

**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)

**For Family Planning visits: Do you want to talk about contraception or pregnancy prevention during your visit today? (Select one)**

- I'm here for something else
- This question does not apply to me
- I prefer not to answer
- I'm already using contraception
- I'm unsure or don't want to use contraception
- I'm hoping to become pregnant in the near future
- Yes
- No - I do not want to talk about contraception today because I am here for something else
- No - This question does not apply to me/I prefer not to answer
- No - I am already using contraception
- No - I am unsure or don't want to use contraception
- No - I am hoping to become pregnant in the near future

**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

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

- Yes
- No
- Client is unsure
- Appointment is scheduled

**Do you have a special health care need or disability? (Has a medical diagnosis or requires care beyond general preventive care)**

- Yes
- No

**Do you 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
- Assistance was not provided

**Health Care Enrollment Assistance - Medicaid (KanCare)**

- On-Site assistance
- Off-site assistance
- Assistance was not provided

**Health Care Enrollment Assistance - Third party (Private insurance)**

- On-Site assistance
- Off-site assistance
- Assistance was not provided

**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
- Client is currently pregnant

**In the past year, 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

Tobacco, Nicotine, and/or Vaping Products?

- 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? (Including marijuana)

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

**If you are currently pregnant, how often have you used the following substances since you found out that you are pregnant:**

I am not currently pregnant. Skip this question.

Alcohol?

- I am using alcohol more
- My alcohol use is about the same
- I have reduced the amount or frequency of alcohol use
- I have stopped using alcohol
- I have never used alcohol

Tobacco, Nicotine, and/or Vaping Products?

- I am using tobacco, nicotine, and/or vaping more
- My tobacco, nicotine, and/or vaping use is about the same
- I have reduced the amount or frequency of tobacco, nicotine and/or vaping use
- I have stopped using tobacco, nicotine, and/or vaping products
- I have never used tobacco, nicotine, and/or vaping products

Prescription Drugs for Non-Medical Reasons?

- I am using prescription drugs more
- My prescription drug use is about the same
- I have reduced the amount or frequency of prescription drug use
- I have stopped using prescription drugs
- I have never used prescription drugs

Illegal Drugs? (Including marijuana)

- I am using illegal drugs more
- My illegal drug use is about the same
- I have reduced the amount or frequency of illegal drug use
- I have stopped using illegal drugs
- I have never used illegal drugs

**Does anyone in the household smoke or use vaping devices containing tobacco, nicotine, or other substances?**

- Yes
- No

**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