



KDHE Program Visit Form – Adult

Which Caregiver/Adult was involved (Client Name):

Date of Activity: _____

Agency/Clinic: _____

Client Address: _____

City: _____ **Zip Code:** _____

County of Residence: _____

Phone No: _____ - _____ - _____

Email: _____

Preferred Method of Contact: (check all that apply)

- Phone call
- Text
- Email
- Mail
- Do Not Contact

Program: (select one)

- Becoming A Mom
- Family Planning

Is this FP visit confidential?

- Yes
- No

- Maternal Child Health (MCH/M&I)
- Pregnancy Maintenance (PMI)
- Teen Pregnancy (TPTCM)

Primary Healthcare Coverage: (select one)

- None/Self Pay
- Private Insurance
- Tricare
- KanCare/Medicaid
- CHIP (Formerly HealthWave)
- Medicare (client is on disability)
- Unknown/Not Reported

Secondary Healthcare Coverage: (select one)

- None
- Private Insurance
- Tricare
- KanCare/Medicaid
- CHIP (Formerly HealthWave)
- Medicare (client is on disability)
- Unknown/Not Reported

Has the client had a well visit during the last 12 months? (With any provider, not just within the program)

- Yes
- No
- Client is unsure

Does the client have a special health care need or disability? (Has a medical diagnosis or requires care beyond general preventive care)

- Yes
- No

Does the client care for any children who have special health care needs or disabilities? (Cares for a child who has a medical diagnosis or requires care beyond general preventive care)

- Yes
- No

Household Size: (number of people) _____

Annual Household Income: \$ _____

Annual Household Income: (select range)

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more
- Don't Know
- Refused

Education Level:

- < 12 Years
- High School Diploma or GED
- Vocational Certification/License
- College-no Degree
- Associates Degree
- Bachelor Degree or higher

Current Student:

- Yes
- No

Employment:

- Unemployed
- Occasional/Seasonal Employment
- Part-Time
- Full-Time

Marital Status:

- Single
- Married
- Separated
- Divorced
- Widowed

Health Care Enrollment Assistance - ACA (Marketplace)

- On-Site assistance
- Off-site assistance
- Did not provide assistance

Health Care Enrollment Assistance - Medicaid (KanCare)

- On-Site assistance
- Off-site assistance
- Did not provide assistance

Health Care Enrollment Assistance - Third party (Private insurance)

- On-Site assistance
- Off-site assistance
- Did not provide assistance

Visit In-Person or Virtual?

- In person
- Virtual, phone call only
- Virtual, video chat (Skype, Zoom, FaceTime, etc.)

Would you (and/or your partner) like to become pregnant in the next year?

- Yes
- No
- Client is Unsure
- Client is okay either way

Do you smoke?

- Yes
- No

Does anyone else in the household smoke?

- Yes
- No

Do you use other nicotine products?

- Yes
- No

In the past year (or since you became pregnant), how often have you used:

Alcohol (For men, 5 or more drinks a day. For women, 4 or more drinks a day)?

- Never
- Once or Twice
- Monthly
- Weekly
- Daily or Almost Daily

Prescription Drugs for Non-Medical Reasons?

- Never
- Once or Twice
- Monthly
- Weekly
- Daily or Almost Daily

Illegal Drugs?

- Never
- Once or Twice
- Monthly
- Weekly
- Daily or Almost Daily

Over the last 2 weeks, how often have you been bothered by the following problems?

Little interest or pleasure in doing things

Not at all

Several days

More than half the days

Nearly every day

Feeling down, depressed, or hopeless

Not at all

Several days

More than half the days

Nearly every day

Feeling nervous, anxious, or on edge

Not at all

Several days

More than half the days

Nearly every day

Not being able to stop or control worrying

Not at all

Several days

More than half the days

Nearly every day