

# Caregiver Survey

## COMPLETE AT

- **Enrollment:** For all caregivers;
- **Prenatal:** 32–40 weeks;
- **Postpartum:** 1–8 weeks, 6 months, 1 year; and
- **Non-perinatal caregivers:** Every 6 months from enrollment.

Name of home visitor: \_\_\_\_\_

Name of client: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of visit/survey date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

1. Current zip code of client: \_\_\_\_\_

2. Mark all screenings the client received today

PLEASE CHECK ALL THAT APPLY

- |   |                         |
|---|-------------------------|
| Experiences of Racism   | Smoking cessation/rules |
| Financial   | Social Support          |
| Food Security   | Substance Use           |
| Housing/Home Environment                                      | Transportation          |
| Medical Care - <i>example: PNC, medical home, oral health</i> | Violence or Abuse       |
| Mental Health/Depression                                      | Vision or Hearing       |

3. Does the client smoke cigarettes?

- Yes
- No [⬇️ SKIP TO 5](#)
- Declined to answer [⬇️ SKIP TO 5](#)

4. If yes, how many cigarettes a day do they smoke?

- |               |               |
|---------------|---------------|
| Less than one | 6–9           |
| 1–5           | More than ten |

5. Does the client use e-cigarettes or other nicotine products?

EXAMPLE: VAPE PENS, E-HOOKAHS, HOOKAH PENS, E-CIGARS, E-PIPES, PATCH, GUM, CHEWING TOBACCO, ETC.

- Yes
- No [⬇️ SKIP TO 7](#)
- Declined to answer [⬇️ SKIP TO 7](#)

6. If yes, how often do they use e-cigarettes or other nicotine products?

- More than once a day
- Once a day
- 2-6 days a week
- One day a week or less
- Declined to answer

7. If the client has a history of substance use (including tobacco), is there a relapse plan in place?

- Yes
- No, client says they do not need one
- Client doesn't know
- Not Applicable, no history of substance use
- Declined to answer
- Other: \_\_\_\_\_

8. Does the client have a reproductive life plan in place?

- Yes
- No
- Client doesn't know
- Declined to answer
- Other: \_\_\_\_\_

9. Is client [or client's partner(s)] doing anything now to keep from getting pregnant?

- Yes
- No, client is currently pregnant [⬇ SKIP TO 11](#)
- No, client is trying to get pregnant [⬇ SKIP TO 11](#)
- No, client does not mind getting pregnant [⬇ SKIP TO 11](#)
- No, client is worried about the side effects of contraception methods [⬇ SKIP TO 11](#)
- No, client does not want to use contraception [⬇ SKIP TO 11](#)
- No, client is unable to financially afford contraception [⬇ SKIP TO 11](#)
- No, client is having trouble accessing contraception [⬇ SKIP TO 11](#)
- No, client has infertility issues/trouble getting pregnant/does not believe they can become pregnant [⬇ SKIP TO 11](#)
- Client doesn't know [⬇ SKIP TO 11](#)
- Declined to answer [⬇ SKIP TO 11](#)
- Other: \_\_\_\_\_ [⬇ SKIP TO 11](#)

10. What method of contraception is the client [or client's partner(s)] using to avoid pregnancy?

PLEASE CHECK ALL THAT APPLY

- |  |  |
|--|--|
| Abstinence                                   | Patch                                      |
| Tubal ligation or hysterectomy               | Cervical ring                              |
| Only same sex partner(s)                     | Birth control shot (Depo-provera, Lunelle) |
| Male condom                                  | IUD  |
| Female condom                                | Emergency contraception                    |
| Diaphragm/cervical cap/sponge                | Birth control implant                      |
| Natural family planning (rhythm method)      | Vasectomy                                  |
| Spermicides/jelly/foam/cream/suppository/VCF | Declined to answer                         |
| Withdrawal method                            | Other: _____                               |
| Birth control pills                          |  |

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**11. Does the client have a primary care provider or medical home?**

PLEASE CHECK ALL THAT APPLY

Yes

Not yet, they are on a waiting list

No, unable to find an appointment that fits their schedule

No, client/caregiver states they are unable to find a provider that understands their family

No, client/caregiver states that providers do not treat the family with respect

No, no transportation to provider

No, no one to take care of other children during an appointment

No, cannot financially afford a provider

No, client/caregiver states the client does not need a provider

No, unsure how to utilize insurance

No, no providers in client's area

Declined to answer

No, other: \_\_\_\_\_

**12. Does the client receive recommended dental care from a primary dental provider or dental hygienist?**

PLEASE CHECK ALL THAT APPLY

Yes, from a dentist

Yes, from a dental hygienist only

Yes, from a traditional healer

Not yet, they are on a waiting list

No, receiving dental care from an emergency provider when needed

No, client/caregiver states they are unable to find a provider that understands their family

No, client/caregiver states that providers do not treat the family with respect

No, no transportation to provider

No, no one to take care of other children during an appointment

No, cannot financially afford a provider

No, client/caregiver states the client does not need a provider

No, unsure how to utilize insurance

Declined to answer

No, other: \_\_\_\_\_

**13. Who else is currently involved in the care of this client?**

PLEASE CHECK ALL THAT APPLY

Behavioral Therapist  
Community/Neighbors/Friends  
Oregon Department of Human Services Child Welfare (DHS)  
Developmental Disabilities Services (DD Services)  
Early Childhood Special Education  
Early Intervention Services  
Extended family members  
Head Start  
Insurance/payer/CCO  
Medical Equipment Vendor  
Mental Health Provider  
Occupational Therapist  
Parent/Partner/Peer Support

Pharmacy/Compounding Pharmacy  
Physical Therapist  
Religious/Faith Leader  
School Nurse  
Social Security  
Special Education Coordinator  
Specialty Provider  
Speech Therapist  
Traditional Healer  
No one else  
Declined to answer  
Other: \_\_\_\_\_

**14. During the past six months, what has the client's perception of their mental and emotional health status been?**

Excellent or very good  
Good

Fair or poor  
Declined to answer

**15. During the past six months, was there someone that the client could turn to for day-to-day emotional support with parenting or raising their child?**

Yes  
No

Declined to answer [⬇️ SKIP TO 18](#)

**16. How often does the client have connections with other families who share similar life situations for support?**

EXAMPLE: NEW MOTHERS, FAMILIES OF CHILDREN WITH SIMILAR NEEDS, YOUTH IN TRANSITION TO ADULTHOOD, GRANDPARENTS RAISING GRANDCHILDREN, ETC.

Never  
Rarely  
Sometimes  
Regularly [⬇️ SKIP TO 18](#)  
Declined to answer [⬇️ SKIP TO 18](#)

**17. Would the client like to be connected with other families who share similar life situations?**

Yes  
No  
Declined to answer

- [i](#) If Caregiver is **PRENATAL** [⬇️ GO TO QUESTION 18](#)
- [i](#) If Caregiver is in **Babies First!** and **NON-PERINATAL** [✔️ END OF SURVEY](#)
- [i](#) If Caregiver is in **Babies First!** and **POSTNATAL (Birth – two months)** [⬇️ GO TO QUESTION 21](#)
- [i](#) If Caregiver is in **CaCoon** [⬇️ GO TO QUESTION 22](#)

## CAREGIVER IN THE PRENATAL PERIOD

18. What was the date of client's first prenatal care visit? \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

- No prenatal care
- Previously reported
- Declined to answer
- Unknown

19. What is the client's feeding intention for the infant?

- Breastmilk
- Formula
- Both breastmilk and formula
- Declined to answer
- Previously reported
- Other: \_\_\_\_\_

20. How often does the client take prenatal vitamins or folic acid?

- 1-3 times a week
- 4-6 times a week
- Every day
- Not taking prenatal vitamins or folic acid
- Declined to answer

**i** If Prenatal Caregiver is in Babies First! **END OF SURVEY**

## POSTNATAL ONLY - BIRTH TO TWO MONTHS POSTPARTUM

21. Has the client had a postpartum visit for themselves?

PLEASE CHECK ALL THAT APPLY

- Yes
- Not yet, they are on a waiting list
- No, unable to find an appointment that fits their schedule
- No, client/caregiver states they are unable to find a provider that understands their family
- No, client/caregiver states that providers do not treat the family with respect
- No, no transportation to provider
- No, no one to take care of other children during an appointment
- No, cannot financially afford a provider
- No, client/caregiver states the client does not need a provider
- No, unsure how to utilize insurance
- No, no providers in client's area
- Declined to answer
- No, other: \_\_\_\_\_

**i** If Postnatal Caregiver is in Babies First! **END OF SURVEY**

22. During the past 6 months, did the client have problems paying for any of their or their child's medical or health care bills?

No, no medical or health-related expenses  END OF SURVEY

No, did not have problems paying medical bills  END OF SURVEY

Yes, had problems paying their own medical bills

Yes, had problems paying their child's medical bills

Yes, had problems paying both their own AND their child's medical bills

Declined to answer  END OF SURVEY

23. If the client had problems paying medical bills, did the client receive any financial help with paying medical bills?

Yes  END OF SURVEY

Declined to answer  END OF SURVEY

No

24. If no, would the client like to be connected to resources to help with paying medical bills?

Yes

No

Declined to answer