

# Healthy Start Demographic Screening Tool | August 2016

OMB #: 0915-0338  
Expiration Date: XX/XX/XXXX

Name: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date of Administration: \_\_\_\_\_

*To be completed with each participant at intake.*

**Please read the following statement to the participant:** Thank you for taking time to complete this interview. Any information you provide will be kept confidential to the extent allowed by law. You do not have to answer any question you do not want to, and you can end the interview at any time.

**1. What is your date of birth?**

\_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

**2. What is your address:**

Number and Street: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**3. What is the best way to contact you?**

- Home phone
- Cell phone
- Text
- Email

**4. Emergency Contact info:**

Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

**Public Burden Statement:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0338. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, MD 20857.

Relationship: \_\_\_\_\_

**5. What is the highest grade or year of school you have completed?**

Select one only.

- |  |   |
|--|---|
| <input type="checkbox"/> Less than high school                 | <input type="checkbox"/> More than college  |
| <input type="checkbox"/> High school graduate or GED completed | <input type="checkbox"/> Don't Know         |
| <input type="checkbox"/> Some college/ vocational school       | <input type="checkbox"/> Declined to answer |
| <input type="checkbox"/> College graduate                      |   |

**6. Are you of Hispanic, Latino, or Spanish origin?**

Select all that apply.

- No, not of Hispanic, Latino, or Spanish origin
  - Yes, Mexican, Mexican Am., Chicano
  - Yes, Puerto Rican
  - Yes, Cuban
  - Yes, another Hispanic, Latino, or Spanish origin — Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.
- \_\_\_\_\_

**7. What is your race?**

Select all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Korean                 |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Vietnamese             |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Other Asian            |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Native Hawaiian        |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Guamanian or Chamorro  |
| <input type="checkbox"/> Filipino                         | <input type="checkbox"/> Samoan                 |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Other Pacific Islander |

**8. Were you born in the United States, including the Virgin Islands?**

Select one only.

- Yes, born in the United States (Go to Question 9)
- No, not born in the United States (Go to Question 8.1)
- Don't know (Go to Question 9)
- Declined to answer (Go to Question 9)

**8.1 What country were you born in?**

Country: \_\_\_\_\_

- Don't know
- Declined to answer

**8.2 When did you come to live in the United States?**

Year \_\_\_\_\_

**9. How well do you speak English? Would you say very well, well, not well, or not at all?**

Select one only.

- Very well
- Well
- Not well
- Not at all
- Don't know
- Declined to answer

**10. Do you speak a language other than English at home?**

Select one only.

- Yes (Go to question 10.1)
- No **[Screening Tool is complete]**
- Don't know **[Screening Tool is complete]**
- Declined to answer **[Screening Tool is complete]**

**10.1. What is this language?**

Select one only.

**Staff: DO NOT READ OUT LOUD:**

- African language (please specify):  
\_\_\_\_\_
- Arabic
- Chinese (please specify):  
\_\_\_\_\_
- Cape Verdean Creole
- English
- French
- German
- Greek
- Haitian Creole
- Hebrew
- Hindi
- Italian
- Japanese
- Korean
- Persian
- Polish
- Portuguese
- Russian
- Spanish
- Tagalog
- Vietnamese
- Urdu
- Other language (please specify):  
\_\_\_\_\_
- Declined to answer

