

Crosswalk Companion: Healthy Start Performance Measures and Correlated Screening Tools Question(s)

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<p>The percent of Healthy Start women and child participants with health insurance.</p>	<p>16. Please tell me what kind of health insurance you have: <i>Select all that apply.</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><input type="checkbox"/> Private insurance through my job, or the job of my husband, partner or parents.</p> <p><input type="checkbox"/> Insurance purchased directly from an insurance company</p> <p><input type="checkbox"/> Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability</p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> TRICARE or other military health care</p> <p><input type="checkbox"/> Indian Health Service</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> No insurance</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Declined to answer</p> </div> </div>	<p>11. 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The percent of women with a reproductive life plan	<p>42. Do you plan to have any children? Select one only.</p> <p><input type="checkbox"/> Yes (Go to question 42.1)</p> <p><input type="checkbox"/> No (Go to question 43)</p> <p><input type="checkbox"/> Unable to get pregnant[Survey is Complete]</p> <p><input type="checkbox"/> Don't know(Go to question 43)</p> <p><input type="checkbox"/> Declined to answer(Go to question 43)</p> <p>42.1 How many children would you like to have? Please enter number of children:</p> <p>_____ Children (Go to question 42.2)</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Declined to answer</p> <p>42.2 Would you like to become pregnant in the next year? Select one only.</p> <p><input type="checkbox"/> Yes (Go to question 43)</p> <p><input type="checkbox"/> No (Go to question 42.3)</p> <p><input type="checkbox"/> I am okay either way (Go to question 43)</p> <p><input type="checkbox"/> Don't know (Go to question 42.3)</p> <p><input type="checkbox"/> Declined to answer (Go to question 42.3)</p> <p>42.3 How long would you like to wait until you become pregnant? Select one only.</p> <p><input type="checkbox"/> 1 year -17 months</p> <p><input type="checkbox"/> 18 months to 2 years</p> <p><input type="checkbox"/> More than 2 years</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Declined to answer</p> <p>43. Are you currently using any form of contraception or birth control to either prevent pregnancy or prevent sexually transmitted infections? Select one only.</p> <p><input type="checkbox"/> Yes (Go to question 43.1)</p> <p><input type="checkbox"/> No [Screening Tool is Complete]</p> <p><input type="checkbox"/> Don't know[Screening Tool is Complete]</p> <p><input type="checkbox"/> Declined to answer[Screening Tool is Complete]</p> <p>43.1. Are you satisfied with your birth control method? Select one only.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> No <input type="checkbox"/> Declined to answer</p>	<p>50. Do you plan to have any more children after this baby is born? Select one only.</p> <p><input type="checkbox"/> Yes (Go to question 50.1) <input type="checkbox"/> Declined to answer(Go to question 51)</p> <p><input type="checkbox"/> No(Go to question 51)</p> <p><input type="checkbox"/> Don't know(Go to question 51)</p> <p>50.1 How many children would you like to have? Please enter the number of children.</p> <p>_____ Children (Go to question 50.2)</p> <p><input type="checkbox"/> Don't know (Go to question 50.2)</p> <p><input type="checkbox"/> Declined to answer(Go to question 50.2)</p> <p>50.2 How long would you like to wait until you become pregnant? Select one only.</p> <p><input type="checkbox"/> 1 year -17 months <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> 18 months to 2 years <input type="checkbox"/> Declined to answer</p> <p><input type="checkbox"/> More than 2 years</p> <p>51. Do you and your partner have a method of birth control that you plan to use until you are ready to become pregnant again? Select one only.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Declined to answer</p> <p>51.1 How sure are you that you will be able to use this method without any problems- not at all confident, somewhat confident, or very confident? Select one only.</p> <p><input type="checkbox"/> Not at all confident <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Somewhat confident <input type="checkbox"/> Declined to answer</p> <p><input type="checkbox"/> Very Confident</p>	<p>14. Do you plan to have any more children? Select one only.</p> <p><input type="checkbox"/> Yes (Go to question 14.1) <input type="checkbox"/> Don't know(Go to question 15)</p> <p><input type="checkbox"/> No (Go to question 15) <input type="checkbox"/> Declined to answer(Go to question 15)</p> <p><input type="checkbox"/> Unable to get pregnant (Go to question 16)</p> <p>14.1 How many children would you like to have? STAFF: Please enter the number of children.</p> <p>_____ Children</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Declined to answer</p> <p>14.2 Would you like to become pregnant in the next year? Select one only.</p> <p><input type="checkbox"/> Yes (Go to question 15) <input type="checkbox"/> Don't know (Go to question 15)</p> <p><input type="checkbox"/> No (Go to question 14.3) <input type="checkbox"/> Declined to answer(Go to question 15)</p> <p><input type="checkbox"/> I am okay either way (Go to question 15)</p> <p>14.3 How long would you like to wait until you become pregnant? 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Select one only.</p> <p><input type="checkbox"/> Yes [Skip questions 17 – 35, 37 – 39, and 42-58. Complete only questions 36, 40-40.1, and 59-59.1, then complete Prenatal Screening Tool]</p> <p><input type="checkbox"/> No (Go to question 17)</p> <p><input type="checkbox"/> Don't know (Go to question 17)</p> <p><input type="checkbox"/> Declined to answer (Go to question 17)</p> <p>We have a few questions about your thoughts about having more children. This information will help us support you in making decisions about whether and when you might have more children.</p> <p>17. Do you plan to have any more children? Select one only.</p> <p><input type="checkbox"/> Yes (Go to question 17.1) <input type="checkbox"/> Don't know(Go to question 18)</p> <p><input type="checkbox"/> No (Go to question 18) <input type="checkbox"/> Declined to answer(Go to question 18)</p> <p><input type="checkbox"/> Unable to get pregnant (Go to question 19)</p> <p>17.1 How many children would you like to have? STAFF: Please enter the number of children.</p> <p>_____ Children <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Declined to answer</p> <p>17.2 Would you like to become pregnant in the next year? Select one only.</p> <p><input type="checkbox"/> Yes (Go to question 18) <input type="checkbox"/> Don't know(Go to question 18)</p> <p><input type="checkbox"/> No (Go to question 17.3) <input type="checkbox"/> Declined to answer(Go to question 18)</p> <p><input type="checkbox"/> I am okay either way(Go to question 18)</p> <p>17.3 How long would you like to wait until you become pregnant? Select one only.</p> <p><input type="checkbox"/> 1 year -17 months <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> 18 months to 2 years <input type="checkbox"/> Declined to answer</p> <p><input type="checkbox"/> More than 2 years</p> <p>18. Are you currently using any form of contraception or birth control to either prevent pregnancy or prevent sexually transmitted infections? Select one only'</p> <p><input type="checkbox"/> Yes (Go to question 18.1)</p> <p><input type="checkbox"/> No (Go to question 19)</p> <p><input type="checkbox"/> Declined to answer (Go to question 19)</p> <p>18.1. Are you satisfied with your birth control method? Select one only.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> No <input type="checkbox"/> Declined to answer</p>

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The percent of women with a postpartum visit			<p>33. Since your child was /children were born, have you had a postpartum visit for yourself? A postpartum visit is the regular checkup a woman has 4-6 weeks after she gives birth. Select one only.</p> <p><input type="checkbox"/> Yes (Go to question 33.1) <input type="checkbox"/> No (Go to question 33.2) <input type="checkbox"/> Don't know (Go to question 33.2) <input type="checkbox"/> Declined to answer (Go to question 33.2)</p> <p>33.1 When did you have your postpartum visit? STAFF: Please enter day of postpartum visit. ___ / ___ / ____ (month/day/year)(Go to question 33)</p> <p>33.2 Do you have one scheduled? Select one only. <input type="checkbox"/> Yes: Please indicate date of scheduled appointment: ___ / ___ / ____ (month/day/year) <input type="checkbox"/> No <input type="checkbox"/> Declined to answer</p>	<p>40. Did you have a postpartum checkup after your youngest child was born? Select one only.</p> <p><input type="checkbox"/> Yes (Go to question 40.1) <input type="checkbox"/> No (Go to question 41) <input type="checkbox"/> Declined to answer (Go to question 41)</p> <p>40.1. Approximately how many weeks postpartum did you have your postpartum checkup? _____ Number of Weeks</p>																																																																																																																								
The percent of women and children with a usual source of medical care	<p>14. A personal doctor or nurse is a health professional who knows you well and is familiar with your health history. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician's assistant. Do you have one or more persons you think of as your personal doctor or nurse? Select one only</p> <p><input type="checkbox"/> Yes, one person <input type="checkbox"/> Yes, more than one person <input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer</p> <p>15. Is there a place that you USUALLY go for care when you are sick or need advice about your health? Select one only</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 16) <input type="checkbox"/> There is more than one place</p> <p><input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer</p>	<p>9. 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			<p>Woman</p> <p>30. Do you have one or more persons you think of as your personal doctor or nurse? Select one only.</p> <p><input type="checkbox"/> Yes, one person <input type="checkbox"/> Don't know <input type="checkbox"/> Yes, more than one person <input type="checkbox"/> Declined to answer <input type="checkbox"/> No</p> <p>31. Is there a place that you USUALLY go for care when you are sick or need advice about your health?</p> <p><input type="checkbox"/> Yes (Go to question 31.1) <input type="checkbox"/> Don't know (Go to question 32) <input type="checkbox"/> No (Go to question 32) <input type="checkbox"/> Declined to answer (Go to question 32) <input type="checkbox"/> There is more than one place (go to question 31.1)</p>	<p>Woman</p> <p>33. Do you have one or more persons you think of as your personal doctor or nurse? Select one only.</p> <p><input type="checkbox"/> Yes, one person <input type="checkbox"/> Don't know (Go to question 34) <input type="checkbox"/> Yes, more than one person <input type="checkbox"/> Declined to answer (Go to question 34) <input type="checkbox"/> No</p> <p>34. Is there a place that you USUALLY go for care when you are sick or need advice about your health?</p> <p><input type="checkbox"/> Yes (Go to question 34.1) <input type="checkbox"/> Don't know (Go to question 34.35) <input type="checkbox"/> No (Go to question 35) <input type="checkbox"/> Declined to answer (Go to question 34.35) <input type="checkbox"/> There is more than one place (go to question 34.1)</p> <p>34.1. What kind of place do you go to most often when you are sick or you need advice about your health? Is it a doctor's office, emergency room, hospital outpatient department, clinic or some other place? Select one only.</p> <p><input type="checkbox"/> Doctor's Office <input type="checkbox"/> Clinic or Health Center <input type="checkbox"/> Hospital Emergency Room <input type="checkbox"/> Retail Store Clinic or "Minute Clinic" <input type="checkbox"/> Hospital Outpatient Department <input type="checkbox"/> School (Nurse's Office, Athletic Trainer's Office) <input type="checkbox"/> Don't know <input type="checkbox"/> Some other place <input type="checkbox"/> Declined to answer</p>
The percent of women with a well-woman visit	<p>17. During the past 12 months, did you see a doctor, nurse, or other health care worker for preventive medical care, such as a physical or well visit checkup? Select one only</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to Answer</p>	<p>7. How many weeks or months pregnant were you when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children). STAFF: Please enter number of weeks OR number of months.</p> <p>___ Weeks OR ___ Months</p> <p><input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer <input type="checkbox"/> I didn't go for prenatal care (Go to question 8)</p>	<p>33. Since your child was /children were born, have you had a postpartum visit for yourself? A postpartum visit is the regular checkup a woman has 4-6 weeks after she gives birth. Select one only.</p> <p><input type="checkbox"/> Yes (Go to question 33.1) <input type="checkbox"/> No (Go to question 33.2) <input type="checkbox"/> Don't know (Go to question 33.2) <input type="checkbox"/> Declined to answer (Go to question 33.2)</p> <p>33.1 When did you have your postpartum visit? STAFF: Please enter day of postpartum visit.</p> <p>___/___/___ (month/day/year) (Go to question 33)</p> <p>33.2 Do you have one scheduled? Select one only.</p> <p><input type="checkbox"/> Yes: Please indicate date of scheduled appointment: ___/___/___ (month/day/year) <input type="checkbox"/> No <input type="checkbox"/> Declined to answer</p>	<p>36. During the past 12 months, did you see a doctor, nurse, or other health care worker for preventive medical care, such as a physical or well visit checkup? Select one only.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/> Declined to Answer</p>

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The percent of women who conceive within 18 mo of previous birth		<p>1. How many weeks or months pregnant are you? STAFF: Please enter number of weeks OR number of months.</p> <p>_____ Weeks OR _____ Months</p> <p><input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer</p> <p>2. What is your baby's due date? Due Date: __/__/__ <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer</p>	<p>1.1 When was your baby / were your babies born? STAFF: Enter birth date for each baby.</p> <table border="1"> <thead> <tr> <th></th> <th>Date: (month/day/year)</th> </tr> </thead> <tbody> <tr> <td>Baby 1</td> <td>__/__/__</td> </tr> <tr> <td>Baby 2</td> <td>__/__/__</td> </tr> <tr> <td>Baby 3</td> <td>__/__/__</td> </tr> <tr> <td>Baby 4</td> <td>__/__/__</td> </tr> </tbody> </table>		Date: (month/day/year)	Baby 1	__/__/__	Baby 2	__/__/__	Baby 3	__/__/__	Baby 4	__/__/__	<p>1. Please tell me the dates of birth for any children older than 6 months and younger than 24 months old.</p> <table border="1"> <thead> <tr> <th></th> <th>Date of Birth</th> <th>Don't know</th> <th>Declined to answer</th> </tr> </thead> <tbody> <tr> <td>Child1</td> <td>__/__/__</td> <td></td> <td></td> </tr> <tr> <td>Child2</td> <td>__/__/__</td> <td></td> <td></td> </tr> <tr> <td>Child3</td> <td>__/__/__</td> <td></td> <td></td> </tr> <tr> <td>Child4</td> <td>__/__/__</td> <td></td> <td></td> </tr> </tbody> </table>		Date of Birth	Don't know	Declined to answer	Child1	__/__/__			Child2	__/__/__			Child3	__/__/__			Child4	__/__/__																																										
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The percent of children read to 3+ time per week				<p>3. Please tell me the number of days you or a family member read to your child during the past week. <u>Reading includes books with words or pictures but not books read by an audio tape, record, CD, or computer.</u></p> <p>STAFF: Record the total number of days, from 0 days (no days) to 7 days (everyday).</p> <table border="1"> <thead> <tr> <th></th> <th>Days per week (Record the number)</th> <th>Don't know</th> <th>Declined to answer</th> </tr> </thead> <tbody> <tr> <td>Child1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Child2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Child3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Child4</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Days per week (Record the number)	Don't know	Declined to answer	Child1				Child2				Child3				Child4			
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