

ATTACHMENT J1

**DEVELOPMENT OF AND PILOT TEST RESULTS FOR THE
REDESIGNED PRECONCEPTION, PREGNANCY AND PARENTING (3PS)
INFORMATION FORM**

I. DEVELOPMENT OF THE REDESIGNED PRECONCEPTION, PREGNANCY AND PARENTING (3PS) INFORMATION FORM

Overview

HRSA/MCHB's Division of Healthy Start and Perinatal Services (DHSPS) convened the Healthy Start (HS) Collaborative Improvement and Innovation Network (CoIIN) to serve as an Expert Panel to promote implementation of standardized evidence-based approaches to core program elements on behalf of all HS grantees. The HS CoIIN includes all level 3 grantees (18), one level 1, and one level 2 grantees.

In Year 1, the HS CoIIN identified three priority areas for standardization: screening forms, data collection methods and reporting, and the case management/care coordination model. The HS CoIIN elected to begin with standardizing screening forms and data collection methods so as to begin to ensure comprehensive and consistent assessment of participants' needs as well as to standardize data collection (including benchmarks) and reporting to support monitoring and evaluation.

The HS CoIIN identified indicators for risks and strengths for which all HS participants should be screened based on the literature and HS performance measures. Starting with benchmarks outlined in the funding opportunity announcement (FOA), the HS CoIIN identified factors for which 100% of HS CoIIN members already screened, and then identified factors ascertained as critical by 80% of HS CoIIN members. Guiding principles for screening form development were identified at the outset. The screening form(s) would:

- Serve as the foundation for care coordination and case management.
- Address comprehensive risks and strengths for each perinatal period.
- Align with HS benchmarks.
- Provide a minimum requirement that can be expanded by HS programs.
- Adapt questions from standardized surveys and/or validated screening instruments when possible.

The first step was to assess screening forms and processes currently in place among HS CoIIN members' programs. This initial process included reviewing screening forms from 80% of CoIIN members (n=16), and revealed significant variation across programs in length or comprehensiveness, format, inclusion of guidance depending upon participant response, and whether the form is completed by participant or staff, further reinforcing the need for standardization.

As the HS CoIIN engaged in this foundational work, two related initiatives were concurrently underway, including the development of a data dictionary that established definitions for each of the benchmarks required through the HS Grantee FOA released in 2014, and the release of a RFP for developing a data collection database for the National HS Evaluation based on the original, OMB-approved 3Ps Information Form. It was essential that the HS CoIIN screening forms enable the collection of data points that would inform benchmark reporting. Additionally, each HS program would be required to complete and submit program data through the 3Ps Information Form, which included questions abstracted from various standardized instruments (National Survey of Children's Health [NSCH], Pregnancy Risk

Assessment Monitoring System [PRAMS], and others). In order to address potential duplication of data collection, and reduce burden on staff and participants, every effort was made by the HS CoIIN to incorporate questions included in the original 3Ps Information Form into the screening forms. However, the distinction between questions designed for evaluation and those designed for case management/care coordination became increasingly apparent. Where evaluation takes a retrospective stance on the outcomes of a program (Army Public Health Center, n.d.), screening prospectively identifies risk factors and strengths of individual participants (Commission for Case Manager Certification, 2016).

Two CoIIN Workgroups were formed: the Screening Form Feedback Workgroup (Feedback Workgroup), comprised of four HS CoIIN members, and the Screening Form Implementation Workgroup (Implementation Workgroup), comprised of six HS CoIIN members to redesign the original 3Ps Information Form to include elements of the HS CoIIN screening forms. The Feedback Workgroup held eight virtual meetings between October 2015 and January 2016 to review HS CoIIN feedback, develop recommendations to the HS CoIIN, and prepare draft versions of the redesigned 3Ps Information Form. Their work focused on the “what” of the redesigned form: which questions to incorporate to address essential risk and protective factors? The Implementation Workgroup met five times, focusing on the “how” of the redesigned form: operationalizing pilot and implementation phases across the HS community. The Implementation Workgroup developed a robust implementation plan that included testing the redesigned 3Ps Information Form across programs representing a range of variables (e.g., grantee funding level, which staff conduct screening activities, whether the screening process occurs through a centralized or decentralized intake process, whether forms are completed on paper and/or electronically). Piloting the redesigned 3Ps Information Form was planned to take place June through August of 2016, with a September launch date.

Updated drafts of the redesigned 3Ps Information Form were released in January 2016 to the larger HS community and informal feedback were gathered. General emergent themes included concerns about the personal level of information asked of participants through the screening process, as well as the appropriateness of asking about broader participant needs which the HS program itself may not have the capacity to address. Feedback also emphasized a need to include questions addressing potentially unstable social determinants (such as income, food security, housing security, and transportation) throughout the form so that these issues are touched upon at each encounter. Grantee feedback also prompted the separation of preconception/interconception, instead incorporating interconception screening into the parenting form.

In March 2016, the HS CoIIN worked with the HRSA/MCHB Office of Epidemiology and Research (OER) and the vendor developing the National HS Evaluation database to develop a mechanism to streamline data collection for multiple purposes to meet care coordination, program management, and evaluation needs. The Feedback Workgroup worked with the HS CoIIN to reach consensus on the version of the redesigned 3Ps Information Form that was submitted by OER to OMB as a Change Memo in May 2016 and pilot tested in July 2016.

Table 1: May 2016 Redesigned 3Ps Information Form Content

Screening Form	Number of Questions	Sections in Sequential Order
Demographic Intake Form	8	Date of Birth, Zip Code, Ethnicity, Race, Country of Origin, Language

Pregnancy History/Status	12	Current Pregnancy Status, Past Pregnancy Outcomes and Complications
Preconception	45	Demographics, Social Determinants, Neighborhood and Community, Medical Home/Access to Care/Health Insurance, Health and Healthy History, Mental Health, Substance Use, Personal Safety, Stress and Discrimination, Partner Involvement/Social Support, Reproductive Life Planning
Prenatal	59	Prenatal Care, Demographics, Social Determinants, Neighborhood and Community, Health and Health History, Mental Health, Substance Use, Personal Safety, Readiness for Motherhood, Stress and Discrimination, Social Support/Father Involvement, Reproductive Life Planning
Postpartum	53	Pregnancy Outcome, Infant Care, Sleep and Car Safety, Baby Insurance/Access to Care, Reproductive Life Planning, Demographics, Social Determinants, Neighborhood and Community, Medical Home / Access to Care/Health Insurance, Maternal Health, Mental Health, Substance Use, Personal Safety, Stress and Discrimination, Father Involvement/Social Support
Interconception/Parenting	53	Infant Care, Sleep and Car Safety, Baby Insurance/Access to Care, Reproductive Life Planning, Demographics, Social Determinants, Neighborhood and Community, Medical Home / Access to Care/Health Insurance, Maternal Health, Mental Health, Substance Use, Personal Safety, Stress and Discrimination, Father Involvement/Social Support

II. PILOT TEST REPORT AND RECOMMENDATIONS

Pilot Test Goals

By pilot testing the redesigned 3Ps Information Form, we hoped to gain information on the following:

- To gauge usefulness of the forms to HS programs and participants.
 - Program participants' understanding of the questions on the forms
- To understand feasibility of using the forms.
 - Any questions that could be deleted or revised to improve clarity
 - The average time it takes to administer the forms
- To identify training needs for implementation of the forms.

Conducting the Pilot Test

The pilot test period was implemented for one week, July 11-15, 2016. The week before the pilot started, a 2-hour web-based training was provided to the site participating in the pilot. The objectives of the training were to:

- Provide background and overview of the forms
- Provide guidance for piloting programs in administering forms and completion of the pilot program evaluation form
- Establish follow-up check-in meeting times

During the week of the pilot, two one-hour office hours were provided for the site to ask questions if they ran into any challenges during the pilot process.

The pilot site was asked to document the start and end time for each form. The time study documented the time it takes for the full utilization of the forms including asking and getting responses to the screening questions as well as the completion of the follow-up/referral sections.

Additionally, the sites were also asked to document if there were questions that were unclear either to the staff that were conducting the screening with the participant or to the participant. If there were specific questions they wanted to provide comment on, they were able to check off the question number (s) and provide qualitative information about the question.

Pilot Test Sample

For the pilot test, we selected a Level 3 grantee with previous Healthy Start experience and that predominately serves the target population, African American and Hispanic/Latino participants.

The pilot site was asked to pilot the forms with up to 9 participants. The Demographic Intake and Pregnancy Status/History forms were piloted with all 9 participants. Depending on the participants’ perinatal stage, the grantee pilot tested appropriate perinatal phase forms (e.g., Preconception, Prenatal, Postpartum, and Interconception/Parenting). We asked to have each perinatal phase form piloted with at least one participant, up to the 9 limit.

Within the pilot site, case management staff selected to administer the forms were assembled to identify women who met the criteria for each of the four (4) specific perinatal periods. Scheduled intake appointments during the pilot test week were reviewed to determine if a sufficient number of new case enrollments were available to meet the objectives of the pilot process. A process map was created linking the scheduled intake to specific staff members for the pilot period July 11-15, 2016. A few backup intakes were also identified for each of the four (4) perinatal periods in case of cancellations.

Pilot Test Results

The pilot evaluation survey remained open through July 22, 2016. The pilot site was asked to review the forms with their staff and submit a collective review. The grantee rated the forms on five dimensions:

Evaluation Domain	Description of Domain
Relevance/importance to Healthy Start grantee and participants’ needs	Significance of the Social Determinants Participant Profile to address Healthy Start participant needs.
Technical quality	Soundness of form framework and questions
Clarity of form	Organized, clear, concise, comprehensive
Diversity	Ability to address the diversity of the HS grantees’ populations, and culture
Length of form	Time it would take to administer form with Participant

Each section of the evaluation survey for each form began with this evaluation domain table. Each domain for each form was summarized by the mean, median and range of scores from a Likert scale: 1-5: 1 being totally disagree and 5 being completely agree.

Demographic Intake Form Evaluation Domains N=11			
Evaluation Domain	Mean	Median	Range
Relevance/importance to Healthy Start grantee and participants' needs	3.9	4	3-5
Technical quality	3.9	4	3-5
Clarity of form	4	4	3-5
Diversity	4.1	4	3-5
Length of form	4.1	4	3-5

Demographic Intake Form Time Study N=10	
Total Estimated Annualized Burden of Hours Published in Federal Register, Public Comment Request	25 minutes
Pilot Test Raw Time Range	1-30 minutes
Pilot Test Median Time	4.6 minutes
Pilot Test Mean Time	3.5 minutes

The demographic intake form scored well in all domains, and no substantive issues were identified within each domain that would require any changes. The demographic form median and mean time stamp was well below the estimated burden to complete, by 20 and 22 minutes respectively.

Pregnancy History/Status Form Evaluation Domains N=11			
Evaluation Domain	Mean	Median	Range
Relevance/importance to Healthy Start grantee and participants' needs	3.8	4	2-5
Technical quality	3.9	4	3-5
Clarity of form	3.9	4	2-5
Diversity	3.8	4	2-5
Length of form	3.7	4	2-5

Pregnancy History/Status Form Time Study N=10	
Total Estimated Annualized Burden of Hours Published in Federal Register, Public Comment Request	42 minutes
Pilot Test Raw Time Range	1-25minutes
Pilot Test Median Time	6.3 minutes
Pilot Test Mean Time	4.5 minutes

The pregnancy history/status form scored well in all domains. There was some qualitative feedback on the technical quality and clarity of the form. This feedback was reviewed along with the feedback on specific questions. The pregnancy status/history form median and mean time stamp was well below the estimated burden to complete, by 36 and 38 minutes respectively.

Preconception Form Evaluation Domains N=11			
Evaluation Domain	Mean	Median	Range
Relevance/importance to Healthy Start grantee and participants' needs	2.9	3	1-5
Technical quality	3.4	3	2-5
Clarity of form	3.6	3	2-5
Diversity	3.3	3	1-5
Length of form	3.3	3	1-5

Preconception Form Time Study N=5	
Total Estimated Annualized Burden of Hours Published in Federal Register, Public Comment Request	90 minutes
Pilot Test Raw Time Range	25-60 minutes
Pilot Test Median Time	51 minutes
Pilot Test Mean Time	45 minutes

The preconception form scored well in all domains, except for the relevance or importance to Program participants' needs. There was some qualitative feedback on the relevance, clarity, and length of the form. This feedback was reviewed along with the feedback on specific questions. The preconception form median and mean time stamp was well below the estimated burden to complete, by 39 and 45 minutes respectively.

Prenatal Form Evaluation Domains N=11			
Evaluation Domain	Mean	Median	Range
Relevance/importance to Healthy Start grantee and participants' needs	3.9	4	3-5
Technical quality	3.8	4	2-5
Clarity of form	3.8	4	2-5
Diversity	4.1	4	3-5
Length of form	3.3	3	1-5

Prenatal Form Time Study N=10	
Total Estimated Annualized Burden of Hours Published in Federal Register, Public Comment Request	120 minutes
Pilot Test Raw Time Range	32-88 minutes
Pilot Test Median Time	56 minutes
Pilot Test Mean Time	47 minutes

The prenatal form scored well in all domains. There was some qualitative feedback on the relevance and clarity of the form. This feedback was reviewed along with the feedback on specific questions. The prenatal form median and mean time stamp was well below the estimated burden to complete, by 64 and 73 minutes respectively.

Postpartum Form Evaluation Domains N=11			
Evaluation Domain	Mean	Median	Range
Relevance/importance to Healthy Start grantee and participants' needs	4.1	4	3-5
Technical quality	4	4	3-5
Clarity of form	3.9	4	2-5
Diversity	4.1	4	3-5
Length of form	3	3	1-5

Postpartum Form Time Study N=10	
Total Estimated Annualized Burden of Hours	108 minutes

Published in Federal Register, Public Comment Request	
Pilot Test Raw Time Range	18-120 minutes
Pilot Test Median Time	52 minutes
Pilot Test Mean Time	43 minutes

The postpartum form scored well in all domains, and no substantive issues were identified within each domain that would require any changes. The postpartum form median and mean time stamp was well below the estimated burden to complete, by 56 and 65 minutes respectively.

Parenting/Interconception Form Evaluation Domains N=11			
Evaluation Domain	Mean	Median	Range
Relevance/importance to Healthy Start grantee and participants' needs	3.9	4	2-5
Technical quality	3.7	4	2-5
Clarity of form	3.7	4	2-5
Diversity	4	4	3-5
Length of form	2.7	2	1-5

Interconception/Parenting Form Time Study N=10	
Total Estimated Annualized Burden of Hours Published in Federal Register, Public Comment Request	120 minutes
Pilot Test Raw Time Range	24-112 minutes
Pilot Test Median Time	61minutes
Pilot Test Mean Time	52 minutes

The interconception/parenting form scored well in all domains, except for the length of form. There was some qualitative feedback on the clarity and length of the form. This feedback was reviewed along with the feedback on specific questions. The parenting form median and mean time stamp was well below the estimated burden to complete, by 59 and 68 minutes respectively.

The Feedback Workgroup met four times between July 25-August 19, 2016, to review comments from the pilot testing results and public comment period feedback to identify emergent themes throughout the comments, and reach consensus on a final set of forms for the redesigned 3Ps Information Form. These are described below in more detail.

Recommended Changes to the Redesigned 3Ps Information Form Based on Pilot Test

General highlights of recommended changes are included below. Notations reflect the actual changes made to the revised forms. Several recommended changes cut across all four perinatal forms. For many questions recommended for deletion, the information is captured in other questions. When all the deletions and additions are accounted for, there was a net reduction, shortening the forms by 11 core questions. Detailed documentation of changes to each revised form is included in Appendix A.

1. Deletions

We recommend the following deletions to streamline the forms, and reducing redundancy:

- **From each of the four perinatal forms (Preconception, Prenatal, Postpartum, Interconception/Parenting):**
 - “On average, how many hours per day are you in the same room or vehicle with another person who is smoking?”
 - “How often do you have transportation to or from your medical appointments?”
 - “How often has it been very hard to get by on your family’s income...?”
 - Medical home questions: delete “Is there one person or more than one person?” (But change responses to “Do you have one or more persons you think of as your personal doctor or nurse?” to include ‘Yes, one person’, “Yes, more than one person” etc.)
 - “Is there a place that you usually go for care...?” “What kind of place do you go to most often...” captures usual source of care.
 - “Have you ever had a case with Child Protective Services”? But keep “Do you currently have an open case ...?” Delete both questions from Preconception Form.
 - “There are people I can count on in this neighborhood or community”, as that information is captured through other questions in the Neighborhood and Community sections.
 - Delete the question about how the participant handles life events in the Stress and Discrimination section.
 - Streamline Reproductive Life Planning sections, while maintaining mechanism for capturing the existence of a reproductive life plan.
- The revised forms also reflect revisions to and/or deletions of medically or clinically-oriented items based on pilot test feedback. These include deletion of some questions about immunizations and medications. Appendix A details these recommendations.
- **From the Pregnancy History/Status Form**
 - “Including this pregnancy, how many times have you been pregnant...?”,
 - “How many of your children were delivered vaginally?”,
 - “Were any babies born with medical conditions...?”
 - What were they diagnosed with?”
 - How much weight did you during your last pregnancy?
- **From the Prenatal Form**
 - Are you currently receiving prenatal care? We recommend keeping questions about how many weeks or months pregnant when they had first prenatal care visit

and if they have had any difficulty getting prenatal care which provide that information.

2. Additions:

For informing/reminding staff and participants about the purpose of including the selected questions, and to provide instruction to staff on administering the forms, we recommend adding the following text at the beginning of each form:

The questions and answer choices were selected based on the available evidence about factors that may impact a woman’s health or pregnancy outcomes. The information provided by the participant through this screening form will help Healthy Start identify each participant’s unique needs and ensure that she is connected to the appropriate support services.

Please read the questions to the participant. Do not read the responses to the participant unless the instructions tell you to do so.

Recommendations for specific additions include the following:

- **To the Demographic Intake Form:**
 - Add address, contact information, and emergency contact information.
- **To each of the four perinatal forms:**
 - “What is the zip code where you live?” include in the Social Determinants section of each perinatal screening form. The Implementation Work Group recognized this item as one that could change between visits, and should be tracked over time.
 - “How many people are supported by this income?” inserted after the income question in the Social Determinants of Health section.
 - “Do you keep guns in your home?” Based on AAP¹ and ACOG² recommendations, and in light of the current social climate, the Implementation Work Group felt it prudent to include this question.

3. Text Revisions

During the pilot test, a few items caused confusion across the pilot test participants. In order to improve the clarity of the items on the forms and ensure that all possible response options are included, we recommend implementing the following revisions to question text:

- Change “baby’s father” or “child’s father” to “partner or father of baby “ or “partner or father of child“
- Change “year” to “12 months” in all questions to improve clarity
- Other minor revision recommendations are documented in Appendix A.

¹https://www.aap.org/en-us/advocacy-and-policy/federaladvocacy/documents/aapgunviolencepreventionpolicyrecommendations_jan2013.pdf

² <https://www.acog.org/-/media/Statements-of-Policy/Public/2014GunViolenceAndSafety.pdf?dmc=1&ts=20160823T1409574528>

4. Reordering, Reformatting and Other Minor Revisions

Review of pilot testing feedback by the Health Start CoIIN Implementation Work Group highlighted several areas where formatting could improve flow and clarity. Recommendations for improvements are outlined below, and reflected in the updated versions:

- Across all forms:
 - Indent sub-questions to help differentiate.
 - Include more explicit instructions to the person administering the form for each question.
 - Provide more transition statements between sections or questions to improve flow.
 - Update skip patterns
 - Update and ensure alignment and consistency of Follow Up boxes across forms
 - Revise some section headers, including deleting “Demographics” sections
- Re-format Postpartum and Parenting/Interconception Forms to capture information on multiples as well as single babies.

We recommend two substantial changes to the Interconception/Parenting Form. The initial form lacked a mechanism for identifying mothers who may have experienced the death of their infant after the Postpartum Form was completed. We inserted a question, modified from National Children’s Health Survey QA1 asking about the child’s health. This provides a means of identification and forgoing asking the mother the range of questions that follow regarding child health status, safety, and insurance information through an embedded skip pattern. The next question asks the participant if she is pregnant, addressing another issue – that a participant could be in the parenting phase with a young child and also be pregnant. If a woman in the parenting phase is also pregnant, an embedded skip pattern directs the staff to ask questions about her partner’s or the father of the baby’s involvement (if the baby is alive), and then to the Prenatal Screening Form.

Conclusion

In summary, the pretest provided important feedback about the clarity, flow and timing of the questions on the Healthy Start redesigned 3Ps Information Form. The suggestions outlined above would improve respondent comprehension and ease of staff administration of the six forms. Table 2 below shows the final content of the forms submitted for OMB final review as a result of pilot testing recommendations.

Table 2: August 2016 3Ps Information Form Content

Screening Tool	Number of Questions	Sections in Sequential Order
Demographic Intake tool	10	Date of Birth, Address, Contact Info, Emergency Contact, Education, Ethnicity, Race, Country of Origin, Language
Pregnancy History/Status	9	Current Pregnancy Status, Summary of Past Pregnancy Outcomes and Complications
Preconception	43	Social Determinants, Neighborhood and Community, Medical Home/Access to Care/Health Insurance, Health and Healthy History, Mental Health, Substance Use, Personal Safety, Stress and Discrimination, Social

		Support/Partner Involvement, Reproductive Life Planning
Prenatal	50	Readiness for Motherhood/Prenatal Care, Social Determinants, Neighborhood and Community, Health and Health History, Mental Health, Substance Use, Personal Safety, Stress and Discrimination, Social Support/Father or Partner Involvement, Reproductive Life Planning
Postpartum	49	Pregnancy Outcome, Infant Care, Infant Safety, Baby Insurance/Access to Care/Medical Home, Reproductive Life Planning, Social Determinants, Neighborhood and Community, Medical Home / Access to Care/Health Insurance, Maternal Health, Mental Health, Substance Use, Personal Safety, Stress and Discrimination, Social Support/ Father or Partner Involvement
Interconception/Parenting	58	Child Insurance/Access to Care/Medical Home, Reproductive Life Planning, Social Determinants, Neighborhood and Community, Medical Home/Access to Care/Health Insurance, Maternal Health, Mental Health, Substance Use, Personal Safety, Stress and Discrimination, Social Support/ Father or Partner Involvement

**APPENDIX A:
Documentation of Changes to the Redesigned Preconception, Pregnancy and Parenting
(3Ps) Information Form**

The following sections outline the questions that were changed, and the changes that were made to those questions, by specific form. Sections Headers are included to help organize the information. Changes to section headers are explicitly noted.

For Pregnancy History/Status, Preconception, Prenatal, Postpartum and Interconception/Parenting Forms, the following text was inserted at the beginning of the forms:

The questions and answer choices were selected based on the available evidence about factors that may impact a woman’s health or pregnancy outcomes. The information provided by the participant through this screening tool will help Healthy Start identify each participant’s unique needs and ensure that she is connected to the appropriate support services.

Please read the questions to the participant. Do not read the responses to the participant unless the instructions tell you to do so.

DEMOGRAPHIC INTAKE SCREENING FORM		
2	Deleted “What is your zip code?”	Inserted zip code question into the each of the individual perinatal screening forms
Add		2. What is your address:
Add		3. What is the best way to contact you?
Add		4. Emergency Contact info:
7	What is your race? <input type="checkbox"/> Asian (i.e. Chinese, Thai, Pakistani, Korean, etc.) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander (i.e. Samoan, Guamanian, Polynesia, etc.) <input type="checkbox"/> Black/ African American <input type="checkbox"/> American Indian/ Alaska native <input type="checkbox"/> White <input type="checkbox"/> Some other race <input style="color: red;" type="checkbox"/> More than one race <input type="checkbox"/> Declined to answer	What is your race? (One or more categories may be selected) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander

PREGNANCY HISTORY/STATUS SCREENING FORM

1.2	Delete: Including this pregnancy, how many times have you been pregnant in your life?																			
3	Changed format of documenting types of pregnancies	<table border="1"> <thead> <tr> <th>Type of Pregnancy Outcome</th> <th>Number</th> <th>Date of Most Recent</th> </tr> </thead> <tbody> <tr> <td>Live birth</td> <td></td> <td>__/__/__</td> </tr> <tr> <td>Miscarriage</td> <td></td> <td></td> </tr> <tr> <td>Ectopic or tubal pregnancy</td> <td></td> <td></td> </tr> <tr> <td>Abortion</td> <td></td> <td></td> </tr> <tr> <td>Fetal death/stillbirth</td> <td></td> <td>__/__/__</td> </tr> </tbody> </table> <p>3. Revised format:</p>	Type of Pregnancy Outcome	Number	Date of Most Recent	Live birth		__/__/__	Miscarriage			Ectopic or tubal pregnancy			Abortion			Fetal death/stillbirth		__/__/__
Type of Pregnancy Outcome	Number	Date of Most Recent																		
Live birth		__/__/__																		
Miscarriage																				
Ectopic or tubal pregnancy																				
Abortion																				
Fetal death/stillbirth		__/__/__																		
4	Delete: How many of your children were delivered vaginally (naturally)?																			
5	Delete: How many of your children were delivered by Cesarean delivery (C-section)? _____children. IF NONE, ENTER "0" AND go to question 6.1 € Declined to answer	Add: 4. Did you ever have a baby by cesarean delivery or C-section (when a doctor cuts through the mother's belly to bring out the baby)? € Yes € No € Don't Know € Declined to answer																		
9 & 9.1	Delete: 9. Were any of your babies diagnosed with any medical conditions at birth? 9.1 What were they diagnosed with?																			
10	Changed: Did any of your babies stay in the hospital after you came home? <i>Select one only.</i> € Yes € No € Declined to answer	Revision: 8. Did any of your babies stay in the hospital after you came home? <i>Select one only.</i> € Yes, Please specify reason: _____ € No € Declined to answer																		
11	Delete: How much weight in pounds did you gain during your last pregnancy?																			

PRECONCEPTION SCREENING FORM

Section Header	Delete: Demographics	Merged questions with those under Social Determinants of Health Section Header
After Q3		Add: 4. How many people are supported by this income? STAFF: Enter number of people. _____ Adults age 18 or older _____ Children age 18 or younger <input type="radio"/> Don't know <input type="radio"/> Declined to answer
4	Delete: How often has it been very hard to get by on your family's income, by this I mean to pay for food or housing?	
5	Delete: How often do you have transportation to or from your medical appointments?	
After Q 6		Add: 6. What is the Zip Code where you live?
8	Delete: How do you feel about your current housing situation--do you feel very stable and secure, fairly stable and secure, just somewhat stable and secure, fairly unstable and insecure, or very unstable and insecure	Insert: 8. Do you have any housing concerns? Select one only. <input type="radio"/> Yes (Go to question 18) <input type="radio"/> No (Go to question 18) <input type="radio"/> Don't know (Go to question 18) <input type="radio"/> Declined to answer
9	Delete: response option: "Ineligible"	Add response option: "Not applicable"
10	Delete: Have you ever had a case with Child Protective Services?	
Section Header	NEIGHBORHOOD AND COMMUNITY SECTION	
11.3	Delete: There are people I can count on in this neighborhood or community.	
Section Header	MEDICAL HOME / ACCESS TO CARE / HEALTH INSURANCE	
15	Change: Do you have one or more persons you think of as your personal doctor or nurse? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined to answer	Revision: Do you have one or more persons you think of as your personal doctor or nurse? <input type="radio"/> Yes, one person <input type="radio"/> Yes, more than one person <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined to answer

15.1	Delete: Is there one person or more than one person	
16.1	Change: What kind of place do you go to most often when you are sick or you need advice about your health? <ul style="list-style-type: none"> € Doctor's Office € Hospital Emergency Room € Hospital Outpatient Department € Clinic or Health Center € Retail Store Clinic or "Minute Clinic" € School (Nurse's Office, Athletic Trainer's Office) € Does Not Go To One Place Most Often € Some other place (Go to question 16.2) 	Revision: 15. What kind of place do you go to most often when you are sick or you need advice about your health? <ul style="list-style-type: none"> € Doctor's Office € Hospital Emergency Room € Hospital Outpatient Department € Clinic or Health Center € Retail Store Clinic or "Minute Clinic" € School (Nurse's Office, Athletic Trainer's Office) € Some other place
16.2	Delete: Please identify the usual place of care:– not a place for care	
22	Delete: "Gestational Diabetes" as a possible health issue for preconception form Delete: superscript "2" after PKU question.	
22.1	Delete: If participant currently has any of the above conditions, ask: Have you been seen in the emergency room or hospitalized for any of these conditions within the past 6 months?	
22.2	Delete: Please tell me which condition or conditions you were seen for in the past 6 months.	Insert: 22. Please tell me which condition or conditions you were seen for by a healthcare provider in the past 6 months."
24, 24.2, 24.3	Delete: 24. Are you taking any prescription medications? Are you taking these medications as prescribed? Please specify which medications:	Add: 24.1. Does your provider know all the medications that you are taking? Please tell me for prescribed as well as over the counter medications. <ul style="list-style-type: none"> € Yes € No € Not taking any medications € Don't know

		€ Declined to answer
27 & 28	Changed order of these 2 questions, and	Revision: 28. When was the last time you were tested for sexually transmitted diseases or sexually transmitted infections? Add ‘Don’t know’ and “Declined to Answer” 29. Have you ever been diagnosed with any of the following infectious diseases?
Follow Up Box	Provided information/education about: € Keeping a healthy weight such as through diet and exercise € Health risks during pregnancy € Getting vaccines € Getting flu shot € Travel advisory € Sexually transmitted infections € Keeping teeth healthy	Provided information/education about: € Keeping a healthy weight such as through diet and exercise € Importance of vitamins/folic acid € Getting vaccines € Getting flu shot € Travel advisory € Sexually transmitted infections € Keeping teeth healthy € Health risks during pregnancy
Section Header	MENTAL HEALTH	
32	Change: Over the past two weeks, how often have you experienced any of the following? NOTE: Circle the number that matches the participant’s answer, and add the answers for both together to get the final score. If the final score is more than 3, further assessment is needed.	Revision: Added response options to the question: 32. Over the past two weeks, how often have you experienced any of the following? Would you say never, several days, more than half the days, or nearly every day? NOTE: Enter the number that matches the participant’s answer in the last column, and add the answers for both together to get the final score. If the final score is more than 3, further assessment is needed.
Section Header	SUBSTANCE USE	
35	Change: In the past year, how often have you used the following?	Revision: 33. In the past 12 months, how often have you used the following?
	Delete: On average, about how many hours per day are you in the same room or vehicle with another person who is smoking?	
Section Header	PERSONAL SAFETY	
Add		Add: 36. Do you keep guns at home? https://brightfutures.aap.org/Bright%20Futures

		%20Documents/15-Infancy.pdf (p. 268)
Follow Up Box	€ Provided information/ education about what to do if you have or someone you know has a partner that hurts them physically	Provided information/ education about € what to do if you have or someone you know has a partner that hurts them physically € gun safety
Section Header	STRESS AND DISCRIMINATION	
38& 38.2	Change: 38. Stem: The next set of questions asks you about how other people have treated you. In your day-to-day life, how often have any of the following things happened to you? 38.2 You receive poorer service than other people at restaurants or stores.	Revision: 38. Add possible responses to question: Stem: The next set of questions asks you about how other people have treated you. In your day-to-day life, how often have any of the following things happened to you? Would you say almost every day, at least once a week, a few times a year, less than once a year, or never? 38.2 You receive poorer service than other people at restaurants, stores, or social services.
40	Delete: The following statements are about the way you handle life events.	
Section Header	PARTNER INVOLVEMENT/SOCIAL SUPPORT	
41.3	To help with daily chores if you were sick	Added “to” to stem, and modified response options by removing “to” from each. 40.3 Help with daily chores? 40.4 Help you if you were sick?
Section Header	REPRODUCTIVE LIFE PLANNING	
43	Delete: “... at any time in your future ”	Revised: 42. Do you plan to have any children?
43.2	In question stem, change “ year: to “12 months”	Revised: 42.2 Would you like to become pregnant in the next 12 months?
43.3	Delete: How long would you like to wait until you or your partner become pregnant?	Revised: 42.3 How long would you like to wait until you become pregnant?
44	Change: Are you currently using any form of contraception or birth control to either prevent pregnancy or prevent sexually transmitted infections?	43. Add response: “ Don’t know ”
44.1	Delete: What kind of birth control are you or your husband or partner using now to keep from getting pregnant or to prevent sexually transmitted diseases?	
45 & 45.1	Delete: What family planning method do you plan to use to avoid pregnancy? How sure are you that you will be able to use	

	this method without any problems- not at all confident, somewhat confident, or very confident?	
Follow Up Box	Provided information/education about family planning or birth control	Change: Provided information/education about birth control or family planning/birth spacing.

PRENATAL SCREENING FORM		
Section Header Change	Prenatal Care	Readiness for Motherhood/Prenatal Care
After Q 2		Insert from Readiness for Motherhood section Q45-48, Delete: Q 49)
4-5	Delete: 4. Are you currently receiving prenatal care? 5. When was your last prenatal care visit?	
7	Delete: Do you have one or more persons you think of as your personal doctor or nurse? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined to answer	Changed response options to include "yes, one person" and "Yes, more than one person", as in Q 7.1 9. Do you have one or more persons you think of as your personal doctor or nurse? <input type="radio"/> Yes, one person <input type="radio"/> Yes, more than one person <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined to answer
7.1	Delete: Is there one person or more than one person? <input type="radio"/> Yes, one person <input type="radio"/> Yes, more than one person <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined to answer	
8.1	Change: What kind of place do you go to most often when you sick or you need advice about your health? Is it a doctor's office, emergency room, hospital outpatient department, clinic or some other place? <input type="radio"/> Doctor's Office <input type="radio"/> Hospital Emergency Room <input type="radio"/> Hospital Outpatient Department <input type="radio"/> Clinic or Health Center	Revised: 9.1 What kind of place do you go to most often when you sick or you need advice about your health? Is it a doctor's office, emergency room, hospital outpatient department, clinic or some other place? <input type="radio"/> Doctor's Office <input type="radio"/> Hospital Emergency Room <input type="radio"/> Hospital Outpatient Department <input type="radio"/> Clinic or Health Center

	<ul style="list-style-type: none"> € Retail Store Clinic or “Minute Clinic” € School (Nurse’s Office, Athletic Trainer’s Office) € Does Not Go To One Place Most Often € Some other place (Go to question 10.2) 	<ul style="list-style-type: none"> € Retail Store Clinic or “Minute Clinic” € School (Nurse’s Office, Athletic Trainer’s Office) € Some other place
8.2	Delete: Please identify the usual place of care: <ul style="list-style-type: none"> € Friend/Relative € Mexico/Other Locations Out Of Us € Other _____ 	
Section Header Change	Demographics	Social Determinants of Health
After Q12		Add: 14. How many people are supported by this income? STAFF: Enter number of people. ____ Adults age 18 or older ____ Children age 18 or younger € Don’t know € Declined to answer
13-14	Delete: 13. How often has it been very hard to get by on your family’s income, by this I mean to pay for food or housing? 14. How often do you have transportation to or from your medical appointments?	
After Q15		Insert 16. “What is the Zip Code where you live?”
16	In the stem, change “Do you own as place...?”	17. “Do you own a place...?”
17	Delete: How do you feel about your current housing situation--do you feel very stable and secure, fairly stable and secure, just somewhat stable and secure, fairly unstable and insecure, or very unstable and insecure?	Add: 18. Do you have any housing concerns? € Yes (Go to question 18) € No (Go to question 18) € Don’t know (Go to question 18) € Declined to answer
18	Delete: response choice: “ Ineligible ”	19. Add response choice: “ Not applicable ”
19	Delete: Have you ever had a case with Child Protective Services?	
Section Header	NEIGHBORHOOD AND COMMUNITY	
20.3	Delete:	

	There are people I can count on in this neighborhood or community.	
Section Header	HEALTH AND HEALTH HISTORY	
27	Move: Question about Gestational Diabetes so that it falls right after the question about Diabetes	
27.1	Delete: Have you been seen in the emergency room or hospitalized for any of these conditions within the last 6 months?	
27.2	Delete: Which condition or conditions were you seen for in the past 6 months	Add: Please tell me which condition or conditions you were seen for by a healthcare provider in the past 6 months.
29	Delete: 29. Are you taking any prescription medications?	
29.2	Delete: Are you taking these medications as prescribed?	Add: Does your provider know all the medications that you are taking? Please tell me for prescribed as well as over the counter medications.
29.3	Delete: Please specify which medications:	
31, 32, 33	Delete: 31. How long ago did you last have a flu vaccination? Would you say less than six months ago, six months to a year ago, more than a year ago, or never? 32. Have you received a Tdap (tetanus, diphtheria, pertussis) and/or Hepatitis B shot since you became pregnant? 33. Have you been tested for Hepatitis C since you became pregnant?	
34-35	Changed order of these 2 questions: 34. Have you ever been diagnosed with any of the following: 35. When was the last time you were tested for sexually transmitted diseases or sexually transmitted infections?	Revision: 23. When was the last time you were tested for sexually transmitted diseases or sexually transmitted infections? Add 'Don't know' and "Declined to Answer" 34. Have you ever been diagnosed with any of the following infectious diseases?
Follow Up Box	Provided information/education about: <ul style="list-style-type: none"> € Keeping a healthy pregnancy weight including how much weight to gain during pregnancy € Nutrition € Exercise € Getting vaccines € Getting flu shot € Travel advisory 	Provided information/education about: <ul style="list-style-type: none"> € Keeping a healthy pregnancy weight including how much weight to gain during pregnancy € Nutrition € Exercise € Importance of taking prenatal vitamins/ folic acid vitamin € Getting vaccines

	<ul style="list-style-type: none"> € Sexually transmitted infections € Keeping teeth healthy € Health risks during pregnancy € Seat belt use during pregnancy 	<ul style="list-style-type: none"> € Getting flu shot € Travel advisory € Sexually transmitted infections € Keeping teeth healthy € Health risks during pregnancy € Seat belt use during pregnancy
Section Header	MENTAL HEALTH	
38	<p>Change: Over the past two weeks, how often have you experienced any of the following? NOTE: Circle the number that matches the participant's answer, and add the answers for both together to get the final score. If the final score is more than 3, further assessment is needed.</p>	<p>Revised: Added response options to the question: 37. Over the past two weeks, how often have you experienced any of the following? Would you say never, several days, more than half the days, or nearly every day? NOTE: Enter the number that matches the participant's answer in the last column, and add the answers for both together to get the final score. If the final score is more than 3, further assessment is needed.</p>
Section Header	SUBSTANCE USE	
39	<p>Change: In the past year, how often have you used the following?</p>	<p>Revision: 38. In the past 12 months, how often have you used the following?</p>
42	<p>Delete: On average, about how many hours per day are you in the same room or vehicle with another person who is smoking?</p>	
43	<p>Change: Which of the following statements would you say best describes your alcohol consumption, INCLUDING beer and wine coolers? Please read the following responses out loud.</p>	<p>Revision: 41. Which of the following statements would you say best describes your current alcohol use, INCLUDING beer and wine coolers?</p>
Section Header	PERSONAL SAFETY	
44	<p>Change: We are concerned about the safety of all participants. Please answer the following questions so that we can help you if needed.</p>	<p>Revision: 42. We are concerned about the safety of all participants. Please answer the following questions about experiences that you may have had during the last 12 months so that we can help you if needed.</p>
Insert		<p>Add: 43. Do you keep guns at home? https://brightfutures.aap.org/Bright%20Futures%20Documents/15-Infancy.pdf (p. 268)</p>
Follow Up Box	<p>Change: Provided information/ education about what to do if you have or someone you know has a partner that hurts them physically</p>	<p>Revision: Provided information/ education about: € What to do if you have or someone you know has a partner that hurts them physically</p>

		€ Gun safety
Section Header	STRESS AND DISCRIMINATION	
51	<p>Change: Stem: The next set of questions asks you about how other people have treated you. In your day-to-day life, how often have any of the following things happened to you?</p> <p>You receive poorer service than other people at restaurants or stores.</p>	<p>Revision: Added to stem: 45. The next set of questions asks you about how other people have treated you. In your day-to-day life, how often have any of the following things happened to you? Would you say almost every day, at least once a week, a few times a year, less than once a year, or never?</p> <p>45.2 You receive poorer service than other people at restaurants, stores, or social services.</p>
53	Delete: The following statements are about the way you handle life events.	
Section Header	Social Support / Father Involvement	SOCIAL SUPPORT / FATHER OR PARTNER INVOLVEMENT
54	Delete: 54.3 To help with daily chores if you were sick	Revision: 47. Added “to” to stem, and modified response options by removing “to” from each. 47.3 Help with daily chores? 47.4 Help you if you were sick?
55	<p>Change: What is your baby’s father’s role in your life?</p> <ul style="list-style-type: none"> € Partner is deceased € Partner is incarcerated € Assists with housework and/or runs errands (ex: grocery shopping) € Attends prenatal appointments and/or childbirth classes € Provides emotional support € Provides financial support € Partner plays no role / is not involved € Other (please specify): _____ € Declined to answer (Go to question 	<p>Revision: 48.1 What is your partner’s or the father of your baby’s role in your life? Select all that apply.</p> <ul style="list-style-type: none"> € Partner or father of baby is deceased € Partner or father of baby is incarcerated € Assists with housework and/or runs errands (ex: grocery shopping) € Attends prenatal appointments and/or childbirth classes € Provides emotional support € Provides financial support € Partner or father of baby plays no role / is not involved € Other (please specify): _____ € Declined to answer
55.1	<p>Modify and move ahead of old Q 55. Change: Would you describe father of this baby as:</p>	<p>Revision: 48. Would you describe your partner or the father of this baby as: Select only one.</p> <ul style="list-style-type: none"> € Involved in my pregnancy and supportive of me € Involved but not supportive of me

		<p>€ Aware that I'm pregnant but not involved</p> <p>€ Not aware that I'm pregnant</p> <p>Staff: DO NOT READ OUT LOUD:</p> <p>€ Declined to answer</p>
56 & 57	<p>Delete:</p> <p>56. Is there someone you can count on to help you during this pregnancy and with your new baby</p> <p>57. Who do you count on for support?</p>	
Section Header	REPRODUCTIVE LIFE PLANNING	
59	<p>Delete:</p> <p>What family planning method(s) do you plan to use until you or your partner are ready to become pregnant again?</p>	<p>49. Do you and your partner have a method of birth control that you plan to use until you are ready to become pregnant again?</p> <p>€ Yes</p> <p>€ No</p> <p>€ Don't know</p> <p>€ Declined to answer</p>
Follow Up Box	<p>Delete:</p> <p>€ Provided information/education about family planning or birth control</p>	<p>€ Provided information/education about birth control or family planning/birth spacing</p>

POSTPARTUM: DESIGN CHANGED TO CAPTURE SINGLETON OR MULTIPLE BIRTHS

Please remember that Baby 1 should be the baby that was born 1st. Baby 2 should be the baby that was born 2nd. Baby 3 should be the baby that was born 3rd. And Baby 4 should be the baby that was born 4th. This applies to all questions regarding the children.

Responses are laid out in table format to capture info for all babies if there is more than one.

Section Header	PREGNANCY OUTCOME	
1	<p>Change:</p> <p>Please tell me what the outcome was of your pregnancy.</p>	<p>Revision: note responses are changed.</p> <p>1. Please tell me the outcome of your pregnancy.</p> <p>€ Live birth - single baby (Go to question 1.1)</p> <p>€ Live birth - multiples (twins, triplets, etc.)</p>

		<p>Please indicate _____(Go to question 1.1)</p> <ul style="list-style-type: none"> € Miscarriage (Go to question 14) € Ectopic or tubal pregnancy (Go to question 14) € Abortion (Go to question 14) € Fetal death/stillbirth (Go to question 1.1) € Declined to answer (Go to question 14) 																																								
Insert after Q1.1		<p>Staff Instructions: If the outcome of the pregnancy was a miscarriage, tubal or ectopic pregnancy, abortion, or fetal death or stillbirth, staff need to be cognizant of the sensitivity of the mother, and potentially delay completing this screening form until a more appropriate time.</p>																																								
1.3	Delete: 1.3 Was your labor induced?	Add: 1.3 Was your baby/were your babies born vaginally or by C-section?																																								
1.4.1	Delete: 1.4.1 If baby was delivered by C-section: What were the reasons you had a cesarean section (C-section)? Was it because...																																									
Section Header	INFANT CARE																																									
2.1	How many days, weeks or months did you breastfeed or pump breast milk for your child?	Add response option: Still/Currently breastfeeding																																								
Section Header	SAFE SLEEP & CAR SAFETY	INFANT SAFETY																																								
Change																																										
6	In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed?	Added to stem: In the past 2 weeks, how often has your new baby/have your new babies slept alone in his or her/their own crib or bed? Would you say always, often, sometimes, rarely, or never?																																								
7	<p>Change: STAFF: PLEASE READ OUT LOUD and ask participant to say “no” if it doesn't usually apply to her child or “yes” if it does. Please tell us how your new child most often slept in the past 2 weeks.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Sleeping Location</th> <th style="width: 10%;">Ye s</th> <th style="width: 10%;">No</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>In a crib, bassinet, or pack and play</td> <td></td> <td></td> <td>In a crib, bassinet, or pack and play</td> </tr> <tr> <td>On a twin or larger mattress or bed</td> <td></td> <td></td> <td>On a twin or larger mattress or bed</td> </tr> <tr> <td>On a couch, sofa, or armchair</td> <td></td> <td></td> <td>On a couch, sofa, or armchair</td> </tr> <tr> <td>On a couch, sofa, or armchair</td> <td></td> <td></td> <td>In an infant car seat or</td> </tr> </tbody> </table>	Sleeping Location	Ye s	No		In a crib, bassinet, or pack and play			In a crib, bassinet, or pack and play	On a twin or larger mattress or bed			On a twin or larger mattress or bed	On a couch, sofa, or armchair			On a couch, sofa, or armchair	On a couch, sofa, or armchair			In an infant car seat or	<p>Revision: 7. Please tell us how your new baby most often slept in the past 2 weeks. STAFF: PLEASE READ each sleeping location to participant and select a response for each sleeping location for each baby.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Sleeping Location</th> <th style="width: 10%;">Bab y 1</th> <th style="width: 10%;">Baby 2</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>In a crib, bassinet, or pack and play</td> <td></td> <td></td> <td></td> </tr> <tr> <td>On a twin or larger mattress or bed</td> <td></td> <td></td> <td></td> </tr> <tr> <td>On a couch, sofa, or armchair</td> <td></td> <td></td> <td></td> </tr> <tr> <td>In an infant car seat or</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Sleeping Location	Bab y 1	Baby 2		In a crib, bassinet, or pack and play				On a twin or larger mattress or bed				On a couch, sofa, or armchair				In an infant car seat or			
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In an infant car seat or																																										

	In an infant car seat or swing		swing		
	With a blanket		With a blanket		
	With toys, cushions, or pillows, including nursing pillows		With toys, cushions, or pillows, including nursing pillows		
	With crib bumper pads (mesh or non-mesh)		With crib bumper pads (mesh or non-mesh)		
	In a sleeping sack or wearable blanket		In a sleeping sack or wearable blanket		
Insert			Moved from Substance Use Section: 9. On average, how many hours per day is <u>your baby/are your babies</u> in the same room or vehicle with another person who is smoking? Please enter number of hours baby is in the same room or vehicle with another person who is smoking, or select one response only for each baby.		
Follow up box:	Provided information/education about: <input type="checkbox"/> Safe sleep positions, safe sleep environment <input type="checkbox"/> Car seat safety (installation, placement in car, rear facing, checking weight and height limits)		Provided information/education about: <input type="checkbox"/> Safe sleep positions, safe sleep environment <input type="checkbox"/> Car seat safety (installation, placement in car, rear facing, checking weight and height limits) <input type="checkbox"/> Effects of tobacco exposure on infant		
Section Header Change	BABY INSURANCE / ACCESS TO CARE		BABY INSURANCE / ACCESS TO CARE/MEDICAL HOME		
9	Do you have one or more persons you think of as your baby's personal doctor or nurse? <input type="checkbox"/> Yes (Go to question 9.1) <input type="checkbox"/> No (Go to question 10) <input type="checkbox"/> Don't know (Go to question 10) <input type="checkbox"/> Declined to answer (Go to question 10)		10. Do you have one or more persons you think of as your baby's/babies' personal doctor or nurse? <input type="checkbox"/> Yes, one person <input type="checkbox"/> Yes, more than one person <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
9.1	Delete: 9.1 Is there one person or more than one person?				
10.1	Change: What kind of place does your baby go to most often when he/she is sick or you need advice about his/her health? Is it a doctor's office, emergency room, hospital outpatient department, clinic or some other place? <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Hospital Emergency Room <input type="checkbox"/> Hospital Outpatient Department		Revision: 11. What kind of place does your baby go to most often when he/she is sick or you need advice about his/her health? Is it a doctor's office, emergency room, hospital outpatient department, clinic or some other place? <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Hospital Emergency Room		

	<ul style="list-style-type: none"> € Clinic or Health Center € Retail Store Clinic or “Minute Clinic” € School (Nurse’s Office, Athletic Trainer’s Office) € Does Not Go To One Place Most Often € Some other place (Go to question 10.2) 	<ul style="list-style-type: none"> € Hospital Outpatient Department € Clinic or Health Center € Retail Store Clinic or “Minute Clinic” € School (Nurse’s Office, Athletic Trainer’s Office) € Some other place
10.2	Delete: 10.2 Please identify the usual place of care: <ul style="list-style-type: none"> € Friend/Relative € Mexico/Other Locations Out Of Us € Other _____ 	
Section Header	REPRODUCTIVE LIFE PLANNING	
13	Change: Do you plan to have any children at any time in your future?	Revision: 14. Do you plan to have any more children?
13.2	Change: Would you like to become pregnant in the next year?	Revision: 14.2 Would you like to become pregnant in the next 12 months?
13.3	Change: How long would you like to wait until you or your partner becomes pregnant?	Revision: Delete: “...or your partner...” 14.3 How long would you like to wait until you become pregnant?
14	Remove: “currently” from the stem	Revision: 15. Are you using any form of contraception or birth control to either prevent pregnancy or prevent sexually transmitted infections?
14.1	Delete: 14.1. What kind of birth control are you or your husband or partner using now to keep from getting pregnant or to prevent sexually transmitted diseases?	
15 & 15.1	Delete: 15. What family planning method do you plan to use to avoid pregnancy? 15.1. How sure are you that you will be able to use this method without any problems- not at all confident, somewhat confident, or very confident?	
Follow up Box	Change: Provided information/education about family planning or birth control	Revision: Provided information/education about birth control or family planning/birth spacing.
Section Header	Demographics	Social Determinants of Health

Change		
Insert		Insert: 19. How many people are supported by this income? <i>STAFF: Enter number of people.</i> _____ Adults age 18 or older _____ Children age 18 or younger <input type="radio"/> Don't know Declined to answer
19-20	Delete: 19. How often has it been very hard to get by on your family's income, by this I mean to pay for food or housing? 20. How often do you have transportation to or from your medical appointments?	
23	Delete: How do you feel about your current housing situation--do you feel very stable and secure, fairly stable and secure, just somewhat stable and secure, fairly unstable and insecure, or very unstable and insecure?	Add: 22. Do you have any housing concerns? <input type="radio"/> Yes (Go to question 18) <input type="radio"/> No (Go to question 18) <input type="radio"/> Don't know (Go to question 18) <input type="radio"/> Declined to answer
24	Delete: response option: "Ineligible"	23. Add response option: "Not Applicable"
25	Delete: 25. Have you ever had a case with Child Protective Services?	
Section Header	NEIGHBORHOOD AND COMMUNITY	
26.3	Delete: There are people I can count on in this neighborhood or community.	
Section Header	MEDICAL HOME / ACCESS TO CARE/HEALTH INSURANCE	
30	Change: Do you have one or more persons you think of as your personal doctor or nurse? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined to answer	Revision: Changed response options to include "yes, one person" and "Yes, more than one person" 29. Do you have one or more persons you think of as your personal doctor or nurse? <input type="radio"/> Yes, one person <input type="radio"/> Yes, more than one person <input type="radio"/> No <input type="radio"/> Don't know

		€ Declined to answer
30.1	Delete: Is there one person or more than one person?	
31	Delete: What kind of place do you go to most often when you are sick or you need advice about your health? Is it a doctor's office, emergency room, hospital outpatient department, clinic or some other place? € Doctor's Office € Hospital Emergency Room € Hospital Outpatient Department € Clinic or Health Center € Retail Store Clinic or "Minute Clinic" € School (Nurse's Office, Athletic Trainer's Office) € Does Not Go To One Place Most Often € Some other place (Go to question 10.2)	Revision: 30. What kind of place do you go to most often when you sick or you need advice about your health? Is it a doctor's office, emergency room, hospital outpatient department, clinic or some other place? € Doctor's Office € Hospital Emergency Room € Hospital Outpatient Department € Clinic or Health Center € Retail Store Clinic or "Minute Clinic" € School (Nurse's Office, Athletic Trainer's Office) € Some other place
33	Change: 33. Since your child was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has 4-6 weeks after she gives birth.	Revision: 32. Since your child was /children were born, have you had a postpartum visit for yourself? A postpartum visit is the regular checkup a woman has 4-6 weeks after she gives birth.
33.1	Change: When?	Revision: 32.1 When did you have your postpartum visit?
33.2	33.2 Do you have one scheduled? € Yes: Please indicate when _____ € No € Declined to answer	Revision: 32.2 Do you have one scheduled? € Yes: Please indicate date of scheduled appointment: ___ / ___ / ___ (month/day/year) € No € Declined to answer
Section Header	MENTAL HEALTH	
40	Change: Over the past two weeks, how often have you experienced any of the following? NOTE: Circle the number that matches the participant's answer, and add the answers for both together to get the final score. If the final score is more than 3, further assessment is needed.	Revision: Added possible responses to question stem: 39. Over the past two weeks, how often have you experienced any of the following, would you say never, several days, more than half the days, or nearly every day? NOTE: Enter the number that matches the participant's answer in the last column , and add the answers for both

		together to get the final score.
Section Header	SUBSTANCE USE	
41	Change: In the past year, how often have you used the following?	Revision: 40. In the past 12 months, how often have you used the following?
43	Delete: On average, about how many hours per day are <u>you</u> in the same room or vehicle with another person who is smoking?	
44	Moved to Infant Safety Section	#9
Section Header	PERSONAL SAFETY	
45	Change: We are concerned about the safety of all participants. Please answer the following questions so that we can help you if needed.	Revision: 43. We are concerned about the safety of all participants. Please answer the following questions about experiences that you may have had during the past twelve months so that we can help you if needed.
Insert		Add: 44. Do you keep guns at home? https://brightfutures.aap.org/Bright%20Futures%20Documents/15-Infancy.pdf (p. 268)
Follow up Box	Change: Provided information / education about what to do if you have or someone you know has a partner that hurts them physically	Revision: Provided information / education about: € What to do if you have or someone you know has a partner that hurts them physically € Gun safety
Section Header	STRESS AND DISCRIMINATION	
47 & 47.2	Change: The next set of questions asks you about how other people have treated you. In your day-to-day life, how often have any of the following things happened to you? You receive poorer service than other people at restaurants or stores.	Revision: 46. The next set of questions asks you about how other people have treated you. In your day-to-day life, how often have any of the following things happened to you? Would you say almost every day, at least once a week, a few times a year, less than once a year, or never? 46.2 You receive poorer service than other people at restaurants, stores, or social services.
49	Delete: The following statements are about the way you handle life events	
Section Header	Father Involvement / Social Support	Social Support / Father or Partner Involvement
50.3	Delete: To help with daily chores if you were sick?	Revision: Added "to" to stem, and modified response options by removing "to" from each. 48.3 Help with daily chores? 48.4 Help you if you were sick?
51	Change:	Revision:

	<p>What is the baby's father's role in your life?</p> <ul style="list-style-type: none"> € Baby's father is deceased € Baby's father is incarcerated € Cares for baby (feeding, bathing, etc.) € Assists with housework and/or runs errands (ex: grocery shopping) € Attends medical appointments € Provides emotional support € Provides financial support € Baby's father plays no role/is not involved € Other (please specify): _____ € Declined to answer 	<p>49.1 What is your partner's or the father of your baby's /babies' role in your life?</p> <ul style="list-style-type: none"> € Partner or father of baby/babies is deceased € Partner or father of baby/babies is incarcerated € Cares for baby/babies (feeding, bathing, etc.) € Assists with housework and/or runs errands (ex: grocery shopping) € Attends medical appointments € Provides emotional support € Provides financial support € Partner or father of baby/babies plays no role/is not involved € Other (please specify): _____ € Declined to answer
51.1	<p>Change: 51.1 Would you describe the father of this baby as</p>	<p>Revision: 49. Would you describe your partner or the father of your baby/babies as:</p> <ul style="list-style-type: none"> € Involved in my pregnancy and supportive of me € Involved but not supportive of me € Aware that I'm pregnant but not involved € Not aware that I'm pregnant <p>Staff: DO NOT READ OUT LOUD:</p> <ul style="list-style-type: none"> € Declined to answer
52 & 53	<p>Delete: 52. Is there someone you can count on to help you with your baby? 53. Who do you count on for support?</p>	

PARENTING/INTERCONCEPTION SCREENING FORM

Please remember that Child 1 should be the child that was born 1st.

Child 2 should be the child that was born 2nd. Child 3 should be the child that was born 3rd. And Child 4 should be the child that was born 4th. This applies to all questions regarding the children.

Section Header Change	Child Health and Safety	Child Health Status
1	Change:	Revision: 1. When was the last time you gave birth? ___ /

	1. What is the date of birth of your youngest child? _____	___ / ___																								
Add		<p>1.1 How would you describe this child's health? [NCHS QA1- modified]</p> <table border="1"> <thead> <tr> <th></th> <th>Excellent</th> <th>Very Good</th> <th>Good</th> <th>Fair</th> <th>Poor</th> </tr> </thead> <tbody> <tr> <td>Child 1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Child 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Etc.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Excellent	Very Good	Good	Fair	Poor	Child 1						Child 2						Etc.					
	Excellent	Very Good	Good	Fair	Poor																					
Child 1																										
Child 2																										
Etc.																										
2.1	<p>Change: How many days, weeks or months did you breastfeed or pump breast milk for your child? _____ Number of days OR weeks OR months (please write in the number provided by the participant and circle days, weeks or months) € Don't know € Declined to answer</p>	<p>Added: 2.1 "still/currently breastfeeding" as a response option</p>																								
3	<p>Change format: 3. Please indicate the number of days you or a family member read to your child during the past week. Reading includes books with words or pictures but not books read by an audio tape, record, CD, or computer.</p> <p>STAFF: Record the total number of days, from 0 days (no days) to 7 days (everyday). ____ 0 DAYS ____ 1 DAY ____ 2 DAYS ____ 3 DAYS ____ 4 DAYS ____ 5 DAYS ____ 6 DAYS ____ 7 DAYS € Don't know</p>	<p>Revision: 3. Please tell me the number of times you or a family member read to your child during the past week. Reading includes books with words or pictures but not books read by an audio tape, record, CD, or computer.</p> <p>STAFF: Record the total number of days, from 0 days (no days) to 7 days (everyday).</p> <table border="1"> <thead> <tr> <th></th> <th>Times per week (Record the number)</th> <th>Don't know</th> <th>Declined to answer</th> </tr> </thead> <tbody> <tr> <td>Child 1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Child 2</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Times per week (Record the number)	Don't know	Declined to answer	Child 1				Child 2															
	Times per week (Record the number)	Don't know	Declined to answer																							
Child 1																										
Child 2																										
Section Header	Safe Sleep	Child Safety																								
7	<p>Change: Please tell us how your new child most often slept in the past 2 weeks.</p> <p>STAFF: PLEASE READ the choices out loud and ask participant to say "no" if it doesn't usually apply to her child or "yes" if it does.</p>	<p>Revision: Please tell us how your child most often slept in the past 2 weeks.</p> <p>STAFF: PLEASE READ each sleeping location to participant and select a response for each sleeping location for each child.</p>																								

				Child 3				
Sleeping Location		Yes	No	Sleeping Location		Child 1	Child 2	ETC.
In a crib, bassinet, or pack and play				In a crib, bassinet, or pack and play				
On a twin or larger mattress or bed				On a twin or larger mattress or bed				
On a couch, sofa, or armchair				On a couch, sofa, or armchair				
In an infant car seat or swing				In an infant car seat or swing				
With a blanket				With a blanket				
With toys, cushions, or pillows, including nursing pillows				With toys, cushions, or pillows, including nursing pillows				
With crib bumper pads (mesh or non-mesh)				With crib bumper pads (mesh or non-mesh)				
In a sleeping sack or wearable blanket				In a sleeping sack or wearable blanket				
Add /Move	Move Q 44 : to Infant Safety Section			10. On average, how many hours per day is <u>your child/are your children</u> in the same room or vehicle with another person who is smoking?				
Add				Add: 11. Do you keep guns at home? https://brightfutures.aap.org/Bright%20Futures%20Documents/15-Infancy.pdf (p. 268)				
Follow Up Box	Change: Provided information/education about: <ul style="list-style-type: none"> € Safe sleep positions € Car seat safety (installation, placement in car, rear facing, checking weight and height limits) € Lead poisoning 			Revision: Provided information/education about: <ul style="list-style-type: none"> € Safe sleep positions € Car seat safety (installation, placement in car, rear facing, checking weight and height limits) € Lead poisoning € Effects of tobacco exposure € Gun Safety 				
Section Header	CHILD INSURANCE / ACCESS TO CARE / MEDICAL HOME							
10	Change: Do you have one or more persons you think of as your child's personal doctor or nurse? <ul style="list-style-type: none"> € Yes € No € Don't know € Declined to answer 			Revision: 12. Changed response options to include "yes, one person" and "Yes, more than one person", 9. Do you have one or more persons you think of as your child's personal doctor or nurse? <ul style="list-style-type: none"> € Yes, one person € Yes, more than one person € No € Don't know 				

		€ Declined to answer
10.1	Delete: 10.1 Is there one person or more than one person?	
11.1	Change: 11.1 What kind of place does your child go to most often when he/she is sick or you need advice about his/her health? Is it a doctor's office, emergency room, hospital outpatient department, clinic or some other place? <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Hospital Emergency Room <input type="checkbox"/> Hospital Outpatient Department <input type="checkbox"/> Clinic or Health Center <input type="checkbox"/> Retail Store Clinic or "Minute Clinic" <input type="checkbox"/> School (Nurse's Office, Athletic Trainer's Office) <input checked="" type="checkbox"/> Does Not Go To One Place Most Often <input type="checkbox"/> Some other place (Go to question 11.2)	Revision: 13. What kind of place does your child go to most often when he or she is sick or you need advice about his or her health? Is it a doctor's office, emergency room, hospital outpatient department, clinic or some other place? <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Hospital Emergency Room <input type="checkbox"/> Hospital Outpatient Department <input type="checkbox"/> Clinic or Health Center <input type="checkbox"/> Retail Store Clinic or "Minute Clinic" <input type="checkbox"/> School (Nurse's Office, Athletic Trainer's Office) <input type="checkbox"/> Some other place
11.2	Delete: Please identify the usual place of care: <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Mexico/Other Locations Out Of Us Other _____	
13.1	Did your child receive vaccines during this visit?	15.1 Did your child receive age-appropriate vaccines during this visit?
Section Header	REPRODUCTIVE LIFE PLANNING	
Insert		Add: 16. Are you pregnant now? Select one only. <input type="checkbox"/> Yes (Go to questions 58 and 58.1,) then complete Prenatal Screening Form <input type="checkbox"/> No (Go to question 17) <input type="checkbox"/> Don't know (Go to question 17) <input type="checkbox"/> Declined to answer (Go to question 16)
14	Change: Do you plan to have any children at any time in your future?	Revision: 17. Do you plan to have any more children?
14.2	Change: Would you like to become pregnant in the next	Revision: 17.2. Would you like to become pregnant in the

	year?	next 12 months?
14.3	Change: How long would you like to wait until you or your partner becomes pregnant?	Revision: 17.3 How long would you like to wait until you become pregnant?
15.1	Delete: What kind of birth control are you or your husband or partner using now to keep from getting pregnant or to prevent sexually transmitted diseases?	
16	Delete: What family planning method do you plan to use to avoid pregnancy?	
16.1	Delete: How sure are you that you will be able to use this method without any problems- not at all confident, somewhat confident, or very confident?	
Section Header Change	DEMOGRAPHICS	SOCIAL DETERMINANTS OF HEALTH
Insert		21. Inserted: After income question (Q19), How many people are supported by this income? <i>STAFF: Enter number of people.</i> ____ Adults age 18 or older ____ Children age 18 or younger € Don't know € Declined to answer
20	Delete: How often has it been very hard to get by on your family's income, by this I mean to pay for food or housing?	
Section Header Delete:	SOCIAL DETERMINANTS OF HEALTH	
21	Delete: How often do you have transportation to or from your medical appointments?	
24	Delete: How do you feel about your current housing situation--do you feel very stable and secure, fairly stable and secure, just somewhat stable and secure, fairly unstable and insecure, or very unstable and insecure?	Add: 23. Do you have any housing concerns? € Yes (Go to question 23.1) € No (Go to question 24) € Don't know (Go to question 24) € Declined to answer (Go to question 24)
25	Delete: "Ineligible" as a response option	26. Add "Not applicable" as a response option
26	Delete: Have you ever had a case with Child Protective Services?	

Section Header	NEIGHBORHOOD AND COMMUNITY	
27.3	Delete: There are people I can count on in this neighborhood or community.	
Section Header	MEDICAL HOME / ACCESS TO CARE	
31	Change: Do you have one or more persons you think of as your personal doctor or nurse? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined to answer Modify to incorporate responses from 31.1	Revision: Do you have one or more persons you think of as your personal doctor or nurse? <input type="radio"/> Yes, one person <input type="radio"/> Yes, more than one person <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined to answer
31.1	Delete: Is there one person or more than one person?	
32	Delete: Is there a place that you USUALLY go for care when you are sick or need advice about your health?	
38.1	Change: Approximately how many weeks postpartum did you have your postpartum checkup? _____ Weeks	Revision: 39.1. Approximately how many weeks postpartum did you have your postpartum checkup? _____ Number of Weeks
39	Delete: superscript "1" after Autoimmune disease label	Revision: 40. Move question about gestational diabetes so that it comes immediately after Diabetes question
39.1	Delete: Have you been seen in the emergency room or hospitalized for any of these conditions within the last 6 months?	
39.2	Change: Please tell me which condition or conditions you have been seen for in the emergency room hospital within the past 6 months.	Revision: 40.1. Please tell me which condition or conditions you have been seen for by a health care provider in the past 6 months.
41.1	Delete: Ask participant specifically about each medication	Add explanation: 42. Are you taking any of the following medications? We are asking about these medications because they are known to have an impact on the fetus.
41.2	Delete: Are you taking these medications as prescribed?	Add: 43. Does your provider know all the medications that you are taking? Please tell me for prescribed as well as over the counter medications. <input type="radio"/> Yes

		<p>€ No</p> <p>€ Don't know</p> <p>€ Declined to answer</p>
41.3	Delete;; Please specify which medications:	
45& 46	Changed order of these 2 questions	<p>Revision:</p> <p>47. When was the last time you were tested for sexually transmitted diseases or sexually transmitted infections? Add 'Don't know' and "Declined to Answer"</p> <p>48. Have you ever been diagnosed with any of the following infectious diseases?</p>
Section Header	MENTAL HEALTH	
48	<p>Change:</p> <p>NOTE: Circle the number that matches the participant's answer, and add the answers for both together to get the final score. If the final score is more than 3, further assessment is needed.</p>	<p>Added response options to the question:</p> <p>48. Over the past two weeks, how often have you experienced any of the following? Would you say never, several days, more than half the days, or nearly every day?</p> <p>NOTE: Enter the number that matches the participant's answer in the last column, and add the answers for both together to get the final score. If the final score is more than 3, further assessment is needed.</p>
Section Header	SUBSTANCE USE	
49	<p>Change:</p> <p>In the past year, how often have you used the following?</p>	<p>Revision:</p> <p>51. In the past 12 months, how often have you used the following?</p>
51	<p>Delete:</p> <p>On average, about how many hours per day are you in the same room or vehicle with another person who is smoking?</p>	
52	<p>Move:</p> <p>On average, about how many hours a day is your child in the same room or vehicle with someone who is smoking?</p>	<p>Moved to Q10:</p> <p>On average, how many hours per day is your child/are your children in the same room or vehicle with another person who is smoking?</p>
Section Header	PERSONAL SAFETY	
53	<p>Change:</p> <p>We are concerned about the safety of all participants. Please answer the following questions so that we can help you if needed.</p>	<p>Added:</p> <p>51. We are concerned about the safety of all participants. Please answer the following questions about experiences that you may have had during the past twelve months so that we can help you if needed.</p>
55 & 55.2	<p>Stem: The next set of questions asks you about how other people have treated you. In your day-to-day life, how often have any of the following</p>	<p>Added:</p> <p>55. Added possible responses to question:</p> <p>Stem: The next set of questions asks you about</p>

	<p>things happened to you?</p> <p>55.2 You receive poorer service than other people at restaurants or stores.</p>	<p>how other people have treated you. In your day-to-day life, how often have any of the following things happened to you? Would you say almost every day, at least once a week, a few times a year, less than once a year, or never?</p> <p>55.2 You receive poorer service than other people at restaurants, stores, or social services.</p>
57	Delete: The following statements are about the way you handle life events.	
Section Header	SOCIAL SUPPORT / FATHER INVOLVEMENT	SOCIAL SUPPORT / FATHER OR PARTNER INVOLVEMENT
58.3	Delete: To help with daily chores if you were sick	<p>57. Added “to” to stem, and modified response options by removing “to” from each. Modified question 58.3 to 2 separate questions:</p> <p>57.3 Help with daily chores?</p> <p>57.4 Help you if you were sick?</p>
59 & 59.1	<p>Change:</p> <p>59. What is the baby’s father’s role in your life?</p> <ul style="list-style-type: none"> € Baby’s father is deceased € Baby’s father is incarcerated € Cares for baby (feeding, bathing, etc.) € Assists with housework and/or runs errands (ex: grocery shopping) € Attends medical appointments € Provides emotional support € Provides financial support € Baby’s father plays no role/is not involved € Other (please specify): _____ € Declined to answer 	<p>Added:</p> <p>STAFF: Please ask the next two questions <u>only if baby is alive.</u></p> <p>58. Would you describe your partner or the father of your child as: STAFF: Please read responses to participant, and select only one response.</p> <ul style="list-style-type: none"> € Involved and supportive of me and my child € Involved but not supportive of me or my child € Not involved <p>Staff: DO NOT READ OUT LOUD:</p> <ul style="list-style-type: none"> € Declined to answer €
59.1	<p>Would you describe the father of your child as:</p> <ul style="list-style-type: none"> € Involved and supportive of me and my child € Involved but not supportive of me or my child € Not involved € Declined to answer 	<p>58.1 What is your partner’s or the father of your baby’s /babies’ role in your life?</p> <ul style="list-style-type: none"> € Partner or father of baby/babies is deceased € Partner or father of baby/babies is incarcerated € Cares for baby/babies (feeding, bathing, etc.)

		<ul style="list-style-type: none"> € Assists with housework and/or runs errands (ex: grocery shopping) € Attends medical appointments € Provides emotional support € Provides financial support € Partner or father of baby/babies plays no role/is not involved € Other (please specify): _____ € Declined to answer
60	Delete: Is there someone you can count on to help you with your child?	
61	Delete: Who do you count on for support?	