Demographic Screening Tool Overview						
Administer on enrollment 10 Questions 14 Including Sub-questions 	# Qs	Questions from standardized surveys:				
	1	Pregnancy Risk Assessment Monitoring System (PRAMS)				
	1	State and Local Area Integrated Telephone Survey (SLAITS)				
	4	US Census				
	4	HHS Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status				
	4	CollN Case Management/Care Coordination				

Drognonou	Lliste	CollN Case Management/Care Coordination
·	HISTO	ry Screening Tool Overview
Administer on enrollment 9 Questions 11 Including Sub-questions 	# Qs	Questions from standardized surveys:
	2	Pregnancy Risk Assessment Monitoring System (PRAMS)
	1	Practice Guidelines: ACOG
	6	National Survey of Family Growth (NSFG)
	2	CollN Case Management/Care Coordination

	Preconcep	tion Screening Tool			
	Questions	from standardized surveys and screening tools:			
Administer on enrollment and annually if not pregnant. • 43 Questions • 53 Including Sub-questions	Bell CD Eve He Inf MC MI Na Na Na Na Na Na Na Soo Sta Supporting Guidelin Academ Practitic	avioral Risk Factor Surveillance System (BRFSS)			
Section	-	es, Institute of Medicine recommendations, and CoIIN nendations for case management/care coordination. Sources			
	-	SUTCES SLAITS, BRFSS, PRAMS Phase 6			
Social Determinants of Health	9 (+ 3)	NSCH, NSHAPC, MCHB Home Visiting Survey			
Neighborhood and Community	4	SLAITS, NSCH, Health Begins			
Medical Home / Access to Care	4 (+ 1)	SLAITS, NSCH			
Health and Health History	14 (+2)	SLAITS, PRAMS Phases 6 & 7, NSFG Practice Guidelines: AAFP, ACOG			
Mental Health	1	PHQ-2*			
Substance Use	2	NIDA Quick Screen*, PRAMS Phase 6			
Personal Safety	2	PRAMS Phase 6 modified, AAP and ACOG guidelines			
Stress and Discrimination	3	PRAMS Phase 7 modified Everyday Discrimination Scale (Short Version)*			
Partner Involvement / Social Support	2	Social Support Scale*, modified MI Maternal Risk Identifier Worksheet modified			
Reproductive Life Planning	2 (+4)	CDC			
		*Tested, valid and reliable tool			

	Prenatal Screening Tool					
Administer with every pregr	nant (Questions from standardized surveys and screening tools:				
participant, and with every pregnanc	у	Behavioral Risk Factor Surveillance System (BRFSS)				
		• CDC				
51 Questions		 Everyday Discrimination Scale (Short Version)* 				
• 64 Including Sub-questions		Health Begins: Upstream Risks Screening Tool				
		 Infant Feeding Practices Study Survey 				
		MCHB Home Visiting Survey				
		MI Maternal Risk Identifier Worksheet				
		National Institute on Drug Abuse (NIDA): NIDA Quick				
		Screen*				
		National Survey of Children's Health (NSCH)				
		National Survey of Family Growth (NSFG)				
		 National Survey of Homeless Assistance Providers and Clients (NSHAPC) 				
		 National Survey on Drug Use and Health (NSDUH) 				
		 Patient Health Questionnaire-2 (PHQ-2)* 				
		 Pregnancy Risk Assessment Monitoring System (PRAMS) 				
		 Social Support Scale*, modified 				
		 State and Local Area Integrated Telephone Survey (SLAITS) 				
	9	Supporting evidence from a range of sources, including Practice				
		Guidelines: American Congress of Gynecologists (ACOG)				
		American Academy of Pediatrics (AAP), American Academy				
		of Family Practitioners (AAFP), U.S. Preventive Services Task				
		Force (USPSTF), CDC guidelines, and Institute of Medicine				
		recommendations, and ColIN recommendations for case				
		management/care coordination.				
Readiness for Motherhood / 11	(+2) I	NSFG, PRAMS Phases 5, 7 & 8, SLAITS, Infant Feeding Practices				
Prenatal Care	9	Study Survey, NSCH, MI Maternal Risk Identifier Worksheet				
Social Determinants of Health 10		SLAITS, BRFSS, PRAMS Phase 6, NSCH				
		NSHAPC, MCHB Home Visiting Survey				
,		SLAITS, NSCH, Health Begins				
Health and Health History 12	(+3) S	SLAITS, NSFG, PRAMS Phases 6 & 7				
	1	NSFG, NSDUH, Practice Guidelines: AAFP, ACOG				
Mental Health	1	PHQ-2*				
Substance Use		NIDA Quick Screen*, PRAMS Phase 6				
	1	VI Maternal Risk Identifier Worksheet				
Personal Safety	2	PRAMS Phase 6 modified, Practice Guidelines: AAP and ACOG				
Stress and Discrimination	3 I	Everyday Discrimination Scale (Short Version)*, PRAMS Phase 7				
Partner Involvement / Social	3	PRAMS Phase 5, Social Support Scale*, modified				
Support	1	VI Maternal Risk Identifier Worksheet modified				
Reproductive Life Planning 2 (+2) (CDC				
		*Tested, valid and reliable tool				

Post	partum	Screening Tool Overview						
50 Questions	Question	s from standardized surveys and screening tools:						
75 Including Sub-questions	• B(Behavioral Risk Factor Surveillance System (BRFSS)						
		veryday Discrimination Scale (Short Version)*						
Administer as soon as		Health Begins: Upstream Risks Screening Tool						
possible after delivery, and		fant Feeding Practices Study Survey						
before 4 weeks postpartum		ICHB Home Visiting Study Survey						
	• N	II Maternal Risk Identifier Worksheet						
	• N	National Institute on Drug Abuse (NIDA): NIDA Quick Screen*						
	• N	ational Survey of Children's Health (NSCH)						
	• N	ational Survey of Family Growth (NSFG)						
		ational Survey of Homeless Assistance Providers and Clients ISHAPC)						
	•	atient Health Questionnaire-2 (PHQ-2)*						
		regnancy Risk Assessment Monitoring System (PRAMS)						
		ocial Support Scale*, modified						
	• St	ate and Local Area Integrated Telephone Survey (SLAITS)						
	Suppo	orting evidence from a range of sources, including Practice						
		lines: American Congress of Gynecologists (ACOG), American						
	Acade	emy of Pediatrics (AAP), American Academy of Family Practitioners						
	(AAFP	P), U.S. Preventive Services Task Force (USPSTF), CDC guidelines,						
		itute of Medicine (IOM) recommendations, and CollN						
		nmendations for case management/care coordination						
Pregnancy Outcome	1 (+7)	NSFG, PRAMS Phase 6, Infant Feeding Practices Study, NSCH						
Infant Care	3 (+2)	Infant Feeding Practices Study, NSCH, PRAMS Phase 6						
		Practice Guidelines: AAP						
Infant Safety	5	PRAMS Phases 8 & 6						
Baby Insurance/Access to Care/	4 (+2)	SLAITS						
Medical Home	2 (. 4)	NCHS						
Reproductive Life Planning	2 (+4)							
Social Determinants of Health	10 (+3)	SLAITS, BRFSS, PRAMS Phases 6 & 7, NSCH, NSHAPC, MCHB Home Visiting Survey						
Neighborhood and Community	4	SLAITS, NSCH, Health Begins						
Medical Home/Access to Care/	4	PRAMS Phase 6						
Health Insurance	4 (+3)	NCHS						
		SLAITS, PRAMS Phases 6 & 7, NSFG						
Maternal Health	6 (+2)	Practice Guidelines: AAFP, ACOG						
Mental Health	1	PHQ-2*						
		NIQ 2 NIDA Quick Screen*, PRAMS Phase 6, MI Maternal Risk Identifier						
Substance Use	3 (+1)	Worksheet						
Personal Safety	2	PRAMS Phase 6 modified, Practice Guidelines: AAP and ACOG						
Stress and Discrimination	3	Everyday Discrimination Scale (Short Version)*, PRAMS Phase 7						
		Social Support Scale*, modified						
Partner Involvement / Social Sup	2 (+1)	PRAMS Phase 5, MI Maternal Risk Identifier Worksheet modified						
		*Tested, valid and reliable tool						

Interconce	ption/F	Parenting Screening Tool Overview					
59 Questions	Question	s from standardized surveys and screening tools:					
76 Including Sub-questions	• E	ehavioral Risk Factor Surveillance System (BRFSS)					
0	• (DC Guidelines					
Administer to participant with:	• E	veryday Discrimination Scale (Short Version)*					
• child between 6-24 months		lealth Begins: Upstream Risks Screening Tool					
old, or	•	nfant Feeding Practices Survey					
 no live births or 	• •	ACHB Home Visiting Survey					
	• •	 MI Maternal Risk Identifier Worksheet 					
• no children under 2 years	• •	lational Institute on Drug Abuse (NIDA): NIDA Quick Screen*					
old	• •	lational Survey of Children's Health (NSCH)					
	• •	lational Survey of Family Growth (NSFG)					
	• •	lational Survey of Homeless Assistance Providers and Clients (NSHAPC)					
	• F	atient Health Questionnaire-2 (PHQ-2)*					
	• F	regnancy Risk Assessment Monitoring System (PRAMS)					
	• 5	ocial Support Scale*, modified					
	• 5	tate and Local Area Integrated Telephone Survey (SLAITS)					
	Supporti	ng evidence from a range of sources, including Practice Guidelines:					
	Americar	Congress of Gynecologists (ACOG), American Academy of Pediatrics					
	(AAP), Ar	nerican Academy of Family Practitioners (AAFP), U.S. Preventive					
	Services	Services Task Force (USPSTF), CDC guidelines, and Institute of Medicine					
	recommendations, and CoIIN recommendations for case management/care						
	coordina	tion.					
Child Health Status	4 (+2)	NSCH, PRAMS Phase 6					
Child Health and Safety	7 (+1)	PRAMS Phases 6 & 8, Practice Guidelines: AAFP, AAP					
Child Insurance/Access to	4 (+2)	SLAITS					
Care/Medical Home		NCHS					
Reproductive Life Planning	3 (+4)	CDC					
Social Determinants of Health	10	SLAITS, BRFSS, PRAMS Phases 6 & 7, Health Begins					
	(+3)	NSCH, NSHAPC, MCHB Home Visiting Survey					
Neighborhood and Community	4	SLAITS, NSCH, Health Begins					
Medical Home/Access to Care	4 (+1)	NCHS					
Maternal Health	14	SLAITS, PRAMS Phases 6 & 7, NSFG					
	(+3)	Practice Guidelines: AAFP, ACOG					
Mental Health	1	PHQ-2*					
Substance Use	2	NIDA Quick Screen*, PRAMS Phase 6					
		MI Maternal Risk Identifier Worksheet					
Personal Safety	1	PRAMS Phase 6 modified					
Stress and Discrimination	3	Everyday Discrimination Scale (Short Version)*, PRAMS Phase 7					
Social Support / Father or Partner	2 (+1)	Social Support Scale*, modified					
Involvement		MI Maternal Risk Identifier Worksheet modified					
		*Tested, valid and reliable tool					

VALIDATED INSTRUMENTS INCLUDED IN THE HEALTHY START SCREENING TOOLS

Sources for Healthy Start screening tool questions included a range of standardized surveys, practice guidelines and valid and reliable instruments. Specifically, the following validated instruments were included in Preconception, Prenatal, Postpartum and Interconception/Parenting versions of the tools:

- NIDA Quick Screen
- Everyday Discrimination Scale (Short Version)
- PHQ-2
- Social Support Scale

NIDA QUICK SCREEN

https://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf

In the past 12 months, how often have you used the following? STAFF: Read substances and answers to participant and enter one response for each substance.

Substance	Never	Once or Twice Monthly	Weekly	Daily or Almost Daily	Declined to answer
Alcohol (4 or more drinks per day)					
Tobacco Products (including cigarettes, chewing tobacco, snuff, iqmik, or other tobacco products like snus Camel Snus, orbs, e-cigarettes, lozenges, cigars, or hookah)					
Mood-altering Drugs (including marijuana)					
Prescription Drugs for Non-Medical Reasons					
Illegal Drugs (marijuana, cocaine, crack, heroin, uppers/crank/meth, PCP, diet pills, LSD)					

Smith, P. C., Schmidt, S. M., Allensworth-Davies, D., & Saitz, R. (2009). Primary care validation of a single-question alcohol screening test. *Journal of General Internal Medicine*, 24(7), 783-788.

Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. A Single-Question Screening Test for Drug Use in Primary Care. *Arch Intern Med.* 2010;170(13):1155-1160. doi:10.1001/archinternmed.2010.140

EVERYDAY DISCRIMINATION SCALE (SHORT VERSION)

Based on the Everyday Discrimination Scale

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?

Treatment	Almost every day	At least once a week	A few times a month	A few times a year	Less than once a year	Never	Declined to answer
You are treated with less courtesy or respect than other people.							
You receive poorer service than other people at restaurants, stores, or social services.							
People act as if they think you are not smart.							
People act as if they are afraid of you.							
You are threatened or harassed.							

If participant answers "**a few times a month**" or more frequently to <u>any of the above</u>, please go to [next question]:

What do you think is the main reason for these experiences?

- □ Your ancestry or national origins
- □ Your gender
- Your race
- Your age
- □ Your religion
- Your height
- Your weight
- □ Some other aspect of your physical appearance
- □ Your sexual orientation

- □ Your education or income level
- □ Your shade of skin color
- Physical Disability
- □ Other, please specify:
- Don't know

Staff: DO NOT READ OUT LOUD:

Declined to answer

Sternthal, M. J., Slopen, N., & Williams, D. R. (2011). Racial disparities in health. *Du Bois Review: Social Science Research on Race*, 8(01), 95-113.

PATIENT HEALTH QUESTIONNAIRE – 2 (PHQ-2)

http://www.cqaimh.org/pdf/tool_phq2.pdf

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?

STAFF: Redd each p	горіет то рагнсірат	n, and enter one score	e for each question.

Q#	Problem	Not at all	Several Days	More than half the days	Nearly every day	Score
32.1	Little interest or	0	1	2	3	
	pleasure in doing					
	things					
32.2	Feeling down,	0	1	2	3	
	depressed, or					
	hopeless					
	Total Score					

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.

Kroenke K, Spitzer RL, Williams JB. The patient health questionnaire-2: validity of a two-item depression screener. *Med Care*. 2003;41:1284-1292.

Chae, S. Y., Chae, M. H., Tyndall, A., Ramirez, M. R., & Winter, R. O. (2012). Can we effectively use the two-item PHQ-2 to screen for postpartum depression?. *Family Medicine-Kansas City*, 44(10), 698.

SOCIAL SUPPORT SURVEY INSTRUMENT – MODIFIED

http://www.rand.org/health/surveys_tools/mos/social-support/survey-instrument.html

Screening tools used questions from the Emotional/Informational Support, Tangible Support and Positive Social Interactions dimensions of the Social Support Survey Instrument. The CollN separated the Tangible Support Question [Someone to help with daily chores if you were sick] to: X.3 Someone to help with daily chores and X.4 Someone to help you if you were sick, and added questions X.1 and X.6.

For the following questions your response options are the following; none of the time, a little of the time, some of the time, most of the time or all of the time.

If you needed it, how often is someone available to...

	Support Task	All of the time	Most of the time	Some of the time	A little of the time	None of the time
X.1	Provide temporary financial support?					
X.2	Do something enjoyable with you?					
X.3	Help with daily chores?					
X.4	Help you if you were sick?					
X.5	Turn to for suggestions about how to deal with a personal problem?					
X.6	To watch your baby for you?					

STAFF: Read each support task to participant, and select only one response for each support task.

Sherbourne, Cathy D. and Anita Stewart, The MOS Social Support Survey, Santa Monica, Calif.: RAND Corporation, RP-218, 1993. As of November 06, 2016: http://www.rand.org/pubs/reprints/RP218.html

Social Support Survey is reproduced here in part with permission from the RAND Corporation. Copyright© the RAND Corporation. RAND's permission to reproduce the survey is not an endorsement of the products, services, or other uses in which the survey appears or is applied.