

MIECHV Demographics: Pregnancy – Intake

Client ID Client Name DOB

Client SSN

Date Nurse Home Visitor ID Nurse Home Visitor Name

Section I - Personal/Family – This section is to be entered into the View/Edit Client Demographics screen in ETO.

1. ♦Client's DOB: _____
M1. Client's EDD: ____/____/____
2. ♦Ethnicity (check one):
 - Hispanic or Latina
 - Not Hispanic or Latina
 - Declined to self-identify
3. ♦Race (check all that apply)
 - American Indian or Alaska Native
 - Asian
 - Black or African-American
 - Native Hawaiian or other Pacific Islander
 - White
 - Declined to self-identify
4. Client's Ancestry (check all that apply):

<ul style="list-style-type: none"> <input type="checkbox"/> Afro-Caribbean, excluding Haitian <input type="checkbox"/> Anglo-Dutch Caribbean <input type="checkbox"/> Arab <input type="checkbox"/> Bangladeshi/Bengali <input type="checkbox"/> Central American, including Mexican <input type="checkbox"/> Chinese <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Eritrean <input type="checkbox"/> Filipino <input type="checkbox"/> Haitian <input type="checkbox"/> Hmong <input type="checkbox"/> Indian (South Asian) <input type="checkbox"/> Israeli <input type="checkbox"/> Korean 	<ul style="list-style-type: none"> <input type="checkbox"/> Laotian <input type="checkbox"/> North African <input type="checkbox"/> Pakistani <input type="checkbox"/> Palestinian <input type="checkbox"/> Persian <input type="checkbox"/> Polish <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Russian <input type="checkbox"/> Somali <input type="checkbox"/> Sub-Saharan African <input type="checkbox"/> South American <input type="checkbox"/> Ukrainian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____ (please specify)
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5. ♦ Client's Primary Language (check only one):

- | | |
|---|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Creole (Haitian) | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> French | <input type="checkbox"/> Tribal Languages |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Japanese | |

6. ♦ Client's Zip Code: _____

Section II – Other Demographics

1. ♦ Are you participating in this program voluntarily?

- Yes
 No

2. ♦ Marital Status:

- Married (legal or common law)
 Single - never married
 Widowed
 Divorced
 Separated
 Not Married – living with partner

3. ♦ How often do you usually see or talk to the baby's biological father?

- Not at all
 Less than once a week
 At least once a week but not daily
 Daily

4. ♦ With whom do you live? (check only one from options 1 – 5)

- Live with others (check all that apply)
- Client's mother
 - Father of Child (FoC)
 - Current husband/partner (not FoC)
 - Other family members
 - Infant/child
 - Other adults
- Live alone (or with infant/child)
 Live in a group home/shelter
 Confined to an institutional facility (residential treatment facility, incarcerated)
 Homeless
- Homeless and sharing housing (skip to 6)
 - Homeless and living in emergency or transitional shelter (skip to 6)
 - Other (skip to 6)

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5. ♦ If you are not homeless, where do you currently live?
- Owns or shares own home, condominium, or apartment
 - Rents own home, condominium, or apartment
 - Lives in public housing
 - Lives with parent or family member
 - Other
6. ♦ Which members of your family are in the Military – active or reserve? (check all that apply)
- Self (client)
 - Client's spouse
 - Client's parent(s)
 - Father of child (FoC)
 - None

M2. Which members of your family are currently serving or **formerly** served in the military – active or reserve? (*Check all that apply.*)

- | | |
|---|--|
| <input type="checkbox"/> Index Parent | <input type="checkbox"/> Father of the Child |
| <input type="checkbox"/> Index Parent's Spouse | <input type="checkbox"/> Mother of the Child |
| <input type="checkbox"/> Index Parent's Parents | <input type="checkbox"/> None |

Section III - Education and Income

7. ♦ Are you currently enrolled in middle or high school?
- Yes – middle school (6th – 8th grade)
 - Yes – high school or GED program (includes alternative and technical programs)
 - Not enrolled
8. ♦ Have you completed high school or a GED or vocational/certification program?
- Yes - completed high school
 - Yes - completed GED
 - Yes - completed vocational/certification program
 - No. If no, what is the last grade you have completed? grade (skip to 12)
9. ♦ If you have completed high school/GED, are you currently enrolled in any kind of school, vocational, certification or educational program?
- Yes
 - Full Time – 12 semester hours or equivalent
 - Part Time
 - 7 – 11 semester hours or equivalent
 - 6 or less semester hours or equivalent
 - No (skip to 11)
10. ♦ What type of educational program are you currently enrolled in?
- Post-high school vocational/certification/technical training
 - College

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11. ♦ Have you completed education other than high school/GED (mark the highest level)?

- Vocational/certification/technical training program (beyond high school)
- Some college (no degree)
- Associate's degree
- Bachelor's degree
- Master's degree
- Professional degree (e.g.: LLB, LD, MD, DDS)
- Doctorate degree (e.g.: PhD, EdD)
- No

12. ♦ Do you **have a** plan to enroll in any ***additional*** kind of school, vocational, certification or educational program?

- Yes
- No

M3. When you think about your ***most recent experience*** in school or classes, how would you rate your own learning and achievement level?

- High
- Average
- Low
- Unknown

13. ♦ Are you currently working?

- Yes
 - Full-time: 37+ hours per week
 - Part-time
 - 20 – 36 hours per week
 - 10 – 19 hours per week
 - less than 10 hours per week
- No
 - Unemployed and seeking employment
 - Not employed (student, homemaker, other)

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14. ♦ Which of the following categories best describes your total yearly household income and types of benefits you receive? Include your income and any other income you may have received. For the purpose of this question, the household should include only you and your child. Remember that this information will be kept private and will not affect your access to services (Use public assistance programs that are for low-income families as a marker if the client does not know and she qualifies or receives a public assistance program).

Sources of household income include (please check all that apply)

- Salary/wages from employment
- Social Security/Disability
- TANF
- Alimony
- Child Support
- Rent from tenants
- Cash Assistance from friends/relatives
- Unemployment
- Other income (please specify) _____

- Less than or equal to \$6,000
- \$6,001 - \$9,000
- \$9,001 - \$12,000
- \$12,001 - \$16,000
- \$16,001 - \$20,000
- \$20,001 - \$30,000
- Over \$30,000
- Client is dependent on parent/guardian

- M4. Last **month**, what was your gross TOTAL HOUSEHOLD income from employment and any benefits you receive? *All information will be kept private and will not affect any services you are now getting.*

- | | |
|--|--|
| <input type="checkbox"/> \$250 or less | <input type="checkbox"/> \$1,751 - \$2,000 |
| <input type="checkbox"/> \$251 - \$500 | <input type="checkbox"/> \$2,001 - \$2,250 |
| <input type="checkbox"/> \$501 - \$750 | <input type="checkbox"/> \$2,251 - \$2,500 |
| <input type="checkbox"/> \$751 - \$1,000 | <input type="checkbox"/> \$2,501 - \$2,750 |
| <input type="checkbox"/> \$1,001 - \$1,250 | <input type="checkbox"/> \$2,751 - \$3,000 |
| <input type="checkbox"/> \$1,251 - \$1,500 | <input type="checkbox"/> \$3,001 or more |
| <input type="checkbox"/> \$1,501 - \$1,750 | <input type="checkbox"/> Don't Know |

M5. Number of Adults in Household: _____ M6. Number of Children in Household: _____

15. ♦ Do you (client) qualify for TANF, Medicaid, WIC or Foodstamps?

- Yes
- No

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16. ♦ In the past 6 months, have you (client) obtained care at the hospital emergency room for any reason?

Yes

If yes, what was the purpose of the visit (please check all that apply)?

- Injury – Accidental, how many times? times
- Injury – Intentional self inflicted, how many times? times
- Injury – Intentional other inflicted, how many times? times
- Injury – Declined, how many times? times
- Ingestion – Accidental, how many times? times
- Ingestion – Intentional self inflicted, how many times? times
- Ingestion – Intentional other inflicted, how many times? times
- Ingestion – Declined, how many times? times
- Respiratory infection, how many times? times
- Fever, how many times? times
- Other (please specify) _____, how many times? times

No

17. ♦ In the past 6 months, have you (client) obtained care at the urgent care center for any reason?

Yes

If yes, what was the purpose of the visit (please check all that apply)?

- Injury – Accidental, how many times? times
- Injury – Intentional self inflicted, how many times? times
- Injury – Intentional other inflicted, how many times? times
- Injury – Declined, how many times? times
- Ingestion – Accidental, how many times? times
- Ingestion – Intentional self inflicted, how many times? times
- Ingestion – Intentional other inflicted, how many times? times
- Ingestion – Declined, how many times? times
- Respiratory infection, how many times? times
- Fever, how many times? times
- Other (please specify) _____, how many times? times

No

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18. ♦ Do you (client) have health insurance coverage?

- Yes (If yes, which type of health insurance do you use when you go for medical care; please check all that apply)
- Medicaid
 - CHIP
 - Tri-Care
 - Private
 - Other (please specify) _____
- No

M7. Do you have a history of substance abuse or need substance abuse treatment?

- Yes
- No
- Unknown

M8. Do you use tobacco products?

- Yes
- No

M9. Have you had a history of child abuse or neglect and/or involvement with child welfare services either as a child or as an adult?

- Yes
- No
- Unknown