

Child and Youth Survey

COMPLETE AT

- Enrollment for CaCoon (for children 60 months and older)
- Every six months after enrollment (for children 60 months and older)

Name of home visitor: _____

Name of client: _____

Date of birth: ____ / ____ / ____ Date of visit/survey date: ____ / ____ / 20 ____

1. Current zip code of client: _____

2. 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: _____

3. 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: _____

4. Total number of medical specialists involved in client's care. Include PCP:

FOR EXAMPLE, MD, DO, FNP, ETC.

- | | |
|-----|--------------------|
| 0 | 4 or more |
| 1 | Declined to answer |
| 2-3 | |

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

PLEASE CHECK ALL THAT APPLY

- | | |
|---|-------------------------------|
| Behavioral Therapist | Pharmacy/Compounding Pharmacy |
| Community/Neighbors/Friends | Physical Therapist |
| Oregon Department of Human Services Child Welfare (DHS) | Religious/Faith Leader |
| Developmental Disabilities Services (DD Services) | School Nurse |
| Early Childhood Special Education | Social Security |
| Early Intervention Services | Special Education Coordinator |
| Extended Family Members | Specialty Provider |
| Head Start | Speech Therapist |
| Insurance/Payer/CCO | Traditional Healer |
| Medical Equipment Vendor | No one else |
| Mental Health Provider | Declined to answer |
| Occupational Therapist | Other: _____ |
| Parent/Partner/Peer Support | |

6. At the time of the visit, are the client's immunizations up to date?

- | | |
|---------------------------------------|--|
| Yes, client has had all immunizations | No, client has not had any immunizations |
| No, client has had some immunizations | Declined to answer |

7. Does the client take any medication regularly (prescription or over the counter)?

- Yes
- No **⬇️ SKIP TO QUESTION 11**
- Declined to answer **⬇️ SKIP TO QUESTION 11**

8. How many prescription medications does the client take regularly? _____

9. How many over the counter medications does the client take regularly? _____

10. In the last 12 months, did the client experience any barriers to receiving any of their medications?

PLEASE CHECK ALL THAT APPLY

- | | |
|--|---|
| No | Yes, confusion understanding medication |
| Yes, lack of transportation to obtain medication | Yes, racism/discrimination |
| Yes, financial barriers | Declined to answer |
| Yes, insurance barriers | Yes, other: _____ |

11. Does the client require durable medical equipment (DME) for activities of daily living?

- | | |
|-----|-------------------------------|
| Yes | Client/Caregiver doesn't know |
| No | Declined to answer |

12. In the last 12 months, has the client experienced any barriers to accessing/utilizing their durable medical equipment (DME)?

PLEASE CHECK ALL THAT APPLY

- | | |
|---|----------------------------|
| No | Yes, DME broken |
| Yes, lack of transportation to obtain DME | Yes, racism/discrimination |
| Yes, financial barriers | Declined to answer |
| Yes, insurance barriers | Yes, other _____ |
| Yes, confusion understanding DME need | |

13. Since the last time this form was completed, has the caregiver received car seat safety education?

PLEASE CHECK ALL THAT APPLY

- | | |
|--|-------------------------------|
| Yes, by home visitor | No, client declined education |
| Yes, by another provider | Declined to answer |
| Not Applicable - <i>no longer age/weight appropriate</i> | No, other _____ |
| No, education was already provided | |

14. How often does the client ride in a car safety seat that is appropriate for their weight and length (rear-facing for children until at least two years)?

- Always **⬇ SKIP TO QUESTION 16**
- Sometimes
- Never
- Not Applicable (no longer age/weight appropriate) **⬇ SKIP TO QUESTION 16**
- Declined to answer **⬇ SKIP TO QUESTION 16**

15. If "Sometimes" or "Never" selected for question 14, what other ways does caregiver make sure the child is safe in the car?

PLEASE CHECK ALL THAT APPLY

- | | |
|-------------------------------|--------------------|
| Always rides in the back seat | Declined to answer |
| Rides in a booster | Other _____ |

16. Mark all screenings the client/caregiver received today:

PLEASE CHECK ALL THAT APPLY

- | | |
|---|-------------------------|
| None | Smoking Cessation/Rules |
| Experiences Of Racism | Social Support |
| Financial | Substance Use |
| Food Security | Transportation |
| Housing/Home Environment | Violence or Abuse |
| Medical Care - <i>example, PNC, Medical Home, Oral Health</i> | Vision or Hearing |
| Mental Health/Depression | |

17. During the past six months, was there any time when the caregiver of the client needed respite care for the client?

- Yes
- No **⬇ SKIP TO QUESTION 19**
- Client/Caregiver doesn't know **⬇ SKIP TO QUESTION 19**
- Declined to answer **⬇ SKIP TO QUESTION 19**

18. If yes, were they able to obtain the needed respite care for the client?

Yes

Declined to answer

No

i For clients 11 years of age and younger **✔** END OF SURVEY

FOR CLIENTS 12, 13, OR 14 YEARS OF AGE

19. During today's visit, did the home visitor discuss the concept of transition from pediatric to adult care?

Yes, with the client only

No, client declined; they are not ready

Yes, with the caregiver only

No, caregiver declined; they are not ready

Yes, with both the client and the caregiver

No, other _____

No, postponed for future visit

i For clients 12 or 13 years of age **✔** END OF SURVEY

FOR CLIENTS 14 YEARS AND OLDER

20. In the last six months, has the home visitor discussed learning more about the client's own health care, such as knowing their medications and side effects, how to refill their medications, how to make their own appointments, knowing about their health conditions, knowing when to seek emergency care, etc.?

Yes, with the client only

No, client declined; they are not ready

Yes, with the caregiver only

No, caregiver declined; they are not ready

Yes, with both the client and the caregiver

No, other _____

No, postponed for future visit

21. In the last six months, has the home visitor discussed the option or need for supported decision-making or guardianship when the youth turns 18 years old?

Yes, with the client only

No, caregiver declined; they are not ready

Yes, with the caregiver only

No, not applicable (client does not need supported decision-making)

Yes, with both the client and the caregiver

No, postponed for future visit

No, other _____

No, client declined; they are not ready

22. In the last six months, has the home visitor discussed the process of transferring the client to an adult primary care provider?

FOR EXAMPLE, IDENTIFYING AN ADULT PRIMARY CARE PROVIDER WHO ACCEPTS THE CLIENT'S INSURANCE, SCHEDULING AN APPOINTMENT, TRANSFERRING RECORDS, ATTENDING THE APPOINTMENT

Yes, with the client only

No, caregiver declined; they are not ready

Yes, with the caregiver only

No, not applicable (already discussed)

Yes, with both the client and the caregiver

No, postponed for future visit

No, other _____

No, client declined; they are not ready

✔ END OF SURVEY

10/01/2023