	CLOTHING ASSISTANCE
COR	DEPT OF CORRECTIONS
CP	CEREBRAL PALSY
CSFP	SUPPLEMENTAL FOOD
CSS	CHILD SPEC SERV
DAY	DAYCARE
DCS	DEPARTMENT OF CHILDREN SERVICES
DDS	DENTAL SERVICES
DHS	DEPT OF HUMAN SERVICES
DOV	DOMESTIC VIOLENCE
DSS	DEPT OF SOCIAL SERVICES
DV	DOMESTIC VIOLENCE RESOURCES
EDU	DEPT. OF EDUCATION
EMP	EMPLOYMENT SECURITY
EMS	EMERGENCY AMBULANCE SERVICE
ENV	DEPT OF ENVIRONMENT
EXC	EXCHANGE CLUB
FDB	FOOD BANK
FRC	FAMILY RESOURCE CENTER
GA	GAMBLERS ANONYMOUS
GED	GENERAL EDUCATION DEGREE PROG
HAS	HIV/AIDS SERVICES
HD	HEALTH DEPARTMENT
HDS	HEADSTART
HEM	HEMOPHILIA
HHA	HOME HEALTH AGENCY
HOS	HOSPITAL
HOU	HOUSING
HRA	HUMAN RESOURCES
HS	HEALTHY START

HUG	HUGS
IL	IMAGINATION LIBRARY
JOB	JOB CORPS
LAB	LAB TESTING
LAM	LAMAZE CLASSES
LAW	POLICE/ LAW ENFORCEMENT
LP	LEAD PREVENTION
LEA	LOW ENERGY ASSISTANCE PROGRAM
LGL	LEGAL
LIO	LION'S CLUB
LIT	ADULT LITERACY PROGRAM
MCO	MCO
MDA	MUSCULAR DYSTROPHY
MDS	MEDICAL SUPPLY COMPANY
MED	MEDICAL PROVIDER
MH	MENTAL HEALTH
MIS	MISSION
MOB	MARTHA O'BRYAN
MOD	MARCH OF DIMES
MR	MENTAL RETARDATION
NA	NARCOTICS ANONYMOUS
NH	NURSING HOME
NIC	NEONATAL INTENSIVE CARE UNIT
NUT	NUTRITIONIST
OBS	OBSOLETE VENDORS
ODC	OUTPATIENT DIAGNOSTIC CENTERS
OT	OCCUPATIONAL THERAPY
OTH	OTHER
PAR	PARKS AND RECREATION
PCA	PREVENT CHILD ABUSE TENNESSEE
PFR	PARENTS FIRST RESOURCE CENTER
PK	PRE-K
PP	PLANNED PARENTHOOD
PRE	PREGNANCY SUPPORT
PRO	PARENTS REACHING OUT
PT	PHYSICAL THERAPY
QT	TENNESSEE TOBACCO QUITLINE
RED	AMERICAN RED CROSS
REN	RENAL PROGRAM
RWB	AIDS/RYAN WHITE PROGRAM
RX	PHARMACY
SA	SALVATION ARMY
SCC	SENIOR CITIZENS CENTER
SCH	SCHOOLS
SH	SPEECH & HEARING CENTER
SHE	HOMELESS SHELTER

SHR	SHRINERS
SS	SOCIAL SECURITY
SUP	SUPPORT GROUP
TEI	TN EARLY INTERVENTION SERVICES
TNC	TENNCARE
TRA	TRANSPORTATION
UNE	UNEMPLOYMENT
VOC	VOCATIONAL REHABILITATION
WIC	WIC
WRK	WORKFORCE DEVELOPMENT
YMC	YOUNG MENS CHRISTIAN ASSOC.
YWC	YOUNG WOMENS CHRISTIAN ASSOC.

Appendix 5: HUGS Electronic Data Capture System

A. System Manual

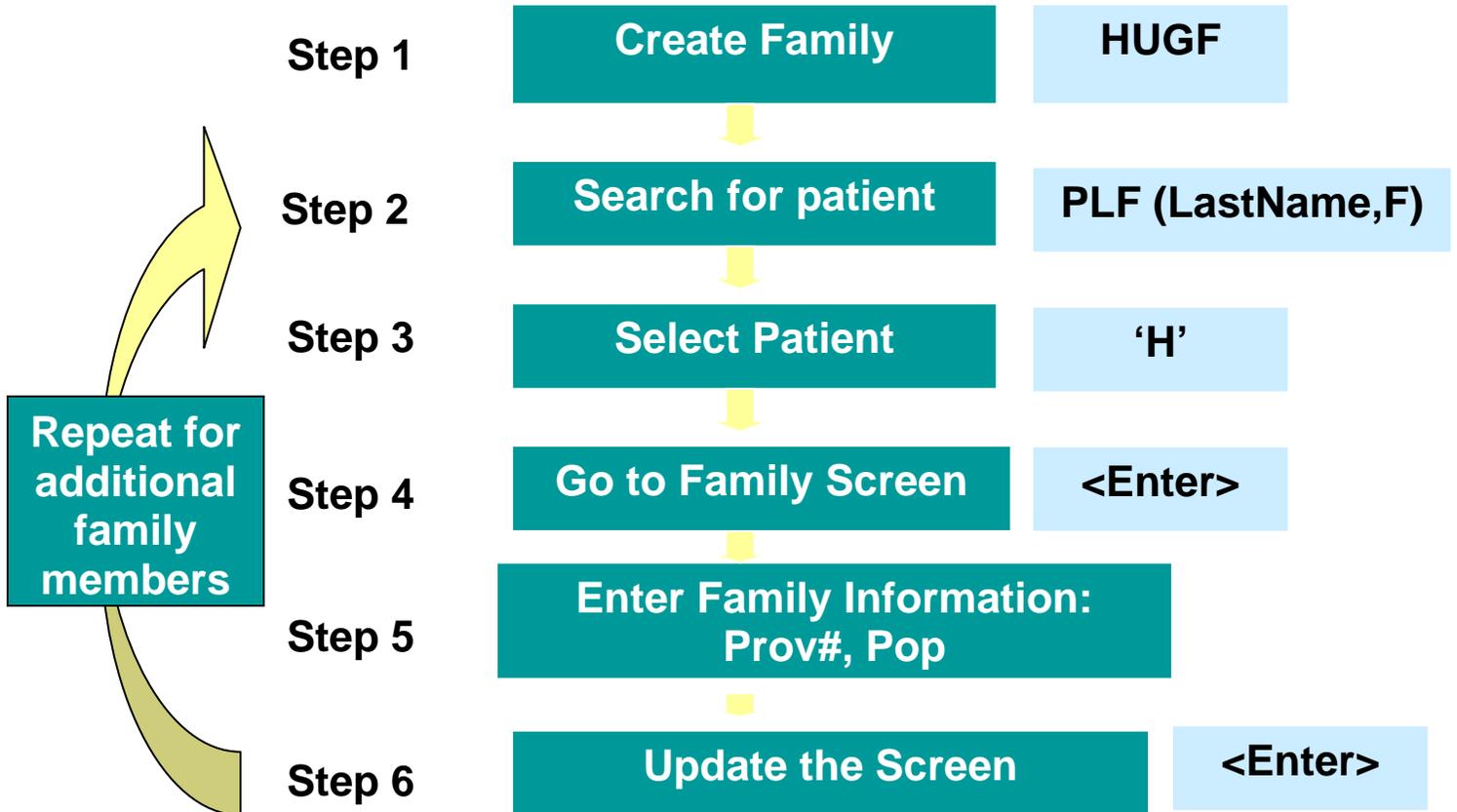
B. System Map

HUGS SYSTEM MANUAL

Table of Contents

I. Building Families	
Quick Reference	3
A. Creating a Family.....	4
B. Add a Person to an Existing Family.....	5
C. Cross Reference.....	6
D. Delete a Person from a Family.....	7
II. Closing a Family.....	8
III. Reactivating a Closed Family.....	9
IV. Displaying Families (Search for a Family)	
A. Active Families.....	10
B. Closed Families.....	10
V. Encounters	
Quick Reference.....	11
A. Creating and Filling out the HUGS Encounter Screen.....	12
B. Encounters with Forms	
1. Going to Form Screen.....	13
2. Entering Answers.....	13
3. Completing the Screen.....	13
4. Going to the Next Screen.....	14
5. Going to the Next Family Member Seen.....	14
C. Viewing Previous HUGS Encounters	
1. Viewing Encounter Screen Only.....	15
2. Viewing Questions and Answers from Forms.....	15
D. Change/ Update a Previous HUGS Encounter	
1. Changing Encounter Screen Only.....	16
2. Changing Completed Forms.....	16
3. Finishing Incomplete Forms.....	17
4. Flow Chart for Types of Incomplete Encounters.....	18
E. Voiding Encounters.....	19
F. Labels	
1. Labels for Open Encounters.....	20
2. Labels for Finalized Encounters.....	20
VI. Referral Tracker	
A. Adding a Referral.....	21
B. Updating a Referral.....	23
C. Deleting a Referral.....	24
D. Referral Reports.....	25
VII. Visit Reminder.....	26
VIII. HUGS System Map.....	27
IX. Command Quick Reference.....	28

Building a Family Quick Reference



I. Building Families

A. Creating a Family

- Step 1. Type **HUGF** in the command line & hit <enter>.
There will be a message at the top of the screen stating a new family was created along with a unique family number.
- Step 2. Search for the primary client (use PLF command). Type **PLF 'lname,fname'** in the command line & hit <enter>.
- Step 3. Tab down to the primary client, type an '**H**' next to the name, & hit <enter>.
(If you get the error message at the top of the screen 'Patient in another family', see the *Delete a Person from a Family* section)
- Step 4. The system will now display the family screen with the name that was just added.
- Step 5 a. Tab to the 'Provider' field and type the provider #. This is required.
- b. Tab to the 'Family Type' field. If HUGS family, then leave field blank.
- c. Tab to the 'Pop' (Population) field for the newly added member & type the appropriate population code. Use help if needed.
- Step 6. Hit <enter> to update the screen.

The family is now created.

I. Building Families

B. Add a Person to an Existing Family

1. Type **DHUGF** in the command line & hit <enter>.
2. Tab to the family, type '**X**', & hit <enter>.
3. Search for the person (use PLF command). Type **PLF 'lname,fname'** in the command line & hit <enter>.
4. Tab down to their name, type an '**H**' next to their name, & hit <enter>.
(If you get the error message at the top of the screen 'Patient in another family', go to the *Delete a Person from a Family* section)
5. The system will now display the family screen with the person's name that was just added.
6. Tab to the 'Pop' (population) field for the newly added member & enter the appropriate population code. Use help if needed.
7. Hit <enter> to update the screen.
8. Repeat steps 3-7 to add more people to the family.

I. Building Families

C. Cross Reference

A person can only be in one family. The following command is used to see if someone is in HUGS and what family they are in.

1. Type **HUGX 'patient#'** in the command line.
(If the patient # is unknown, search for the person with the PLF command)
2. You will see a screen listing the families the patient has ever been a member of. Determine the family they are 'Active' in.

The system will display an error message, "Patient in Another Family" when attempting to add someone to a second HUGS family. In order to add the person to a new family, it is necessary to delete them from their current family. See the section *Delete a Person from a Family* for instructions.

I. Building Families

D. Delete a person from a family

1. Type **DHUGF** in the command line & hit <enter>.
2. Tab to the family, type '**X**', & hit <enter>.
3. Tab next to the family member to be deleted and type a '**D**'.
4. Hit <enter> to update.
5. A pop up window will confirm, "Do you want to delete patient from this family?". Hit <enter> to confirm 'Yes'.
If the error message 'Must have one primary client' is displayed, then another patient must be made the primary client by putting a '**P**' in front of their name.
6. Another window will pop up regarding the cross reference: "Do you want to delete *patient#* from family cross-reference, also? Enter "Y" only if patient was in family by mistake". Hit <enter> again.
Only delete a cross reference ('Y' in the pop up window) when the person was added to the family accidentally.
7. The family member's name will now be gone and 'Update Complete' will be at the top of the screen.

II. Closing a Family

1. Type **DHUGF** in the command line & hit < enter >.
2. Tab to the family, type an '**X**', & hit < enter >.
3. Erase the '**P**' that is next to the primary client's name.
4. Tab to & Change the 'A/I' (Active/Inactive) field for all members of the family to '**I**'.
5. Input a value in the 'WHY' field for everyone (indicating why they are inactive). Use help if needed.
6. Hit < enter > and the family is now closed.

** Family will no longer be listed on the Display HUGS Family (DHUGF) screen.**

III. Reactivating a Closed Family

1. Type **DHUGFC** in the command line & hit < enter >.
2. Tab to the family, type an '**X**', & hit < enter >.
3. Tab down and place a '**P**' next to the primary client.
4. Tab to & Change the 'A/I' (Active/Inactive) field to '**A**' (active) for each member that is now active.
5. Erase the value in the 'WHY' field for everyone that is now active.
6. Hit < enter > to update the screen, and the family is now reopened.

****Family will now appear in the Display HUGS Families (DHUGF) screen & not on the Display Closed Families (DHUGFC) screen.****

IV. Displaying Families (Searching for a Family)

A. Active Families

1. Type **DHUGF** in the command line & hit < enter > to view a list of all active HUGS families
2. Tab to a family and enter an '**X**' to display that family's screen.

Narrow search by using the primary client's name or the provider number:

DHUGF lname,fname,provider# = Search by primary client's name & provider number

DHUGF lname,fname = Search by only the primary client's name

DHUGF ,,provider# = Search by only the provider number

OR

3. The command **HUGF Fam#** will display the family screen for that family.

B. Closed Families

1. Type **DHUGFC** in the command line & hit < enter > to view a list of all closed families
2. Tab to a family and enter an '**X**' to display that family's screen.

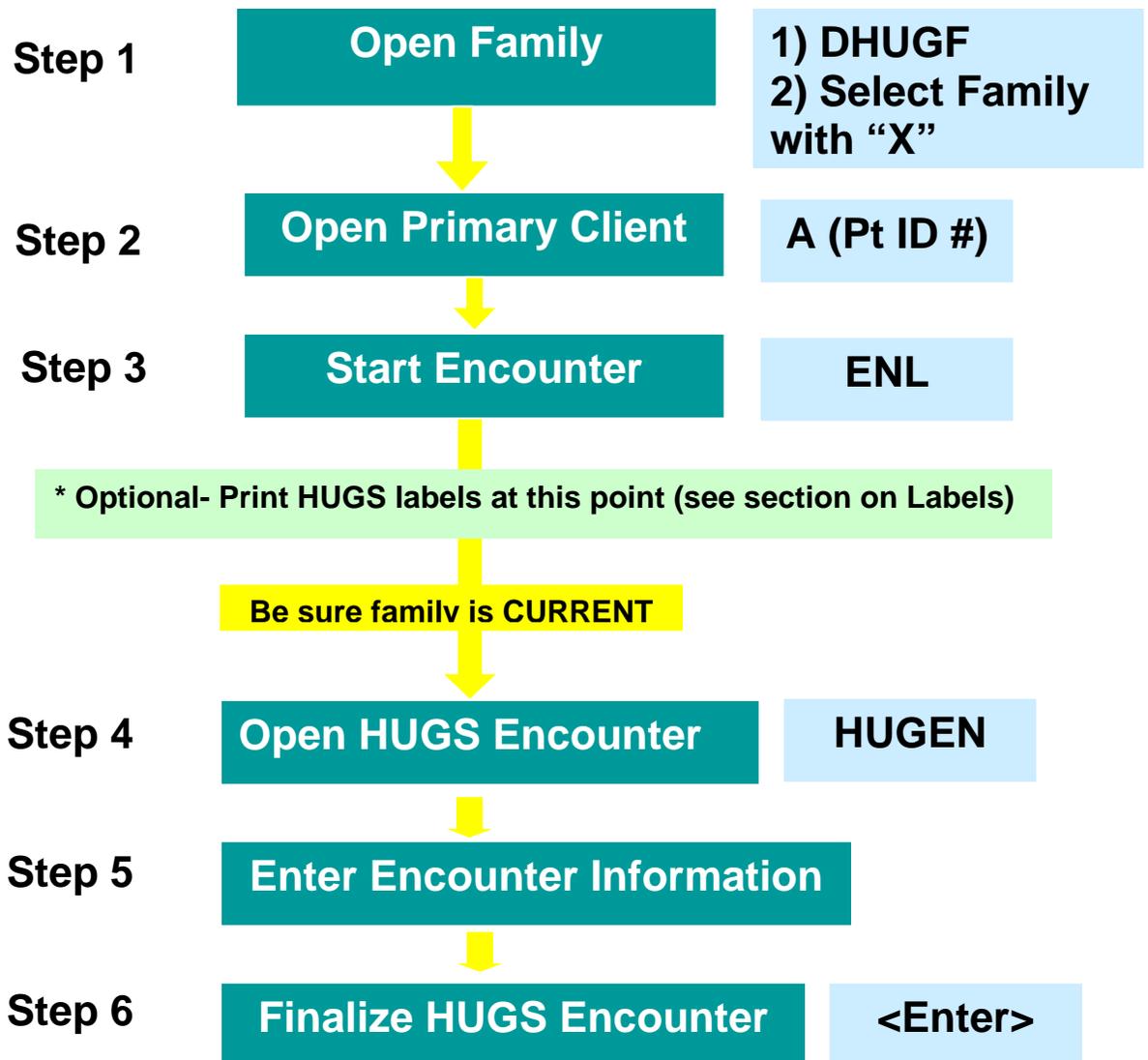
Narrow search by using the primary client's name or the provider number:

DHUGFC lname,fname,provider# = Search by primary client's name & provider number

DHUGFC lname,fname = Search by only the primary client's name

DHUGFC ,,provider# = Search by only the provider number

Encounter Process Quick Reference



V. Encounters

A. Creating and Filling Out the HUGS Encounter Screen

Step 1 a. Type **DHUGF** & hit <enter>.

b. Tab to the family, type an '**X**', & hit <enter>.

Step 2. Type '**A patient#**'. Use the primary client's patient ID, which is on the screen.

Step 3. Type **ENL** & hit <enter>.

* Optional Step- If labels are needed, print the HUGS labels at this point (see section on Labels for details)

Step 4. Type **HUGEN** & hit <enter> to get to a blank HUGS encounter screen.

Step 5 a. Tab next to the family members for this visit and enter the 'Type of Visit'. Use help if needed.

b. Tab to and complete the 'Diagnosis', 'Procedure', & 'Provider #'. Use help if needed. Please refer to HUGS Program Manual for codes for more information.

c. Tab to and complete the 'Visit Made? (Y/N)' field indicating whether the visit was complete. If the visit was not complete, a reason must be given.

d. Answer the rest of the administrative questions as applicable.

Step 6. Hit <enter> to update the screen. If required fields are not answered, an error message will be displayed at the top of the screen.

* Once an Encounter has been updated, it is finalized.

V. Encounters

B. Encounters with Forms

1. Going to Forms Screens

When the encounter screen is updated, the system will automatically display the first screen for the first visit type indicated on the encounter. The questions on the forms are displayed in the same order and have the same answer choices.

2. Entering Answers

a. The cursor will be in the first answer field for the first question displayed on screen. All questions have at least one answer field. Once an answer has been input for that question, hit <enter>.

b. If a question allows multiple responses, for example any question that says 'check all that apply', then there are 5 answer fields for that question. Do not hit enter until you have finished entering all the responses to the question.

c. Most questions have another field for a non-response (under the heading "Non-resp?"). A question may have either a valid answer or a non-response, but not both. On the paper forms, non-responses are indicated with *italics*.

3. Completing the Screen

a. Once an answer has been input for a question, hit <enter>. The cursor will now be in the answer field for the next question to be answered. There will also be a message at the top of the screen, "Value Required", indicating that there are questions on screen that must be answered.

i. Sometimes the need to answer a question will depend on the previous question, meaning the user may skip some questions on screen. Just answer the questions your cursor goes to after hitting enter.

b. Once all required questions on screen have been completed, with either an answer or a non-response, then hitting <enter> will show the message "Update Complete". The cursor will be back to the top on the first question.

c. ***IMPORTANT:** If anything on a screen is keyed, the rest of the screen must be completed. Even if the answer is deleted, **the system will not leave the screen until it is completed.**

4. Going to the Next Screen of the Form

Use the 'Page Down' key to get to the next screen.

5. Going to the Form for Next Family Member Seen

Once all screens for the first family member are complete, pressing 'Page Down' will display the first screen for the next family member seen. The system will display all screens in order for every person seen. When the user presses the 'Page Down' key after completing the last assessment screen, the system will return to the encounter screen.

C. Viewing Previous HUGS Encounters

1. Viewing Encounter Screen

- a. Type **DHUGF** & hit <enter>.
- b. Tab to the family, type an '**A**', & hit <enter>.
- c. This is a list of every person seen at every encounter for that family. Tab to the encounter, type '**E**', & hit <enter>.

OR

- d. When family is 'current', type **DHUGENA** in the command line.

The display lists one line for every encounter, even if there was no visit made in the encounter.

*Display is read only. Editing this screen is not allowed without proper authorization. If authorized to make changes, see the next section for instructions.

2. Viewing Questions with Answers

- a. Type **DUHGF** in the command line and hit <enter>. Tab down beside the family, type an '**E**', & hit <enter>. This will display a list of all encounters where a person was seen for this family.
- b. Tab down beside the encounter with the right patient and visit type. Type a '**Q**' and hit <enter>.
- c. This screen displays all answered questions for the selected person in an easy-to-read format. Use the 'Page Down' key to see additional screens of results.

V. Encounters

D. Change/Update a Previous HUGS Encounter

YOU MUST HAVE AUTHORIZATION TO CHANGE AN ENCOUNTER

1. Changing Encounter Screen

Two ways to change an existing encounter:

- a. Type **DHUGF** & hit <enter>.
- b. Tab to family, type an '**A**', & hit <enter>.
- c. Tab to an encounter, type '**C**', & hit <enter>.
- d. Tab to & Change the fields needed and then hit <enter> to update.

OR

- e. Type **CHUGEN family#,encounter#** & hit <enter>.
- f. Tab to & Change the fields and then hit <enter> to update.

2. Changing Completed Forms

1. Type **DUHGF** in the command line and hit <enter>. Tab down beside the family, type an '**E**', & hit <enter>. This will display a list of all encounters where a person was seen for this family.
2. Tab down beside the encounter with the right patient and visit type. Type an '**X**' and hit <enter>.
3. This will display all screens for that visit type.
4. Tab down to select a screen. The first question from each screen is displayed to help make it easier to select the correct screen. Type '**X**' to change the form.

3. Finishing Incomplete Forms

See “Flow Chart for Types of Incomplete Encounters” for additional guidance

1. Display Incomplete Encounters

- a. Enter the command **DHUGENI Prov#**
- b. This displays all incomplete encounters for a specific provider for all individuals in all families. Incomplete encounters are visits with forms that have blank screens.
- c. If no provider # is entered with the command, then the default is the provider number for the user.
- d. A cosite may be entered after the command (**DHUGENI prov#,cosite**). If no cosite is entered with the command, then the default is the current cosite.
- e. The default time period is set by an internal table. To override the default and extend the time period you are searching in, add the number of days prior to the command. Example: Provider 107 wants to see how many incomplete encounters in the last three months: **DHUGENI 107,,90**
- f. The list is sorted by date, oldest to newest, then family.

2. Completing Incomplete Forms

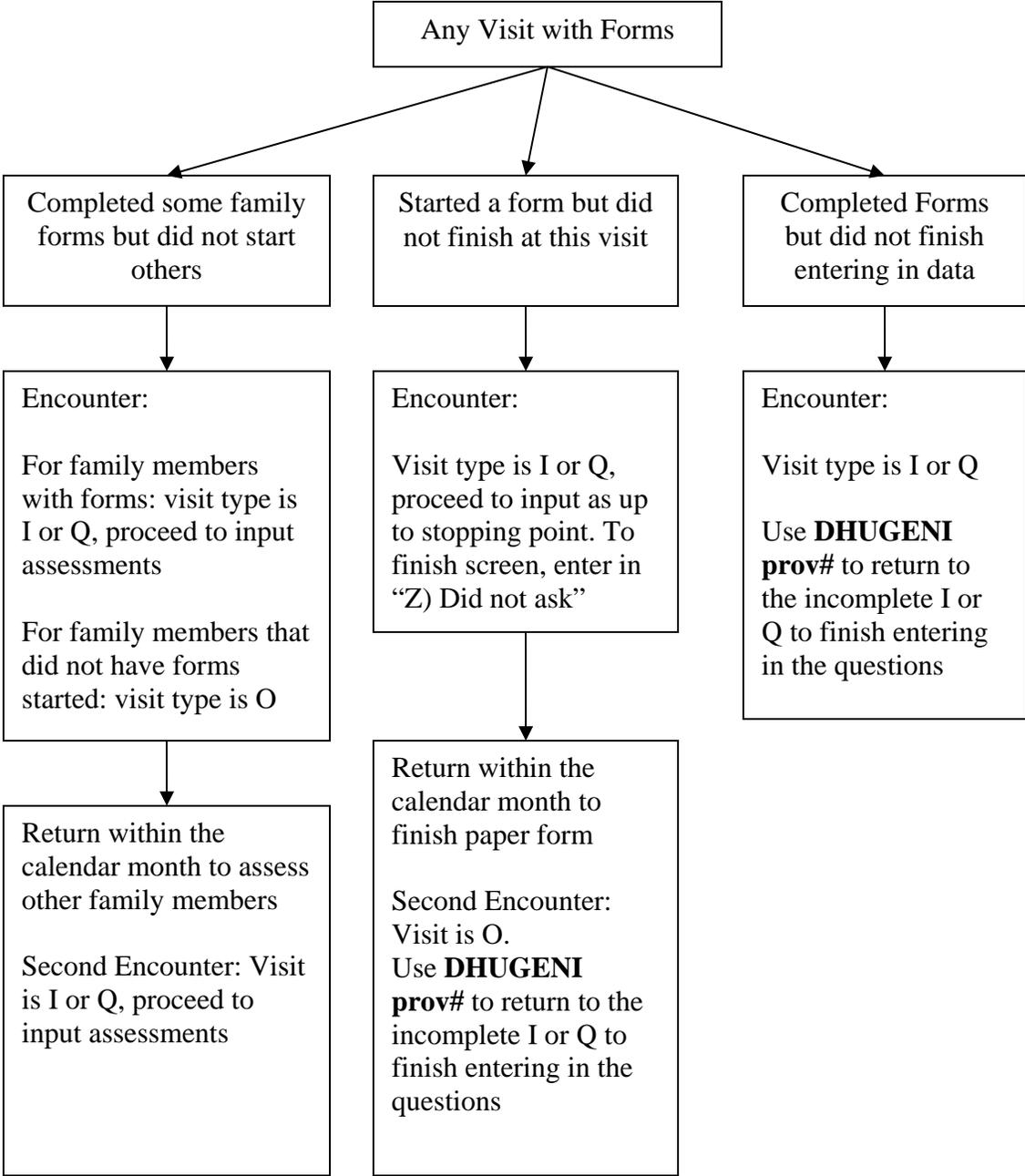
- a. From **DHUGENI** display, select the individual whose assessment needs to be completed with an “**X**”.

OR

Type **DUHGF** in the command line and hit <enter>. Tab beside the family, type an ‘**E**’, & hit <enter>. This will display a list of all encounters where a person was seen for this family.

- b. Tab down beside the encounter with the right patient and visit type. Type an ‘**X**’ and hit <enter>.
- c. This will display all screens for that assessment, complete and incomplete. The last column on screen, ‘Comp’, indicates if the screen is complete. The first question from each screen is displayed to help make it easier to select the correct screen. Tab to the screen that needs to be updated and type ‘**X**’.

Flow Chart for Types of Incomplete Encounters



V. Encounters

E. Voiding Encounters

YOU MUST HAVE AUTHORIZATION TO CHANGE ENCOUNTERS (CENC)

Step 1: Open the Primary Client - **PLF lname,fname**

Step 2: Create New Encounter – **ENL** and hit <enter>

Step 3: Type **EN enc#** (of the encounter to be voided) on the command line and hit <enter>

Step 4: Type **CENC enc#** on the command line and hit <enter>.

Step 5: Void encounter with appropriate void code and hit <enter>
Pop-up message will appear **'There is HUGS Data for this Encounter. Do you want to move it to another encounter Y/N'**

If you do *not* wish to save any of the data answer **'N'**. The old encounter will be voided and HUGS encounter data and assessment data will be deleted.

If you *do* wish to save the data (move it to the encounter you created in Step 2) answer **'Y'** and hit <enter>. The words **'ENCOUNTER FINALIZED'** will appear on the screen and the word **'DELETED'** will appear in the **'Proc No'** field.

Step 6: Type **DHUGF lname** (of primary client) and hit <enter>

Step 7: Tab to family, select with **'E'**, and hit <enter>

Step 8: This is a display of all encounters for all individuals in this family. Tab to the first line showing your NEW encounter number and select with **'C'** (You must have change authority). Hit <enter>

The information from the voided encounter will populate the new encounter except for the **DIAGNOSIS, PROCEDURE** and **PROVIDER** fields.

Step 9: Key the **DIAGNOSIS, PROCEDURE, and PROVIDER** information and update the screen. HUGS data will be written to the new encounter and any assessment data entered with the voided encounter will be associated with the new encounter.

F. Labels

1. Labels for open encounters:

a. **Whole Family**- print one label for every active family member

Step 1: Type **DHUGF** and hit <enter>.

Step 2: Tab down to the family.

Step 3: Type an '**L**' & hit <enter>.

b. **Individuals**- print one label for the person selected

Step 1: Type **DHUGF** & hit <enter>.

Step 2: Tab to the family, type an '**X**', and hit <enter>.

Step 3: Tab next to the person.

Step 4: Type an '**L**' and hit <enter>.

2. Labels for Finalized Encounters

Step 1: Type **DHUGF** & hit <enter>.

Step 2: Tab to the family, type an '**E**', and hit <enter>.

OR

Tab to the family, type an '**X**', and hit <enter>, Type **DHUGEN** in the command line and hit <enter>.

Step 3: Tab to encounter, type '**R**', and hit <enter>.

Step 4: In the pop-up window, tab to the person desired and enter the number of labels needed. You may enter numbers for multiple people at the same time. Hit <enter>.

VI. Referral Tracker

A. Adding a Referral

1. Type **DHUGF** & hit <enter>.
2. Tab to the family, type '**R**', and hit <enter>.

OR

if family is current, **HUGREF**

Pt. ID	Date Prob ID	Ref Ag	Date Ref	Ref Stat	Date Start	Date End	Reas End	Prov
<u>A</u>			<u>B</u>	<u>C</u>		<u>D</u>		
	<u>E</u>	<u>F</u>	<u>G</u>	<u>H</u>	<u>I</u>	<u>J</u>	<u>K</u>	<u>L</u>

3. The twelve blank underlined fields are for entering a new referral. The information for each referral is two lines long. Important to remember: the headings at the top of the screen (except Patient ID) are for the second line.
4. a. To enter a referral for an *individual*, make sure to put a patient ID in the first field (**A**).
 - b. To enter a referral for the *whole* family, do not enter a patient ID. Just tab to the second field.
5. (**B**) = Domain field. It is required. (View help to see the list of possible values).
6. Hit <enter> after inputting a Domain.
 - An error message will appear at the top of the screen. In this instance only, disregard the message.
7. (**C**) = Problem field. It is required. The available values for the problem are limited to those that relate to the Domain entered. (View help for available choices).
6. (**D**) = text field. This field is optional. Open text available for any additional information.
7. (**E**) = 'Date Prob ID' field. This is required. This is the Date the Problem was identified.
8. The next 6 fields are all optional and may be entered or updated as the information becomes available.

- (F) Ref Ag = Referral Agency
- (G) Date Ref = Date of Referral
- (H) Ref Stat = Referral Status
- (I) Date Start = Date Started
- (J) Date End = Date Ended
- (K) Reas End = Reason for Ending

**Remember the Headings at the top are for this second line of information.

9. (L) = Prov field. This field is for Provider number and is required.

10. Hit <enter>, once all of the required fields are completed.

11. There will be a message at the top of the screen 'Record Added'. The information has now been added at the end of the list of referrals. If more than one page of referrals, then there will be a message at the bottom of the screen "Enter M for More").

VI. Referral Tracker

B. Updating a Referral

1. Go to the Referral Tracker screen: Type **DHUGF** & hit <enter>. Tab to the family, type '**R**', and hit <enter>

OR

if family is current, **HUGREF**

2. Tab down to the field being updated (may need to page down to see all of the referrals).
3. Update or change the field(s) to the new value. Use help if needed.
4. Hit <enter> to update.

*Some fields cannot be changed once they have been entered, such as the patient ID, domain, or problem. The system will not tab to these fields at all.

VI. Referral Tracker

C. Deleting a Referral

1. Go to the Referral Tracker screen: Type **DHUGF** & hit <enter>. Tab to the family, type **'R'**, and hit <enter>.

OR

if family is current, **HUGREF**

2. Tab down to the 'Date Prob ID' field for the record being deleted.
3. Type **'DELETE'** and erase anything else in the field.
4. Hit <enter>.
5. A window will pop up asking for confirmation of the delete.
6. Hit <enter> to confirm or type **'N'** to stop the delete.
7. Once confirmed, the record will be erased and there will be a message at the top of the screen 'Record Deleted'.

VI. Referral Tracker

D. Referral Reports

1. **NOSTAT prov#** - List of referrals with a Referral Date but no status

- a. Type '**NOSTAT prov#**'. Use your provider number. Hit <enter>.
- b. Tab down to a referral, type an '**X**', & hit 'enter' display to the referral screen.

2. **NOREF prov#** - List of referrals without a Referral Date

- a. Type '**NOREF prov#**'. Use your provider number. Hit <enter>.
- b. Tab down to a referral, type an '**X**', & hit 'enter' display to the referral screen.

VII. Visit Reminder

Two ways to get to this report:

1. Type **DHUGF** & hit <enter>.
2. Tab down to the family, type a '**V**', and hit <enter>.

This will display a list of all visits due for that family.

OR

2. Use the '**DHUGVIS Provider#**' command.

This command produces a list of the upcoming visits for a specific provider's caseload.

The complete form of the command is:

DHUGVIS Provider ID,start date,end date,F,Family ID

- *Provider ID* is a **required** part of the command.

Narrow the search by adding one or more of the following:

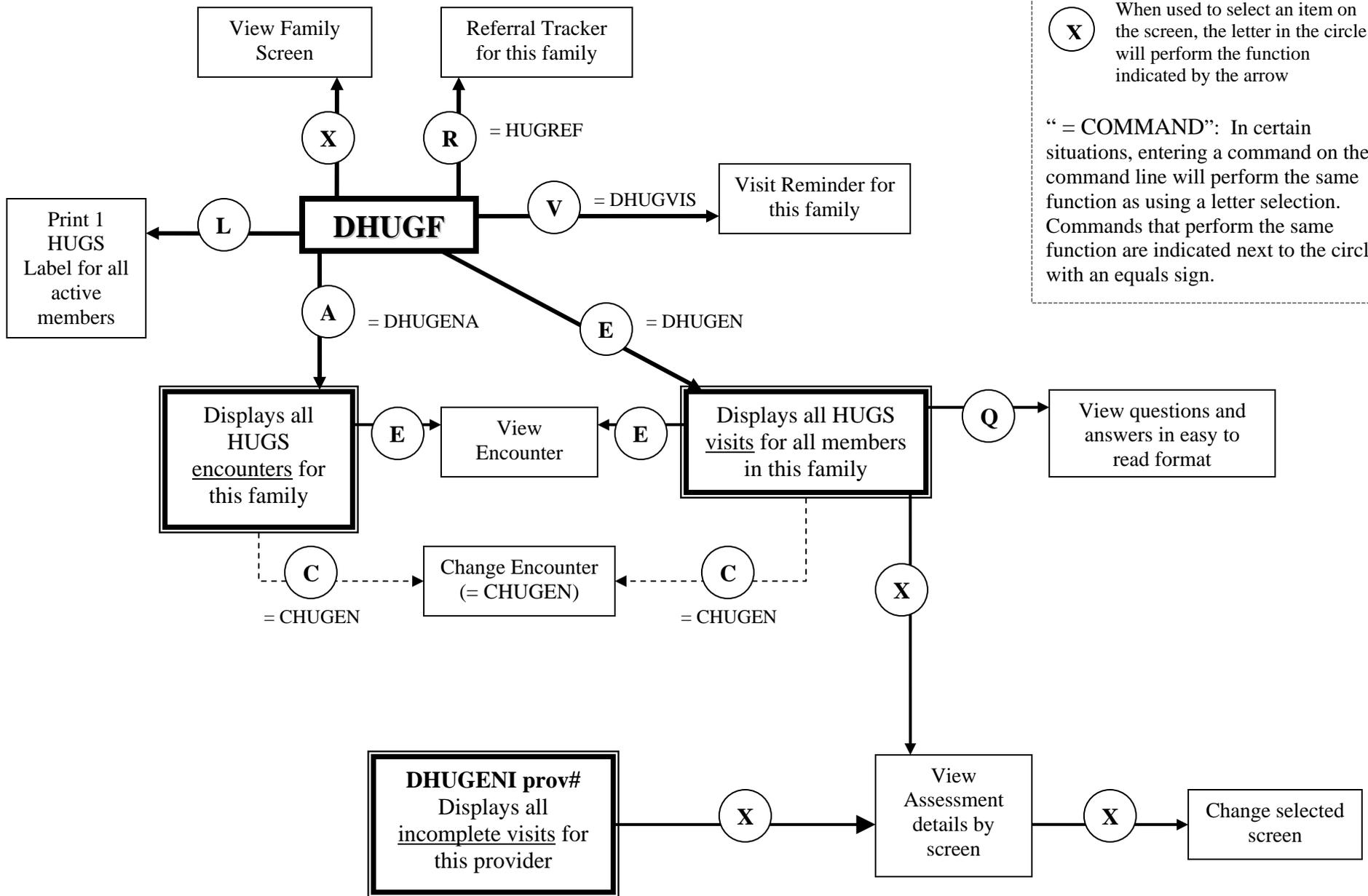
- *Start date*: To set the range of dates. If left blank, it defaults to today's date.
- *End date*: To set the range of dates. If left blank, it defaults to a predetermined number of days,.
- *F*: Sorts the list by family ID so that all visits for a family are listed together. If left blank, it defaults to sorting by due date.
- *Family ID*: Only shows visits that are due for that one family.

* If you want to use any of the above, they must be put in the order listed above. Remember to put commas in to separate information even when you do not want to use one or two. See example below.

Example:

DHUGVIS 107,,F

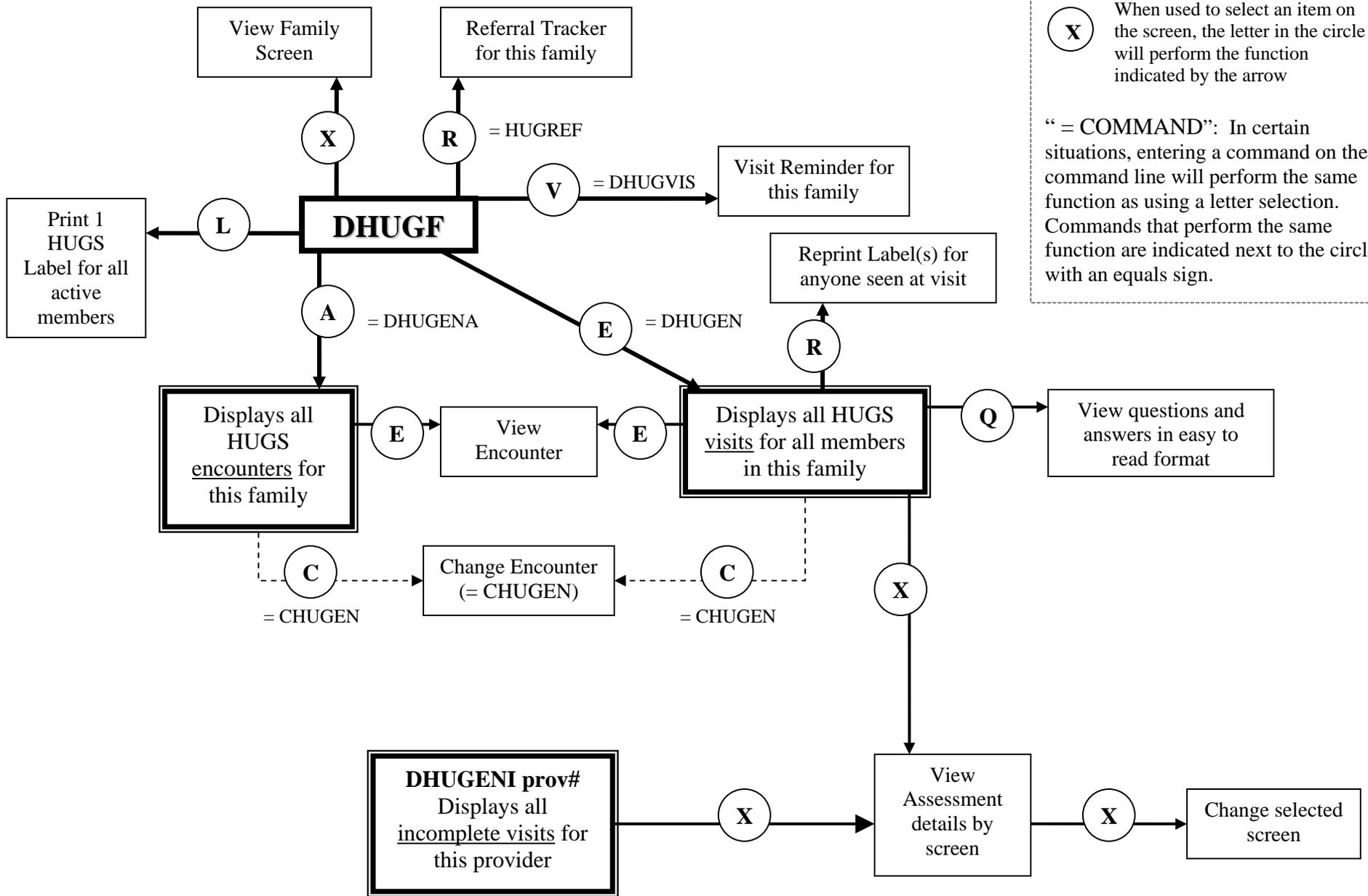
- This will show a list of all of the visits due for provider number 107 from today to a set number of days and it will sort the list by family ID.



COMMANDS FOR HUGS

Command	Possible Parameters	Function
HUGF		Creates a new family (Family ID number assigned)
HUGF Fam#		Displays requested family
DHUGF	Iname,fname,provider#	Displays HUGS families in the region
DHUGFC	Iname,fname,provider#	Displays closed HUGS families in the region
HUGX patient ID# (or “HUGX” when on patient record screen)		Shows HUGS cross reference (if a person is in a HUGS family)
ENL		Creates an Encounter
HUGEN	FamID,Enc#	Opens HUGS Encounter for ‘current’ family
DHUGENA	FamID,EncDate	Displays all HUGS Encounters for ‘current’ family
DHUGEN	FamID,EncDate	Displays all encounters with forms for ‘current’ family
DHUGENI prov#	,cosite,days prior	Displays all incomplete encounters for provider
HUGREF	FamID,N,date	Opens the Referral Screen for the ‘current’ family ,N = sorts newest to oldest
NOSTAT Provider#		Displays all Referrals for the specified provider with a Referral Date but no Status
NOREF Provider#		Displays all Referral for the specified provider without a Referral Date
DHUGVIS Provider#	,Startdate,Enddate,F, FamID	Displays the upcoming visits for the specified provider’s caseload

Remember: You may always use the command **HELP command** with any command to find out more information about the command and its parameters.



X When used to select an item on the screen, the letter in the circle will perform the function indicated by the arrow

" = COMMAND": In certain situations, entering a command on the command line will perform the same function as using a letter selection. Commands that perform the same function are indicated next to the circle with an equals sign.

Appendix 6: Audit Tool