Target Information	Benchmark (EPIC Center Data Dictionary)	Goal	Related DGIS measure	Related PM	Source of 2016 item	Exact Wording of Standardized Survey Item, 2016	Wording Used in 2016 Version
sex of person being interviewed							not asked
participant's age date of birth					PRAMS Phase 6 Core#6	What is your date of birth? [BOX]/[BOX]/20[BOX] MonthDayYear	what is your date of birth? ____/____/_____ (month/day/year)
Age classifications that align with HS reporting requirements							Age not directly asked
education					2011 NSCH/SLAITS #K11Q20	9th-12th GRADE NO DIPLOMA (3) HIGH SCHOOL GRADUATE OR GED COMPLETED (4) COMPLETED A VOCATIONAL, TRADE, OR BUSINESS SCHOOL PROGRAM (5) SOME	What is the highest grade or year of school you have completed? Less than high school; high school or ged; some college or vocational; college graduate; more than college; don't know; decline to answer
Hispanic ethnicity					http://www.census.gov/prod	Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin Print origin, for example	origin ☐ Yes, Mexican, Mexican Am., Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, another Hispanic, Latino, or Spanish origin — Print origin, for example, Argentinean, Colombian
race					https://www.census.gov/pro	Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. Japanese Korean Vietnamese	☐ Samoan ☐ Other Pacific Islander ☐ Don't Know ☐ Declined to answer ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian Indian ☐ Chinese
usual source of medical care	Increase proportion Healthy Start women and child participants who have a usual source of medical care to 80%.	Improve Women's Health	The percent of Healthy Start women and child participants that have a usual source of medical care. (US2)	PM 12: 80% of Healthy Start women and child participants that have a usual source of care.	NSCH 2011, K4Q01	advice about [his/her] health? (1) YES (2) NO [SKIP TO K4Q04] (3) THERE IS MORE THAN ONE PLACE (77) DON'T KNOW [SKIP TO	Select one only ☐ Yes ☐ No (Go to question 16) ☐ There is more than one place

Target Information	Source of May 2019 Item	Exact Wording of Standardized Survey Item, May 2019	Wording Used in May 2019 Version	Source of Sept 2019 Version
sex of person being interviewed	https://aspe.hhs.gov/basic-report/hhs	"SEX DATA STANDARD What is your sex? a. _____ Male b. _____Female"	What is your sex? Female Male Don't know Declined to answer	same as May 2019
participant's age date of birth	2015-2017 NSFG Female AA-1	How old are you? ENTER age at last birthday in years _____	How old are you? Age in years _____ Don't know Declined to answer	PRAMS Phase 8 Core 3
Age classifications that align with HS reporting requirements		N/A	Age classifications not included	HS reporting requirements
education	NSCH 2018; https://www.census.gov/content/dam/Census/programs-surveys/nsch/tech-documentation/questionnaires/2018/NSCH-T1.pdf	Completed Completed a vocational, trade, or business school program Some College Credit, but no Degree Associate Degree (AA, AS) Bachelor's Degree (BA, BS, AB) Master's Degree (MA, MS, MSW,	Select one only. Did not complete high school diploma/GED or equivalent in home-country Completed high school diploma/GED or equivalent in home-country Some college or trade/vocational training College graduate or more Don't Know Declined to answer	The Fragile Families and Child Wellbeing Study (SURVEY OF NEW PARENTS), Mothers' Baseline Survey, Public Use Version, April 2013, Question I1
Hispanic ethnicity	https://aspe.hhs.gov/basic-report/hhs	"The OMB minimum categories for ethnicity are: Hispanic or Latino and Not Hispanic or Latino"	Select one only. No Yes Don't Know Declined to answer	same as May 2019
race	https://aspe.hhs.gov/basic-report/hhs	"The OMB minimum categories for race are: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White."	What is your race? Select one or more. American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Don't know Declined to answer	same as May 2019
usual source of medical care	NSCH 2018 C10; https://www.census.gov/content/dam/Census/programs-surveys/nsch/tech-documentation/questionnaires/2018/NSCH-T1.pdf	caregiver USUALLY take this child when he or she is sick or you need advice about his or her health? 26018143 7 §;"rL¤ Yes	is there a place that you USUALLY go for care when you are sick or need advice about your health? Select one only. Yes No [skip next question] Don't know Declined to answer	same as May 2019

Target Information	Exact Wording of Standardized Survey Item, Sept 2019	Wording Used in Sept 2019 Version	Rationale for Change
sex of person being interviewed	same as May 2019	What is your sex? Select one. Female Male Declined to answer	Program goal of increasing father/partner involvement necessitates counting and collecting data on them, hence a question about participant sex has been added.
participant's age date of birth	What is your date of birth? Month/Day/Year	What is your date of birth? [month/day/year] _____ Don't know Declined to answer	Date of birth is needed in order for grantees to make calculations related to specific HS reporting requirements.
Age classifications that align with HS reporting requirements	N/A	below the participant falls into: 10-14 years 15-19 years 20-24 years 25-34 years 35-44 years 45+ years	Based on Aug 2019 grantee piloting and feedback, this added question captures the information as mandated in the HS reporting requirements. It is in red font, indicating that the staff person enters this information without framing it as a question for the participant. Together with the date of birth in item #3, this will help to streamline data collection and improve accuracy with regard to specific reporting requirements that use these age ranges to capture data regarding participants served.
education	1 8th grade or less .....2 Some high school (Grades 9,10,11, & 12).....3 High school diploma (Completed 12th grade) ..4 G.E.D..... 5	you have completed: No formal schooling 8th grade or less Some high school (Grades 9, 10, 11, & 12) High school diploma (Completed 12th grade) G.E.D. Some college or 2 year degree	Fragile Families Survey item used, since they target a population similar to that of Healthy Start, and so the response options for education are more suitable for HS participants than those that target the general population.
Hispanic ethnicity	same as May 2019	origin? Select one. Yes, Hispanic or Latino No, Not Hispanic or Latino Don't know Declined to answer	The Sept 2019 wording exactly follows OMB 'minimal set' of guidelines for ethnicity by wording response options as 'yes, Hispanic or Latino/a' and 'No, Not Hispanic or Latino/a.'
race	same as May 2019	Select all that apply. American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Don't know Declined to answer	As with ethnicity, OMB minimum categories are used for race since this is not a national survey. The order of the ethnicity/race questions (ethnicity first) reflects the OMB recommended order of these 2 questions.
usual source of medical care	same as May 2019	go for care when you are sick or need advice about your health? Yes No Don't know Declined to answer	2019 item updated to new NSCH.

Target Information	Benchmark (EPIC Center Data Dictionary)	Goal	Related DGIS measure	Related PM	Source of 2016 item	Exact Wording of Standardized Survey Item, 2016	Wording Used in 2016 Version
what kind of place do you go to for health care	Increase proportion Healthy Start women and child participants who have a usual source of medical care to 80%.	Improve Women's Health	The percent of Healthy Start women and child participants that have a usual source of medical care. (HS2)	PM 12: 80% of Healthy Start women and child participants that have a usual source of care.	NSCH 2011, K4Q02	ROOM (3) HOSPITAL OUTPATIENT DEPARTMENT (4) CLINIC OR HEALTH CENTER (5) RETAIL STORE CLINIC OR "MINUTE CLINIC" (6) SCHOOL (NURSE	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?
any health insurance past year	Increase the proportion of Healthy Start women and child participants with health insurance to 90% (reduce uninsured to less than 10%)	Improve Women's Health	The percent of Healthy Start women and child participants with health insurance. (LC1)	PM 4: 90% of MCHB funded projects promoting and/ or facilitating adequate health insurance coverage.			not asked
health insurance type	Increase the proportion of Healthy Start women and child participants with health insurance to 90% (reduce uninsured to less than 10%)	Improve Women's Health	The percent of Healthy Start women and child participants with health insurance. (LC1)	PM 4: 90% of MCHB funded projects promoting and/ or facilitating adequate health insurance coverage.	PRAMS Phase 6 H2	husband, partner, or parents Health insurance that you or someone else pays for (not from a job) Medicaid or (state Medicaid name) TRICARE or other military health care State option (IHS, etc.)	husband, partner or parents. ☐ Insurance purchased directly from an insurance company ☐ Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability ☐ TRICARE or other military health care ☐ Indian Health Service ☐ Other, specify: _____ ☐ No insurance
well-visit care	Increase proportion of Healthy Start women participants that receive a well-woman visit to 80%.	Improve Women's Health	The percent of Healthy Start women participants who have a well-woman visit. (WMH3)	Overlap with PM 7	NSCH 2011/SLAITS #S4Q01	health care professional for any kind of medical care, including sick-child care, well-child check-ups, physical exams, and hospitalizations? (1) YES (2) NO [SKIP TO K4Q30]	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? Yes, no, don't know, declined to answer
household income					PRAMS Phase 6 Core 54	partner's income, and any other income you may have received. (All information will be kept private and will not affect any services you are now getting.) ☐ Less than $10,000	Select one only. ☐ Less than $10,000 ☐ $10,000 to less than $15,000 ☐ $15,000 to less than $20,000 ☐ $20,000 to less than $25,000
number people supported on household income					PRAMS Phase 6 Standard 55	During the 12 months before your new baby was born, how many people, including yourself, depended on this income? [BOX] People	How many people are supported by this income? STAFF: Enter number of people. _____ Adults age 18 or older _____ Children age 17 or younger ☐ Don't know ☐ Declined to answer

Target Information	Source of May 2019 Item	Exact Wording of Standardized Survey Item, May 2019	Wording Used in May 2019 Version	Source of Sept 2019 Version
what kind of place do you go to for health care	NSCH 2018 C11; https://www.census.gov/content/dam/Census/programs-surveys/nsch/tech-documentation/questionnaires/2018/NSCH-T1.pdf	go first? Mark (X) ONE box.Doctor's Office Hospital Emergency Room Hospital Outpatient Department Clinic or Health Center Retail Store Clinic or "Minute Clinic" School (Nurse's Office, Athletic Trainer's Office)	☐ Doctor's Office ☐ Hospital Emergency Room ☐ Hospital Outpatient Department ☐ Clinic or Health Center ☐ Retail Store Clinic or "Minute Clinic" ☐ School (Nurse's Office, Athletic Trainer's Office) ☐ Some other place _____ ☐ Don't Know	same as May 2019
any health insurance past year	NSCH 2018 E3	Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan? D11 No ➔ SKIP to question	DURING THE PAST 12 MONTHS, were you EVER covered by ANY kind of health insurance or health coverage plan? ☐ Yes, I was covered all 12 months ☐ Yes, but I had a gap in coverage ☐ No ➔ SKIP next question ☐ Don't know ☐ Declined to answer	same as May 2019
health insurance type	NSCH 2018 E4; https://www.census.gov/content/dam/Census/programs-surveys/nsch/tech-documentation/questionnaires/2018/NSCH-T1.pdf	plans? Mark (X) Yes or No for EACH item. Insurance through a current or former employer or union b. Insurance purchased directly from an insurance company Yes No c. Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability	☐ Insurance through a current or former employer or union ☐ Insurance purchased directly from an insurance company ☐ Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability ☐ TRICARE or other military health care ☐ Indian Health Service ☐ Other, specify: _____ ☐ Don't know	PRAMS Phase 8 Core 11
well-visit care	NSCH 2018 C2	did this child visit a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up? A preventive check-up is when this child was not sick or injured, such as an annual or sports	professional for PREVENTIVE medical care, such as a physical or well-visit checkup? A preventive check-up is when you are not sick or injured, such as an annual or sports physical, or well- visit. Select one only. ☐ Yes ☐ No ☐ Don't know ☐ Declined to Answer	same as May 2019
household income	PRAMS Phase 8 Core 50	kept private and will not affect any services you are now getting. $0 to $16,000 $16,001 to $20,000 $20,001 to $24,000 $24,001 to $28,000 $28,001 to $32,000	not affect any services you are now getting. ☐ Less than $10,000 ☐ $10,000 to less than $15,000 ☐ $15,000 to less than $20,000 ☐ $20,000 to less than $25,000 ☐ $25,000 to less than $35,000 ☐ $35,000 to less than $50,000	same as May 2019
number people supported on household income	PRAMS Phase 8 Core 51	During the 12 months before your new baby was born, how many people, including yourself, depended on this income? _____People	How many people, including yourself, were supported by this income? STAFF: Enter number of people. ☐ Adults age 18 or older:_____ [Note: A pregnant woman counts as one person] ☐ Children age 17 or younger:_____ ☐ Don't know ☐ Declined to answer	same as May 2019

Target Information	Exact Wording of Standardized Survey Item, Sept 2019	Wording Used in Sept 2019 Version	Rationale for Change
what kind of place do you go to for health care	same as May 2019	☐ Clinic or Health Center ☐ Retail Store Clinic or "Minute Clinic" ☐ School (Nurse's Office, Athletic Trainer's Office) ☐ Some other place _____	2019 Item updated to new NSCH.
any health insurance past year	same as May 2019	Were you EVER covered by ANY kind of health insurance or health coverage plan? ☐ Yes, I was covered all 12 months ☐ Yes, but I had a gap in coverage ☐ No ☐ Don't know ☐ Declined to answer	Item updated to new NSCH.
health insurance type	or Healthcare.gov Medicaid (required: state Medicaid name) State-specific option (Other government plan or program such as SCHIP/CHIP) State-specific option (Other government plan or program not listed above such as MCH	☐ Insurance Type Check if Currently have Private health insurance from my job or the job of my husband or partner ☐ Private health insurance from my	PRAMS Phase 8 Core 11 used for Sept 2019 as it was in 2016.
well-visit care	same as May 2019	well-visit checkup? A preventive check-up is when you are not sick or injured, such as an annual or sports physical, or well-visit. Select one only. ☐ Yes	Updated to NSCH 2018.
household income	same as May 2019	sources of income, including your income, your husband's or partner's income, and any other income you may have received. All information will be kept private and will not affect any services you are now	The 2019 versions updated to PRAMS Phase 8.
number people supported on household income	same as May 2019	***getting*** the 12 months before your baby was born, how many people, including yourself, depended on this income? STAFF: Enter number of people. ☐ _____People	2019 versions updated to PRAMS Phase 8.

Target Information	Benchmark (EPIC Center Data Dictionary)	Goal	Related DGIS measure	Related PM	Source of 2016 item	Exact Wording of Standardized Survey Item, 2016	Wording Used in 2016 Version
children under 18 months old enrolled in HS							not directly asked
depression screener	Increase the proportion of Healthy Start women participants who receive depression screening and referral to 100%.	Strengthen Family Resilience	The percent of Healthy Start women participants who receive depression screening and referral. (WMH4)	PM 8: 100% of MCHB funded projects promoting and/ or facilitating depression screening, and through what processes.	PHQ-2, https://www.aafp.org/afp/2012/0115/p139.html#sec-2	doing things 0 1 2 3 Feeling down, depressed, or hopeless 0 1 2 3 NOTE: If the patient has a positive response to either question, consider administering the Patient Health Questionnaire-9 or asking the patient more questions about possible	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? Little interest or pleasure in doing things Feeling down, depressed, or hopeless
participant screened for depression?	Increase the proportion of Healthy Start women participants who receive depression screening and referral to 100%.	Strengthen Family Resilience	The percent of Healthy Start women participants who receive depression screening and referral. (WMH4)	PM 8: 100% of MCHB funded projects promoting and/ or facilitating depression screening, and through what processes.			not directly asked
referred for depression?	Increase the proportion of Healthy Start women participants who receive depression screening and referral to 100%.	Strengthen Family Resilience	The percent of Healthy Start women participants who receive depression screening and referral. (WMH4)	PM 8: 100% of MCHB funded projects promoting and/ or facilitating depression screening, and through what processes.			not directly asked
substance use					NIDA Quick Screen, using instructions found at https://www.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings/nida-quick-screen	Never Once or Twice Monthly Weekly Daily or Almost Daily Prescription Drugs for Non-	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 answer
IPV screener	Increase proportion of Healthy Start women participants who receive intimate partner violence (IPV) screening to 100%.	Strengthen Family Resilience	The percent of HS women participants who receive intimate partner violence screening. (HS5)	PM 14: 100% of Healthy Start women participants who receive intimate partner violence screening.	PRAMS Standard Phase 6, Z1, Z5	anger or threats of your husband or partner .....N Y c. Your husband or partner tried to control your daily activities, for example, controlling who you could	44.1 Did your husband or partner threaten or make you feel unsafe in some way? 44.2 Were you frightened for your safety or your family's safety because of the anger or threats of your husband or partner? 44.3 Did your husband or partner try to control your daily activities, for example, control who you could talk to, anywhere you could go?

Target Information	Source of May 2019 Item	Exact Wording of Standardized Survey Item, May 2019	Wording Used in May 2019 Version	Source of Sept 2019 Version
children under 18 months old enrolled in HS	Staff record: generated by program for programmatic purpose	N/A	Are any of your children who currently live with you less than 18 months old? Select one only. ⍰ Yes [Complete the mandatory Parent/Child Questions] ⍰ No ⍰ Declined to answer	Staff record generated by program for programmatic purpose
depression screener	same as 2016	same as 2016	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? Little interest or pleasure in doing things Feeling down, depressed, or hopeless	same as 2016
participant screened for depression?	Staff record generated by program for programmatic purpose	N/A	Staff: has this participant responded to both items of the depression screening in the previous question? ⍰ Yes ⍰ No	Staff record generated by program for programmatic purpose
referred for depression?	Staff record generated by program for programmatic purpose	N/A	Staff: Was this participant referred for follow-up services related to possible depression? ⍰ Yes ⍰ No	Staff record generated by program for programmatic purpose
substance use	NIDA Clinical Trials Network, The Tobacco, Alcohol, Prescription medications, and other Substance (TAPS) Tool Part 1; https://cde.drugabuse.gov/sites/nida_cde/files/TAPS%20Tool%20Parts%20I%20and%20II%20V2.pdf	single shot of liquor.(Note: This question should only be answered by females). Daily or Almost Daily Weekly Monthly Less Than Monthly NeverIn the PAST 12 MONTHS, how often have you used any drugs	For women: Had 4 or more drinks containing alcohol in one day? For men: Had 5 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. ⍰ ⍰ ⍰ ⍰ ⍰ ⍰ Used any (illegal) drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA? ⍰ ⍰ ⍰ ⍰ ⍰ ⍰	same as May 2019
IPV screener	PRAMS Phase 8 Core 28, Standard Z1	During your most recent pregnancy, did any of the following things happen to you? For each thing, check No if it did not happen to you or Yes if it did. No Yes a. My husband or partner threatened	b. Were you frightened for your safety or your family's safety because of the anger or threats of any of these people? ⍰ ⍰ ⍰ ⍰ ⍰ ⍰ c. Did any of these people try to control your daily activities, for example, control who you could talk to or where you could go? ⍰ ⍰ ⍰ ⍰ ⍰ ⍰ d. Did any of these people push, hit, slap, kick, choke, or physically hurt you in any other way? ⍰ ⍰ ⍰ ⍰ ⍰ ⍰ e. Did any of these people force you to take part in touching or any sexual activity when you did not want to?	same as May 2019

Target Information	Exact Wording of Standardized Survey Item, Sept 2019	Wording Used in Sept 2019 Version	Rationale for Change
children under 18 months old enrolled in HS	N/A	children less than 18 months old who are enrolled or you would like to enroll in Healthy Start? Select one only. ☐ Yes [Participant will need to complete the mandatory Parent/Child Form if the child is or will be enrolled in HS] How many? _____ ☐ No	This question allows the grantee to determine whether participant has a child who might be eligible for HS services, and reminds them to complete the Parent/Child form. Based on Aug 2019 grantee piloting, this item was moved to follow the question on number of people in household, and the wording is changed to be more of a direct question regarding child enrollment in the program, rather than simply asking if a participant has a child under 18 months old.
depression screener	same as 2016	days, or nearly every day? STAFF: Read each item to participant, and check one response for each item. A Total Score of 2 or more indicates additional screening and possible referral is needed. Mood Not at all Several Days More than half the days Nearly every day Score a. Little interest or pleasure in doing things ☐ 0 ☐ 1 ☐ 2 ☐ 3	The PHQ-2 is a commonly used 2-question screener for depression developed for use in primary care/clinical settings. The 2016 version uses a modified question stem; this modified wording was retained in the 2019 versions. The response options themselves retain the standardized wording across all 3 versions. The Sept 2019 version includes an instruction to staff that further referral/further screening is needed if the participant scores a 2 or above. Using 2 as a threshold has been found to have high sensitivity https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2906530/.
participant screened for depression?	N/A	Staff: has this participant responded to the items of the depression screening in the previous question? ☐ Yes, both items ☐ Yes, but only one item ☐ No, was not able to administer this	This direct question makes information directly responsive to the depression screening performance measure easier for a lay person to pull up. The Aug 2019 version provides more detailed response options, based on grantee feedback.
referred for depression?	N/A	17. Staff: Please indicate whether this participant was referred for additional screening and/or follow-up services related to possible depression? ☐ Yes (A Total Score of 2 or more indicates additional screening and possible referral is needed)	Public comment suggested a direct question addressing the 'referral' part of the depression screening performance measure. Wording modified based on Aug 2019 grantee pilot feedback.
substance use	same as May 2019	One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. ☐ ☐ ☐ ☐ ☐ Used marijuana? ☐ ☐ ☐ ☐ ☐ ☐ Used any illicit drugs including	source column; the 2016 instructions generally follow the referenced guidelines, whereas the response options include extensive modifications to the quick-screen online tool (specifically, much greater detail). The 2019 versions use the NIDA TAPS rather than the NIDA quick-screen, because the TAPS provides detail/guidance regarding which specific substances to include under which category, particularly with regard to the misuse of prescribed drugs, such as opioids. All HS versions included reformatting what were repeated questions using the same question stem into a chart to facilitate administration. In addition, based on grantee feedback and changing societal laws, the Sept 2019 version moves marijuana out of the 'illegal' drug category and adds it as a separate line; and, to facilitate understanding based on current societal concerns, changes the word 'opiate'
IPV screener	same as May 2019	a. Threatened you or made you feel unsafe in some way? ☐ ☐ ☐ ☐ ☐ b. Made you feel frightened for your safety or your family's safety because of their anger or threats? ☐ ☐ ☐ ☐ ☐ c. Tried to control your daily activities, for example, control who	The 2019 item was updated to PRAMS Phase 8.

Target Information	Benchmark (EPIC Center Data Dictionary)	Goal	Related DGIS measure	Related PM	Source of 2016 item	Exact Wording of Standardized Survey Item, 2016	Wording Used in 2016 Version
IPV screener administered?	Increase proportion of Healthy Start women participants who receive intimate partner violence (IPV) screening to 100%.	Strengthen Family Resilience	The percent of HS women participants who receive intimate partner violence screening. (HS5)	PM 14: 100% of Healthy Start women participants who receive intimate partner violence screening.			not directly asked
RPL-more children desired?	Increase the proportion of Healthy Start women participants who have a documented reproductive life plan to 90%.	Improve Women's Health	The percent of Healthy Start women participants that have a documented reproductive life plan. (HS1)	PM 11: 90% of Healthy Start women participants that have a documented reproductive life plan.	Questions based on examples	I want to have ___child or children.	year? Select one only. ☐ Yes (Go to question 43) ☐ No (Go to question 42.3) ☐ I am okay either way (Go to question 43) ☐ Don't know (Go to question 42.3) ☐ Declined to answer (Go to question 42.3) 42.3 How long would you like to wait until you become pregnant?
RPL-total # children desired	Increase the proportion of Healthy Start women participants who have a documented reproductive life plan to 90%.	Improve Women's Health	The percent of Healthy Start women participants that have a documented reproductive life plan. (HS1)	PM 11: 90% of Healthy Start women participants that have a documented reproductive life plan.	Questions based on examples	I want to have ___child or children.	How many children would you like to have? Please enter number of children: _____Children (Go to question 42.2) ☐ Don't know ☐ Declined to answer
RPL-when would participant like to become pregnant?	Increase the proportion of Healthy Start women participants who have a documented reproductive life plan to 90%.	Improve Women's Health	The percent of Healthy Start women participants that have a documented reproductive life plan. (HS1)	PM 11: 90% of Healthy Start women participants that have a documented reproductive life plan.	Questions based on examples	I want to have children ____ years apart	pregnant? Select one only. ☐ 1 year -17 months ☐ 18 months to 2 years ☐ More than 2 years ☐ Don't know
RPL-birth control until ready to become pregnant?	Increase the proportion of Healthy Start women participants who have a documented reproductive life plan to 90%.	Improve Women's Health	The percent of Healthy Start women participants that have a documented reproductive life plan. (HS1)	PM 11: 90% of Healthy Start women participants that have a documented reproductive life plan.	Questions based on examples	Depo Provera (contraceptive shot). Birth control pills, patch, or ring. Condoms. Spermicidal gel, cream, foam, or jelly.	or birth control to either prevent pregnancy or prevent sexually transmitted infections? Select one only. ☐ Yes (Go to question 43.1) ☐ No [Screening Tool is Complete] ☐ Don't know [Screening Tool is Complete]
RPL-condom to prevent STDs?	Increase the proportion of Healthy Start women participants who have a documented reproductive life plan to 90%.	Improve Women's Health	The percent of Healthy Start women participants that have a documented reproductive life plan. (HS1)	PM 11: 90% of Healthy Start women participants that have a documented reproductive life plan.			Not asked separately
Does this participant have a current reproductive life plan (RPL)?	Increase the proportion of Healthy Start women participants who have a documented reproductive life plan to 90%.	Improve Women's Health	The percent of Healthy Start women participants that have a documented reproductive life plan. (HS1)	PM 11: 90% of Healthy Start women participants that have a documented reproductive life plan.			not directly asked

Target Information	Source of May 2019 Item	Exact Wording of Standardized Survey Item, May 2019	Wording Used in May 2019 Version	Source of Sept 2019 Version
IPV screener administered?	Staff record generated by program for programmatic purpose	N/A	Staff: has this participant responded to the IPV screening questions above? Yes No	Staff record generated by program for programmatic purpose
RPL-more children desired?	Every Woman California, Preconception Health Council of California, Your Future and Children, http://www.everywomancalifornia.org/content_display.cfm?categoriesID=68&contentID=461	Do you want any more children?	Do you want any (more) children? No [Complete question 25, then skip to question 29] Yes [Go to question 26] Unable to get pregnant [Skip to question 29] Don't know [Go to question 25] Declined to answer [Go to question 25]	same as May 2019
RPL-total # children desired	Every Woman California, Preconception Health Council of California, Your Future and Children, http://www.everywomancalifornia.org/content_display.cfm?categoriesID=68&contentID=461	If you want more children... How Many More Children Do You Want?	→If you WANT (more) children... How many (more) children do you want? _____	same as May 2019
RPL-when would participant like to become pregnant?	Every Woman California, Preconception Health Council of California, Your Future and Children, http://www.everywomancalifornia.org/content_display.cfm?categoriesID=68&contentID=461	How long do you plan to wait until you become pregnant again?	→If you WANT (more) children... How long do you plan to wait until you become pregnant (again)? _____	same as May 2019
RPL-birth control until ready to become pregnant?	Every Woman California, Preconception Health Council of California, Your Future and Children, http://www.everywomancalifornia.org/content_display.cfm?categoriesID=68&contentID=461	Are you using a method of birth control to make sure you do not get pregnant before you are ready?	Don't know Declined to answer All women... Are you currently using a condom to prevent sexually transmitted infections? Select one only. Yes	PRAMS Phase 8 Core 45
RPL-condom to prevent STDs?	generated by program for programmatic purposes	no standardized survey question asking about condom use in relation to STIs was identified	infections? Select one only. Yes No Don't know Declined to answer	same as May 2019
Does this participant have a current reproductive life plan (RPL)?	Staff record generated by program for programmatic purpose	N/A	Staff: has this participant responded to the questions in this section, as appropriate, to create her Reproductive Life Plan? Yes No	same as May 2019

Target Information	Exact Wording of Standardized Survey Item, Sept 2019	Wording Used in Sept 2019 Version	Rationale for Change
IPV screener administered?	N/A	questions answered) Screening not completed due to o Presence of partner o Presence of family member/friend o Participant declined to answer one or more questions	This direct question makes information directly responsive to the IPV screening performance measure easier for a lay person to pull up.
RPL-more children desired?	same as May 2019	Do you want any (more) children? Yes [Go to next question] No [Skip to question 24] Unable to get pregnant [Skip to question 25] Don't know [Skip to question 24] Declined to answer [Skip to question 24]	To assess whether a woman has established a reproductive life plan (and to help her establish one if she has not), the 2016 version adopted a series of (unstandardized) questions based on statements from a brochure linked through an HHS/CDC website (updated URL listed here as 2016 source). (One purpose of including RLP questions in this form is to provide an RLP template that is standard across grantees.) In searching this year for reproductive life plans, although I was not able to find a 'standardized' set of questions, I was able to locate a very thoughtful RLP template put together by Every Woman California, Preconception Health Council of California, "Your Future and Children." The 2019 versions are based on this set of questions. The modifications made primarily reflect formatting, ordering, and elaboration of the set of questions provided in the referenced Every Woman California source; in addition, an 'unable to get pregnant' option used in the 2016 version was retained to allow interviewers to be as sensitive as possible to participant situations when asking these questions. The wording for this set of questions is unchanged between the May and Sept 2019 versions.
RPL-total # children desired	same as May 2019	→If you WANT (more) children… How many (more) children do you want? _____	of (unstandardized) questions based on statements from a brochure linked through an HHS/CDC website (updated URL listed here as 2016 source). (One purpose of including RLP questions in this form is to provide an RLP template that is standard across grantees.) In searching this year for reproductive life plans, although I was not able to find a 'standardized' set of questions, I was able to locate a very thoughtful RLP template put together by Every Woman California, Preconception Health Council of California, "Your Future and Children." The 2019 versions are based on this set of questions. The modifications made primarily reflect formatting, ordering, and elaboration of the set of questions provided in the referenced Every Woman California source; in addition, an 'unable to get pregnant' option used in the 2016 version was retained to allow interviewers to be as sensitive as possible to participant situations when asking these questions. The wording for this set of questions is unchanged between the May
RPL-when would participant like to become pregnant?	same as May 2019	→If you WANT (more) children… How long do you plan to wait until you become pregnant (again)? _____	(One purpose of including RLP questions in this form is to provide an RLP template that is standard across grantees.) In searching this year for reproductive life plans, although I was not able to find a 'standardized' set of questions, I was able to locate a very thoughtful RLP template put together by Every Woman California, Preconception Health Council of California, "Your Future and Children." The 2019 versions are based on this set of questions. The modifications made primarily reflect formatting, ordering, and elaboration of the set of questions provided in the referenced Every Woman California source; in addition, an 'unable to get pregnant' option used in the 2016 version was retained to allow interviewers to be as
RPL-birth control until ready to become pregnant?	Condoms Shots or injections (Depo-Provera®) Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)	Birth control pills Condoms Shots or injections (Depo-Provera®) Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)	Based on Aug 2019 grantee piloting feedback, a PRAMS item offering response options for different kinds of birth control methods was used in the Set 2019 version. The Sept 2019 version adds women who are currently pregnant in the question stem, reflecting the broader set of women, compared to the PRAMS, that this question is targeted to. In addition, the 2016 RLP question regarding birth control use combined preventing pregnancy and preventing STDs into a single question. The 2019 version separates these 2 out to reflect the fact that a currently pregnant (or infertile) woman may not need birth control to prevent pregnancy, but they nonetheless need to consider protection against STDs.
RPL-condom to prevent STDs?	same as May 2019	transmitted infections? Select one only. Yes No N/A—not sexually active Don't know	The 2016 RLP question regarding birth control combined prevent pregnancy and prevent STIs into a single question. The 2019 version separates these 2 out to reflect the fact that a currently pregnant (or infertile) woman may not need birth control to prevent pregnancy, but they nonetheless need to consider protection against STIs.
Does this participant have a current reproductive life plan (RPL)?	same as May 2019	does want (more) children, she has thought about how many (q 22), and their spacing (q 23) and how to prevent pregnancy until she is ready (q 24).] Yes, participant has completed all relevant items to create a	This direct question makes information directly responsive to the RLP performance measure easier for a lay person to pull up. Wording modified based on Aug 2019 grantee pilot feedback.

Target Information	Benchmark (EPIC Center Data Dictionary)	Goal	Related DGIS measure	Related PM	Source of 2016 item	Exact Wording of Standardized Survey Item, 2016	Wording Used in 2016 Version
pregnancy status					2013-2015 NSFG Female Questionnaire, #BA-2	Are you pregnant now? Yes .....1 No 5	Are you pregnant now? Select one only. ☐ Yes (Go to question 1.1 AND Complete the Prenatal Screening Tool) ☐ No (Go to question 2) ☐ Don't know (Go to question 2) ☐ Declined to answer (Go to question 2)
pregnancy history					NSFG 2013-2015 Female Questionnaire BC0-BC4a - summary of previous pregnancies vs. one by one	Some other way .....5 { IF PREGNANCY ENDED IN ANY LIVE BIRTH NBRNALIV BC-2. (With your (nth) pregnancy,) How many babies did you have that were born alive? Please include babies that may	Abortion/Fetal Death/Stillbirth Pregnancy 1 # ____ Date: __ / __ / ____ Date: __ / __ / ____ Date: __ / __ / ____ Date: __ / __ / ____ # ____ Date: __ / __ / ____ Pregnancy 2 # ____ Date: __ / __ / ____ Date: __ / __ / ____ Date: __ / __ / ____ Date: __ / __ / ____ # ____ Date: __ / __ / ____ Pregnancy 3 #
previous preterm birth					2011 NSCH K2Q05	than 3 weeks before [his/her] due date? (1) YES (2) NO (77) DON'T KNOW (99) REFUSED READ IF NECESSARY: Most pregnancies last about 40 weeks. A premature birth is when a baby is born more	Were any of your babies born more than 3 weeks before his or her due date? Select one only. ☐ Yes, please specify how many: _____ ☐ No ☐ Don't know ☐ Declined to answer
previous LBW					2013-2015 NSFG Female Questionnaire #BD-4 - modified to summary question	Did (she/he) weigh 5 1/2 pounds or more, or less than 5 1/2 pounds? 5 1/2 pounds or more ..... 1 Less than 5 1/2 pounds 2	Did any of your babies weigh less than 5 pounds, 8 ounces at birth? Select one only. ☐ Yes, please specify how many: _____ ☐ No ☐ Don't know ☐ Declined to answer
previous Very Low Birthweight							not asked
infant hospital stay					CoIIN-Care Coordination -	N/A	came home? Select one only. ☐ Yes, Please specify reason:_____ ☐ No ☐ Declined to answer

Target Information	Source of May 2019 Item	Exact Wording of Standardized Survey Item, May 2019	Wording Used in May 2019 Version	Source of Sept 2019 Version
pregnancy status	2015-2017 NSFG Female Questionnaire, #BA-2	Are you pregnant now? Yes .....1 No 5	Are you pregnant now? Select one only. ☐ Yes [Complete the Prenatal Mandatory Questions] ☐ No ☐ Don't know ☐ Declined to answer	same as May 2019
pregnancy history	NSFG 2015-2017 Female Questionnaire BC1-BC1b - summary of previous pregnancies vs. one by one	[5] or [6] only once. NOTE: This is a critical item. PROBE if R says DK or RF. Miscarriage .....1 Stillbirth .....2 Abortion .....3 Ectopic or tubal pregnancy .....4 2015-2017 NSFG FEMALE CAPI-Lite OMB No. 0920-0314	Have you ever had any of the following? Select all that apply. ☐ Live birth, Specify how many_____ ☐ Ectopic or tubal pregnancy ☐ Miscarriage (baby died before 20 weeks of pregnancy) ☐ Fetal death (baby died before being born) or stillbirth ☐ None of the above ☐ Don't know ☐ Declined to answer	same as May 2019
previous preterm birth	2018 NSCH B1; https://www.census.gov/content/dam/Census/programs-surveys/nsch/tech-documentation/questionnaires/2018/NSCH-T1.pdf	Was this child born more than 3 weeks before his or her due date? Yes No	Were any of your babies born more than 3 weeks before their due date? Select one only. ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer	2015-2017 NSFG, BC-7
previous LBW	2015-2017 NSFG Female Questionnaire #BD-4 - modified to summary question	Did (she/he) weigh 5 1/2 pounds or more, or less than 5 1/2 pounds? 5 1/2 pounds or more ..... 1 Less than 5 1/2 pounds 2	Did any of your babies weigh less than 5 pounds, 8 ounces at birth? Select one only. ☐ Yes ☐ No ☐ Don't know	same as May 2019
previous Very Low Birthweight			not asked	Generated by program for programmatic purposes
infant hospital stay	CoIIN-Care Coordination -	N/A	Did any of your babies stay in the hospital after you came home? Select one only. ☐ Yes, Please specify reason:_____ ☐ No ☐ Declined to answer	CoIIN-Care Coordination -

Target Information	Exact Wording of Standardized Survey Item, Sept 2019	Wording Used in Sept 2019 Version	Rationale for Change
pregnancy status	same as May 2019	Are you pregnant now? Select one only. ☐ Yes [Participant will need to complete the mandatory Prenatal Form] ☐ No ☐ Don't know ☐ Declined to answer	The wording for this item has remained unchanged across the 3 versions, and compared to the standardized wording in the NSFG. This question allows the grantee to determine whether a participant is in the prenatal phase and will thus need corresponding services. The 2019 versions contain a staff instruction with regard to following up with the Prenatal Form if the woman is currently pregnant.
pregnancy history	same as May 2019	o Ectopic or tubal pregnancy, Number _____ o Miscarriage (pregnancy ended spontaneously before 20 weeks), Number _____ o Stillbirth or fetal death (pregnancy ended at 20 weeks or more), Number _____ o Termination of pregnancy,	The modifications used across all 3 versions reflect an attempt to condense content that appears in the original source across multiple questions, and then repeated for each prior pregnancy, into a single question, in order to reduce time burden. The 2016 version did this by creating a chart. The 2019 versions do this by creating a checklist that includes number of times each type of event has occurred in the past. The chart was replaced with the checklist in order to simplify reporting and eliminate information that is not needed (eg, precise dates for each past pregnancy event are not needed--interconception intervals are addressed in the parent/child form using a different question/format). Pregnancy termination as a response option and definitions (eg, miscarriage v fetal death) were added to the 2019 versions based on Aug 2019 grantee pilot feedback and public comment.
previous preterm birth	A preterm delivery is one that occurs at 36 weeks or earlier in pregnancy. As far as you know, did you have a preterm delivery? Yes .....1 No 5	occurs at 36 weeks or earlier in pregnancy. As far as you know, have you had a preterm delivery in the past? Select one only. ☐ Yes, How many prior pregnancies delivered more than 3 weeks before due date: _____ ☐ No, How many prior pregnancies delivered full term: _____ ☐ Don't know	Based on grantee feedback and the fact that a history of preterm births is a risk factor for future preterm births, the Sept 2019 version clarifies that we are talking about number of pregnancies delivered preterm, and includes a prompt to specify the number of previous preterm deliveries as well as the number of previous full-term deliveries. Gathering this information will provide a full picture of risk based on previous preterm births for HS participants.
previous LBW	same as May 2019	☐ Yes, How many babies: _____ ☐ No ☐ How many babies born normal weight (5 lb, 8 oz -- 9 lb, 4 oz): _____ ☐ How many babies born weighing MORE THAN 9 lb 4 oz [4500 grams]:	This item allows further examination of risk history among HS women with regard to past births. In the Sept 2019 version, grams were added as a specification for staff use in case needed, and prompts for number of previous LBW, normal weight, and high-weight births were added, in order to provide a full picture of risk with regard to previous birthweight among HS participants.
previous Very Low Birthweight	N/A	weighing less than 5 pounds, 8 ounces, how many of them weighed LESS THAN 3 pounds, 5 ounces [1500 grams] at birth? Select one. ☐ Yes, How many babies: _____	Item added based on grantee feedback and internal discussion to document pre-existing risk: (a) demonstrates need for HS services, and (b) can provide a baseline for evaluating pregnancy outcomes while receiving HS services.
infant hospital stay	N/A	hospital after you came home? Select one only. ☐ Yes, How many_____, Please specify reason _____ ☐ No ☐ Declined to answer	An extended hospital stay is an indicator of prior pregnancy complications/poor birth outcomes: http://www.hcup-us.ahrq.gov/reports/statbriefs/sb163.pdf . Wording is unchanged across the three versions.

Target Information	Benchmark (EPIC Center Data Dictionary)	Goal	Related DGIS measure	Related PM	Source of 2016 item	Exact Wording of Standardized Survey Item, 2016	Wording Used in 2016 Version
previous infant death?							not directly asked
number of previous infant mortalities							not directly asked
staff record re: infant mortality							not directly asked
phase of HS participation							not asked
date of enrollment in the HS program							not asked

Target Information	Source of May 2019 Item	Exact Wording of Standardized Survey Item, May 2019	Wording Used in May 2019 Version	Source of Sept 2019 Version
previous infant death?	PRAMS Phase 8 Core 32	Is your baby alive now? No Yes	☐ Yes ☐ No, Can you tell me how many babies you lost? _____ [Complete next question] ☐ Don't know ☐ Declined to answer	2015-2017 NSFG, BI-4a
number of previous infant mortalities			not asked separately	generated by program for programmatic purposes
staff record re: infant mortality	generated by program for programmatic purpose	N/A	Staff: If participant has experienced the loss of a child, sensitively probe for the child's or children's age(s) at death and select one or more of the following: ☐ Indicate number of children who died within first 27 days of life:_____ ☐ Indicate number of children who died before one year of age:_____ ☐ Indicate number of children who died at 12 months or older: _____	Generated by program for programmatic purposes
phase of HS participation	Staff record--generated by program for programmatic purpoes	N/A	☐ Preconception (no living children) ☐ Prenatal (currently pregnant) ☐ Postpartum (has a living baby at home under 6 months old) ☐ Parenting/Interconception (has a living child at home 6-18 months old, or older children)	Staff record--generated by program for programmatic purpoes
date of enrollment in the HS program	Staff record--generated by program for programmatic purpoes	N/A	On cover page: Date of Participant Enrollment in Healthy Start Program: _____	Staff record--generated by program for programmatic purpoes

Target Information	Exact Wording of Standardized Survey Item, Sept 2019	Wording Used in Sept 2019 Version	Rationale for Change
previous infant death?	With this pregnancy, how many babies did you have that were born alive? Please include babies that may have died shortly after birth and babies that you placed for adoption. ENTER number of babies	who were born alive still alive? Yes [this form is complete] No [GO TO NEXT QUESTION] Don't know [this form is complete] Declined to answer [this form is complete]	Public comment suggested that previous infant mortality be ascertained directly, given its importance as an outcome. In the Sept 2019 version, this is ascertained through a series of two questions plus a staff record. In this first question, the participant is asked essentially whether all her previous babies or children are still alive.
number of previous infant mortalities	N/A	[If mother indicates prior loss of child in previous question:] Can you tell me how many babies or children you have lost? _____	Public comment and Aug 2019 grantee pilot feedback were used to create questions that would directly address the issue of infant mortality.
staff record re: infant mortality	N/A	[Staff, sensitively probe for the child's or children's age(s) at death and record below:] Number of children who died within 0 to 27 days of life:_____ Number of children who died 28 to 364 days after birth:_____ Number of children who died at 12 months or older: _____	Age of child at death needed to determine infant mortality. Given emotional nature of the topic, case workers are advised to probe sensitively for this information.
phase of HS participation	N/A	Currently in: Preconception (no prior pregnancies) Prenatal (currently pregnant) Postpartum (has a live infant less than 6 months old) Parenting/Interconception (has child[ren] 6 months or older, or a recent pregnancy terminated	The current tools do not have a way of determining which phase of HS participation a particular woman is in, apart from making note of which screening tool she completed. Asking this information explicitly and recording it as a variable in the dataset will allow for greater flexibility in pulling up different sets of information. In addition, it serves as a check on the number of women served in each reproductive phase, and provides a stable denominator across grantees for these numbers.
date of enrollment in the HS program	N/A	Primary Participant_____ Accompanying Adult _____ Enrolled Child if applicable _____	A significant issue with the 2017 data has been that there is no way to determine the length of time a mother has been with the HS program. That information is recorded here in order to correct this issue. In addition, date of enrollment is important for calculating several of the performance measures. Question was simplified for May 2019 revision based on public comment, and then further refined to differentiate among enrolled woman, enrolled child, and accompanying adult (eg, fathers) based on Aug 2019 grantee pilot feedback.

E3:	
E11:	E3:
E18:	E11:
E22:	E18:
F8:	E22:
F9:	F8:
L12:	F9:
M20:	L12:
M32:	M20:
O2:	M32:
O7:	O2:
O8:	O7:
O9:	O8:
O11:	O9:
O13:	O11:
O14:	O13:
O20:	O14:
O21:	O20:
O23:	O21:
O31:	O23:
O36:	O31:
P20:	O36:
P32:	P20:

Question #	Priority Area Addressed	Topic
1	**Quality Improvement**	Supports Accurate Reporting and Quality Control
2	**Quality Improvement**	Supports Accurate Reporting and Quality Control
3	**Quality Improvement**	Supports Accurate Reporting and Quality Control
4	**Quality Improvement**	Supports Accurate Reporting and Quality Control
5	**Improve Women's/ Maternal Health**	Access to Care
6	**Improve Women's/ Maternal Health**	Access to Care
7	**Improve Women's/ Maternal Health**	Pregnancy / Infant Outcomes

8	**Improve Women's/ Maternal Health**	Interconception Interval
9	**Perinatal Infant Health**	Breastfeeding
10	**Strengthen Family Resilience**	Father Involvement
11	**Life Course/ Cross-cutting**	Substance Use
12	**Life Course/ Cross-cutting**	Substance Use
13	**Life Course/ Cross-cutting**	Substance Use
cover page	**Quality Improvement**	Supports Accurate Reporting and Quality Control
cover page	**Quality Improvement**	Supports Accurate Reporting and Quality Control

cover page	**Quality Improvement**	Supports Accurate Reporting and Quality Control
follow-up after pregnancy ends	**Health Equity - MCH Outcomes**	Pregnancy / Infant Outcomes
follow-up after pregnancy ends	**Health Equity - MCH Outcomes**	Pregnancy / Infant Outcomes
follow-up after pregnancy ends	**Quality Improvement**	Supports Accurate Reporting and Quality Control
follow-up after pregnancy ends	**Health Equity - MCH Outcomes**	Pregnancy / Infant Outcomes

Purpose of Item
Supports analysis and reporting of benchmarks; when the woman entered HS relative to her due date is critical for understanding whether any pregnancy or pregnancy-related health outcomes occurred while she was in HS or not.
Supports understanding/ documentation of who the program is serving with the long term goal of reducing health inequities; specifically, documenting how many weeks gestation a woman is when she starts receiving HS services provides a useful covariate for evaluating pregnancy outcomes. That is, if a woman enters HS late in the pregnancy then birth outcomes are less likely to reflect HS services than if she enters early in her pregnancy.
Supports analysis and reporting of benchmarks; when the woman entered HS is critical for understanding whether any pregnancy or pregnancy-related health outcomes occurred while she was in HS or not. 'Trimester' is an important variable in reporting, and having this question here with the preceding 2 questions allows for verification and promotes accuracy in reporting.
Supports analysis and reporting of benchmarks; when the woman entered HS is critical for understanding whether any pregnancy or pregnancy-related health outcomes occurred while she was in HS or not.
Supports understanding/ documentation of who the program is serving with the long term goal of reducing health inequities; specifically, receiving prenatal care early in a pregnancy is associated with more positive birth outcomes than receiving prenatal care late in a pregnancy.
Supports understanding/ documentation of who the program is serving with the long term goal of reducing health inequities; specifically, receiving prenatal care early in a pregnancy is associated with more positive birth outcomes than receiving prenatal care late in a pregnancy. This question has been added to support a program reporting requirement that asks specifically about which trimester prenatal care was begun in.
Supports understanding/ documentation of who the program is serving with the long term goal of reducing health inequities; in particular, specific health and other conditions are associated with less optimal birth outcomes. Asking this question provides important information for evaluating birth outcomes a woman may have with her current

benchmark/performance measure; an interconception interval of at least 18 months is recommended for optimal health of both mother and baby.
Supports benchmark/performance measures related to breastfeeding following baby's birth; if needed or desired, the percentage who actually do breastfeed after birth can be compared to those who say they are planning for it while they are still pregnant.
benchmark / performance measure; specifically, supports long-term goal of reducing health inequities by engaging fathers and strengthening the family.
benchmark / performance measure; specifically, supports long-term goal of reducing health inequities by reducing/eliminating tobacco use during pregnancy among HS participants.
benchmark / performance measure; specifically, supports long-term goal of reducing health inequities by reducing/eliminating tobacco use during pregnancy among HS participants.
with the long term goal of reducing health inequities; specifically, alcohol use during pregnancy has been related to a variety of negative outcomes for the developing baby. Although not a performance measure, it is nonetheless an important predictor of infant health. Behavioral health is a priority in this administration, and asking this question could prove useful for the HS program, in case information
Supports analysis and reporting of benchmarks; when the woman entered HS is critical for understanding whether any pregnancy or pregnancy-related health outcomes occurred while she was in HS or not.
serving, with long-term goal of reducing health inequities; specifically, capturing a respondent's relationship to the participant as well as relationship to any participating child, will clarify situations in which the person completing the background questionnaire is not actually the biological mother. This may be important information if, eg, there are

Supports analysis and reporting of benchmarks; date that form is completed is used to complete age-and time-related variables and ensures accuracy in reporting.
Provides understanding/ documentation of program outcomes in relation to mission goal of supporting healthy pregnancies and reducing inequities in birth outcomes.
Provides understanding/ documentation of program outcomes in relation to mission goal of supporting healthy pregnancies and reducing inequities in birth outcomes.
A question regarding sources that staff are using to complete the pregnancy outcome items has been added in order to increase accountability in reporting.
Provides understanding/ documentation of program outcomes in relation to mission goal of supporting healthy pregnancies and reducing inequities in birth outcomes.

Target Information	Benchmark (EPIC Center Data Dictionary)	Goal
due date		
how many weeks pregnant		
trimester pregnancy		
enrollment in which trimester of pregnancy		
prenatal care		
prenatal care trimester		
selected pregnancy health risk conditions		

Interconception interval	Reduce the proportion of Healthy Start women participants who conceive within 18 months of a previous birth to 30%.	Promote Quality
plans for breastfeeding	Increase proportion of Healthy Start child participants whose parent/ caregiver reports they were ever breastfed or pumped breast milk to feed their baby to 90%	Promote Quality
father involvement during pregnancy	Start women participants that demonstrate father and/or partner involvement (e.g., attend appointments, classes, etc.) during	Strengthen Family Resilience
cigarettes and other nicotine products during pregnancy	Increase the proportion of pregnant Healthy Start participants that abstain from cigarette smoking to 90%.	Promote Quality
cigarettes and other nicotine products during pregnancy	Increase the proportion of pregnant Healthy Start participants that abstain from cigarette smoking to 90%.	Promote Quality
alcohol use during pregnancy		
date of enrollment in the HS program		
participant type		

date of form completion		
neonatal deaths if any		
maternal mortality		
sources for recorded pregnancy outcomes		
pregnancy outcome		

Related DGIS measure	Related PM	Source of 2016 item
		CoIIN
		2013-2015 NSFG Female Questionnaire, #BB-2
		PRAMS Phase 6 Core 16

The percent of Healthy Start women participants who conceive within 18 months of a previous birth. (HS3)	PM 13: 30% of Healthy Start women participants who conceive within 18 months of a previous birth.	
The percent of Healthy Start child participants whose parent reports they were ever breastfed or fed breast milk, even for a short	PM 10: 82% of MCHB funded projects promoting and/ or facilitating breastfeeding	q. 28 https://www.cdc.gov/breastfeeding/pdf/ifps/ifps_ii/
The percent of Healthy Start women participants that demonstrate father and/or partner involvement during pregnancy. (HS6)	PM 15: 90% of Healthy Start women participants that demonstrate father and/or partner involvement during pregnancy	Michigan Maternal Risk Identifier Worksheet
The percent of Healthy Start prenatal participants that abstain from smoking cigarettes in their third trimester. (LC2)	PM 5: 90% of MCHB funded projects promoting and/ or facilitating tobacco and e-cigarette cessation, and through what processes	https://www.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-
The percent of Healthy Start prenatal participants that abstain from smoking cigarettes in their third trimester. (LC2)	PM 5: 90% of MCHB funded projects promoting and/ or facilitating tobacco and e-cigarette cessation, and through what processes	https://www.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-
		Michigan Maternal Risk Identifier Worksheet

		CoIIN- Care Coordination/ Case Management
		N/A
		NSFG 2013-2015 Female Questionnaire BC0-BC4a - summary of previous pregnancies vs. one by one

Exact Wording of Standardized Survey Item, 2016	Wording Used in 2016 Version	Source of May 2019 Item
N/A	What is your baby's due date? ⍰ Due Date:_____/____/_____ Don't know ⍰ Declined to answer	CoIIN
_____ HOWPREG_P BB-2. [asking for units] After R has selected the units,	STAFF: Please enter number of weeks OR number of months. _____ Weeks OR _____Months ⍰ Don't know	2015-2017 NSFG Female Questionnaire, #BB-2
	not asked	2015-2017 NSFG Female Questionnaire, #BB-3
	not asked	program-generated for programmatic
that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program	Supplemental Nutrition Program for Women, Infants, and Children). STAFF: Please enter number of weeks OR number of months.	PRAMS Phase 8 Core 13
	not asked separately	
	not asked as single question	

	not directly asked	PRAMS Phase 8 Standard FF1, FF3
..... Both breast and formula feed	Select one only: □ Breastfeed only (baby will not be given formula) □ Formula feed only □ Both breastfed and formula	q. 26 https://www.cdc.gov/breastfeeding/pdf/ifps/ifps_ii/
N/A	□ Involved but not supportive of me (Go to question 49.1) □ Aware that I'm pregnant	Michigan Maternal Risk Identifier Worksheet
Weekly Daily or Almost Daily Prescription Drugs for Non-Medical Reasons	Snus, orbs, e-cigarettes, lozenges, cigars, or hookah) Mood-altering Drugs (including marijuana) Prescription Drugs for Non-	PRAMS Phase 8 Core 22
Weekly Daily or Almost Daily Prescription Drugs for Non-Medical Reasons	Snus, orbs, e-cigarettes, lozenges, cigars, or hookah) Mood-altering Drugs (including marijuana) Prescription Drugs for Non-	PRAMS Phase 8 Core 23, State Specific Question HI70
not drawn from a standardized survey	before finding out I was pregnant □ I drink alcohol regularly now but I've cut down since I found out I was pregnant □ I drink alcohol every once	PRAMS Phase 8 Core question 27
	not asked	Staff record: program-generated for programmatic purpose
	not asked	Staff record: program-generated for programmatic purpose

N/A	Date of Completion: _____	CoIIN-Care Coordination/ Case Management
	not asked separately	Staff record: program-generated for programmatic purpose
	not asked	
	not asked	N/A
way .....5 { IF PREGNANCY ENDED IN ANY LIVE BIRTH NBRNALIV BC-2. (With your (nth) pregnancy,) How many	_____(Go to question 1.1) ⍰ Miscarriage (Go to question 14)	Questionnaire BC1-BC1b - summary of previous

Standardized Survey Item, May	Wording Used in May 2019 Version
N/A	What is your baby's due date? ⍰ Due Date: [month/day/year]_____/____/_____ Don't know ⍰ Declined to answer
_____ HOWPREG_P BB-2. 2 of 2 After R has selected the units, SAY: Please record the month when	are you? STAFF: Please enter EITHER number of weeks OR number of months. ENTER ONE ONLY. ⍰ _____ Weeks ⍰ OR _____Months ⍰ Don't know ⍰ Declined to answer
trimester, or in your third trimester? First trimester .....1 Second	She is currently in, saying]. So you are in your [first/second/third] trimester. ⍰ First trimester (months 1-3, or weeks 0-13) ⍰ Second trimester (months 4-6, or weeks 14-27) ⍰ Third trimester (months 7-9, or weeks 28-40)
N/A	⍰ During 2nd trimester of this pregnancy (months 4-6, or weeks 14-27) ⍰ During 3rd trimester of this pregnancy
pregnant were you when you had your first visit for prenatal care? Weeks OR Months	OR number of months. ENTER ONE ONLY. ⍰ _____ Weeks [skip next question] ⍰ OR _____ Months [skip next question] ⍰ I didn't go/haven't gone yet for prenatal care [ask next question]
	not asked separately
	not asked

Yes Used by: DE74, TN79 FF3. How long ago did that pregnancy	Just want to know if you've had another pregnancy within the past 2 years. ☐ No ☐ Yes ☐ Don't know
Both breast and formula feed	☐ Breastfeed only (baby will not be given formula) ☐ Formula feed only ☐ Both breast and formula feed
N/A	STAFF: Please read responses to participant. ☐ Involved in my pregnancy and supportive of me ☐ Involved but not supportive of me
No Yes a. E-cigarettes or other electronic nicotine products b. Hookah c. State added option (Chewing	vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke. A hookah is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.
you did. No Yes a. E-cigarettes or other electronic nicotine products b. Hookah	produce vapor instead of smoke. A hookah is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.
an average week? 14 drinks or more a week 8 to 13 drinks a week 4 to 7 drinks a	More than once a day Once a day How many alcoholic drinks did you have in an average week? 14 drinks or more a week 8 to 13 drinks a week 4 to 7 drinks a week 1 to 3 drinks a week Less than 1 drink a week
N/A	E-cigarettes (electronic cigarettes) and other electronic nicotine vaping products (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.
N/A	A hookah is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

N/A	
N/A	
	More than once a day Once a day
	2-6 days a week 1 day a week or less Not at all Don’t Know Declined to Answer
Miscarriage .....1 Stillbirth 2	E-cigarettes or other electronic nicotine products
	Hookah Chewing tobacco, snuff, snus, or dip Cigars, cigarillos, or little filtered cigars

Source of Sept 2019 Version	Exact Wording of Standardized Survey Item, Sept 2019
same as May 2019	same as May 2019
same as May 2019	same as May 2019
same as May 2019	same as May 2019
same as May 2019	same as May 2019
2015-2017 NSFG BE-7	How many weeks pregnant were you at the time of your first prenatal care visit? Number _____
Staff record: determination of trimester based on response to preceding question	N/A
PRAMS Phase 8 Core 4	the condition or Yes if you did. No Yes a. Type 1 or Type 2 diabetes (NOT gestational diabetes or

PRAMS Phase 8 Standard FF4	before your new one? 0 to 12 months 13 to 18 months 19 to 24 months More than 2 years but less
same as May 2019	same as May 2019
same as May 2019	same as May 2019
same as May 2019	same as May 2019
same as May 2019	same as May 2019
The Fragile Families and Child Wellbeing Study (SURVEY OF NEW PARENTS), Mothers' Baseline Survey, Public Use Version, April 2013, Question G2	NEARLY EVERY DAY ..... 1 SEVERAL TIMES A WEEK ..... 2 SEVERAL TIMES A MONTH 3
Staff record: program-generated for programmatic purpose	N/A
Staff record: program-generated for programmatic purpose	N/A

CoIIN-Care Coordination/ Case Management	N/A
Staff record: program-generated for programmatic purpose	N/A
Staff record: program-generated for programmatic purpose	N/A
Staff record: program-generated for programmatic purpose	N/A
same as May 2019	same as May 2019

Wording Used in Sept 2019 Version
then this question must be completed when she does.] ⍰ Due Date: [month/day/year]_____/_____/_____ ⍰ Don't know
date, and then subtracting that number from 40. Eg, if it is 15 weeks until the due date, then you would subtract 15 from 40 to obtain the number 25, which would represent the estimate of how many weeks,
which trimester she is currently in: ⍰ First trimester (weeks 0-13) ⍰ Second trimester (weeks 14-27)
⍰ During 1st trimester of this pregnancy (weeks 0-13) ⍰ During 2nd trimester of this pregnancy (weeks 14-27)
LMP; AS A LAST RESORT ONLY, convert months into weeks by multiplying by 4.] ⍰ _____ Weeks ⍰ I haven't gone for prenatal care yet.
prenatal care visit: ⍰ First trimester (0-13 weeks) ⍰ Second trimester (14-27 weeks) ⍰ Third trimester (28-40 weeks)
Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy)

☐ 13 to 18 months ☐ 19 to 24 months ☐ More than 2 years but less than 3 years ☐ 3 to 5 years
☐ Breastfeed only (baby will not be given formula) ☐ Formula feed only ☐ Both breast and formula feed
☐ Involved in my pregnancy and supportive of me ☐ Involved but not supportive of me ☐ Aware that I'm pregnant but
☐ 41 cigarettes or more ☐ 21 to 40 cigarettes ☐ 11 to 20 cigarettes ☐ 6 to 10 cigarettes ☐ 1 to 5 cigarettes ☐ Less than 1 cigarette ☐ I didn't smoke then
A hookah is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.
been drinking alcoholic beverages? ☐ Nearly every day ☐ Several times a week ☐ Several times a month ☐ Less than once a month ☐ Never
(reproductive age female)_____ [Note: "Reproductive age" is technically age 15-44 years, but an enrolled woman could fall outside of this range.]
Participant [Select all that apply] o Primary Participant's spouse or partner o Enrolled child's co-parent

• Date of Mandatory Prenatal Form Completion: _____

deaths from this pregnancy:_____
 Outcome unknown
 Describe methods used to track neonatal death: _____
 Yes

 Outcome unknown
 Describe methods used to track maternal mortality: _____

 Hospital records
 Vital records
 Primary Participant
 Other family member
 Other source, Specify:

 Stillbirth or fetal death (pregnancy ended at 20 weeks or more).
 Indicate how many fetal deaths occurred with this

Rationale for Change
Originally used by CoIIN and suggested by public comment to support calculations needed for with date of interview, it allows calculation of how many weeks pregnant the participant is. S
Based on quality of 2016 data and Aug 2019 grantee pilot feedback, this item was modified to weeks or months, to avoid staff confusion when reporting this. In addition, a decision was ma a participant question into a staff record based on due date and date of interview, with the go confusions. Instructions for staff are included.
Suggested by public comment to support calculations needed for aggregate reporting require clarification/verification for questions 1 and 2, and should help with long-term goal of closing reporting.
Suggested by public comment as a way to reduce burden of reporting requirements by conso promoting completion and helping with the long-term goal of closing the gap between aggreg information on when relative to her pregnancy a woman enrolled in HS, an important determ birth outcomes. This question also aligns with a specific reporting requirement regarding trim
Due to a very large number of inconsistent and hard to interpret responses in the 2017 data r Sept version draws on the NSFG to ask only for weeks. Instructions for staff are provided on h
Added based on Aug 2019 grantee piloting in order to support reporting requirements regard in.
Since pregnancy outcomes are a key indicator of the success of HS, it's important to know wh question pertaining to health risk factors was requested during the Aug 2019 grantee piloting which captures a few of the most common health risk factors, was added to the Sept 2019 ve

Based on the Aug 2019 grantee pilot feedback, a different PRAMS question was chosen as the order to facilitate understanding of the question.
This question gives the caseworker an opportunity to provide encouragement/ resources for remain unchanged.
Responds to increased interest in examining/encouraging father involvement. Wording remai
To assess cigarette and other substance use during pregnancy, the 2016 version combined th Background Info form (for use with all participants) with an additional yes/no question regard versions differentiate between the broader NIDA screener used with all HS participants, and r and other nicotine products during the prenatal period, as per the 'smoking during pregnancy
To further assess tobacco use during pregnancy, we are using this item from PRAMS, which as cigarettes, including e-nicotine products.
Alcohol use during pregnancy is not a performance measure but is nonetheless an important for the HS program to have info on this to share if requested. The 2019 question regarding al
A significant issue with the 2017 data has been that there is no way to determine the length o That information is recorded here in order to correct this issue. In addition, date of enrollmen performance measures. Question was refined to differentiate between primary participant an Aug 2019 grantee pilot feedback.
This question allows counting and identification of Primary Participants, either the mother or Partners/Fathers. Inclusion of fathers in HS services has increased in priority.

Supports calculation of all age- and time-related performance measures and reporting require version.
Given the goals of the HS program, a question regarding neonatal deaths was added as a staff
Added to track outcome of increasing concern for the Division and Bureau.
This item creates a quality control check on the information regarding pregnancy outcome by r
mother's prenatal period. This change serves several purposes. First, it clearly links the prena the 2016 version, this question was linked to a woman already in the Postpartum and Interco from a prenatal woman. In addition, moving this item out of the postpartum tool increases se complete a 'postpartum' tool if the pregnancy did not result in a live birth. Finally, the outcor into a staff record as opposed to a question to participants, given the potential sensitivity and

Question #	Priority Area Addressed	Topic
1	**Quality Improvement**	Supports Accurate Reporting and Quality Control
2	**Quality Improvement**	Supports Accurate Reporting and Quality Control
3	**Health Equity - MCH Outcomes**	Who Does HS Serve?
4	**Health Equity - MCH Outcomes**	Who Does HS Serve?
5	**Health Equity - MCH Outcomes**	Pregnancy/ Infant Outcomes
6	**Health Equity - MCH Outcomes**	Pregnancy/ Infant Outcomes
7	**Health Equity - MCH Outcomes**	Pregnancy/ Infant Outcomes

8	**Quality Improvement**	Supports Accurate Reporting and Quality Control
9	**Improve Child Health**	Access to Care
10	**Improve Child Health**	Access to Care
11	**Life Course/ Cross-cutting**	Access to Care
12	**Life Course/ Cross-cutting**	Access to Care
13	**Improve Child Health**	Access to Care
14	**Improve Child Health**	Access to Care
15	**Improve Perinatal Infant Health**	Breastfeeding

16	**Improve Perinatal Infant Health**	Breastfeeding
17	**Improve Perinatal Infant Health**	Breastfeeding
18	**Improve Perinatal Infant Health**	Breastfeeding
19	**Improve Perinatal Infant Health**	Safe Sleep
20	**Improve Perinatal Infant Health**	Safe Sleep
21	**Strengthen Family Resilience**	Reading to Child
22	**Improve Women's/ Maternal Health**	Access to Care
23	**Strengthen Family Resilience**	Father Involvement
24	**Life Course/ Cross-cutting**	Substance Use

25	**Life Course/ Cross-cutting**	Substance Use
cover page	**Quality Improvement**	Supports Accurate Reporting and Quality Control
cover page	**Quality Improvement**	Supports Accurate Reporting and Quality Control
cover page	**Quality Improvement**	Pregnancy/ Infant Outcomes
cover page	**Quality Improvement**	Supports Accurate Reporting and Quality Control

Purpose of Item
Supports calculation of information the grantee needs for reporting requirements, with long-term goal of reducing gap in aggregate versus client-level reporting, and ensuring accuracy in reporting. In addition, date of birth can be used in conjunction with date of administration to calculate child's age at visit.
Supports analysis and reporting of benchmarks; when the woman entered HS is critical for understanding whether any pregnancy or pregnancy-related health outcomes occurred while she was in HS or not. The time units provided here matches an important reporting question, and having this question here with the preceding question allows for verification and promotes accuracy in reporting.
Supports understanding/ documentation of who the program is serving with long-term goal of reducing health inequities; specifically, past research has found that inequities exist in child health outcomes based on race and ethnicity, so capturing this information about our participants will enable us to track outcomes among vulnerable populations.
Supports understanding/ documentation of who the program is serving with long-term goal of reducing health inequities; specifically, past research has found that inequities exist in child health outcomes based on race and ethnicity, so capturing this information about our participants will enable us to track outcomes among vulnerable populations.
Supports understanding/ documentation of who the program is serving with the long term goal of reducing health inequities; specifically, if a woman enters HS with an infant under 18 months old, and that infant represents a preterm birth, then this suggests that this woman may be at elevated risk with regard to current or future pregnancy outcomes. Documenting this kind of pre-existing risk: (a) demonstrates need for HS services, and (b) can provide a baseline for evaluating pregnancy and child outcomes while receiving HS services.
term goal of reducing health inequities; specifically, if a woman enters HS with an infant under 18 months old, and that infant represents a preterm birth, then this suggests that this woman may be at elevated risk with regard to current or future pregnancy outcome. Documenting this kind of pre-existing risk: (a) demonstrates need for HS services, and (b) can provide a baseline for evaluating pregnancy and
term goal of reducing health inequities; specifically, if a woman enters HS with an infant under 18 months old, and that infant was low birthweight, then this suggests that this woman may be at elevated risk with regard to current or future pregnancy outcome. Documenting this kind of pre-existing risk: (a) demonstrates need for HS services, and (b) can provide a baseline for evaluating pregnancy and child outcomes

Provides information the grantee needs to meet reporting requirements, with long-term goal of ensuring accuracy in reporting.
benchmark / performance measure associated with access to quality health care
benchmark / performance measure associated with access to quality health care
benchmark / performance measure associated with access to quality health care
benchmark / performance measure associated with access to quality health care
benchmark / performance measure associated with access to quality health care
benchmark / performance measure associated with access to quality health care
benchmark / performance measure associated with child health outcomes

benchmark / performance measure associated with child health outcomes
benchmark / performance measure associated with child health outcomes
benchmark / performance measure associated with child health outcomes
benchmark / performance measure associated with infant safety
benchmark / performance measure associated with infant safety
benchmark / performance measure; parents spending time reading to their child is an activity associated with enhanced cognitive outcomes
benchmark / performance measure; a postpartum visit promotes the health of the new mother and her baby.
benchmark / performance measure; supports greater HS program emphasis on increasing engagement of spouses/ partners/ fathers in HS program activities
benchmark / performance measure; specifically, supports long-term goal of reducing health inequities by reducing/eliminating tobacco use during pregnancy among HS participants; since women vary on when in their pregnancies they begin receiving HS services, asking this question enables this benchmark to be fully addressed once the pregnancy is over.

benchmark / performance measure; specifically, supports long-term goal of reducing health inequities by reducing/eliminating tobacco use during pregnancy among HS participants; since women vary on when in their pregnancies they begin receiving HS services, asking this question enables this benchmark to be fully addressed once the pregnancy is over.
Supports understanding/ documentation of who the program is serving, with long-term goal of reducing health inequities; specifically, capturing a respondent's relationship to the participant as well as relationship to any participating child, will clarify situations in which the person completing the background questionnaire is not actually the biological mother. This may be important information if, eg, there are a large number of 'don't know' responses in a questionnaire.
Supports analysis and reporting of benchmarks; when the parents/child entered HS is critical for understanding whether relevant health outcomes occurred while they were in HS or not. This question also supports immediate calculation of information the grantee needs for aggregate reporting requirements, with the long-term goal of reducing gap in aggregate versus client-level reporting, and ensuring accuracy in reporting.
Compared to female infants, male infants have been found to have a higher rate of morbidity and mortality in the neonatal period. Including child gender as a variable contributes to our understanding of risk in early infancy among HS participants.
Supports analysis and reporting of benchmarks; date that form is completed is used to complete age-and time-related variables and ensures accuracy in reporting.

Target Information	Benchmark (EPIC Center Data Dictionary)	Goal	Related DGIS measure
child's date of birth			
child enrollment relative to pregnancy			
child ethnicity			
child race			
weeks gestation			
birth weight			
LBW indicator			

Was/Is this child a singleton or one of multiples?			
child usual source of medical care	Increase proportion Healthy Start women and child participants who have a usual source of medical care to 80%.	Improve Women's Health	The percent of Healthy Start women and child participants that have a usual source of medical care. (HS2)
child place of care	Increase proportion Healthy Start women and child participants who have a usual source of medical care to 80%.	Improve Women's Health	The percent of Healthy Start women and child participants that have a usual source of medical care. (HS2)
child health insurance coverage past year?	proportion of Healthy Start women and child participants with health insurance to 90% (reduce	Improve Women's Health	The percent of Healthy Start women and child participants with health insurance. (LC1)
type of child health insurance	Healthy Start women and child participants with health insurance to 90% (reduce	Improve Women's Health	The percent of Healthy Start women and child participants with health insurance. (LC1)
child well-visits	participants who receive the last age-appropriate recommended well child visit based on	Promote Quality	The percent of Healthy Start child participants who receive well child visits. (CH2)
Child most recent age-appropriate recommended well-visit?	receive the last age-appropriate recommended well	Promote Quality	Healthy Start child participants who receive well child
Breastfed ever	participants whose parent/ caregiver reports they were ever breastfed or pumped breast milk	Promote Quality	participants whose parent reports they were ever breastfed or fed breast milk, even

Breastfeed currently?	participants whose parent/ caregiver reports they were breastfed or fed	Promote Quality	Healthy Start child participants whose parent reports they were breastfeed or fed breast milk at 6
how long breastfed?	of Healthy Start child participants whose parent/ caregiver reports they were breastfed or fed breast milk at 6	Promote Quality	Healthy Start child participants whose parent reports they were breastfeed or fed breast milk at 6
breastfed at 6 months	participants whose parent/ caregiver reports they were breastfed or fed	Promote Quality	Healthy Start child participants whose parent reports they were breastfeed or fed breast milk at 6
infant sleep position	Increase proportion of Healthy Start women participants who engage in safe sleep practices to 80%.	Promote Quality	The percent of Healthy Start child participants who are placed to sleep following safe sleep behaviors. (PIH1)
where sleep	of Healthy Start women participants who engage in safe	Promote Quality	Healthy Start child participants who are placed to sleep
reading to child	Healthy Start child participants aged <24 months who are read to by a parent	Strengthen Family Resilience	Healthy Start child participants age 6 through 23 months who are read to 3 or more times per
postpartum visits first 12 weeks	proportion of Healthy Start women participants who receive a postpartum	Improve Women's Health	Healthy Start women participants who receive a postpartum visit
father involvement with child	that demonstrate father and/or partner involvement (e.g., attend	Strengthen Family Resilience	Healthy Start participants that demonstrate father and/or partner
use of cigarettes and other tobacco products in last 3 months of pregnancy	Increase the proportion of pregnant Healthy Start participants that abstain from cigarette smoking to 90%	Promote Quality	Healthy Start prenatal participants that abstain from smoking cigarettes in their third

use of cigarettes and other tobacco products in last 3 months of pregnancy	Increase the proportion of pregnant Healthy Start participants that abstain from cigarette smoking to 90%	Promote Quality	Healthy Start prenatal participants that abstain from smoking cigarettes in their third
participant type			
enrollment dates			
child gender			
date of form completion			

Related PM	Source of 2016 item	Exact Wording of Standardized Survey Item, 2016
	CoIIN/per discussion with OER 5/5/16--included in postpartum tool	
	2013-2015 NSFG Female Question-naire #BC-5	months or weeks had you been pregnant when (the baby was born/the [MULT] were born/that pregnancy
	2013-2015 NSFG Female Questionnaire #BD-3	(BABYFILL /this (NTH) baby) weigh at birth? Pounds and ounces

PM 12: 80% of Healthy Start women and child participants that have a usual source of care.	NSCH 2011 K4Q	[his/her] health? (1) YES (2) NO [SKIP TO K4Q04] (3) THERE IS MORE THAN
PM 12: 80% of Healthy Start women and child participants that have a usual source of care.	NSCH 2011 K4Q	DEPARTMENT (4) CLINIC OR HEALTH CENTER (5) RETAIL STORE CLINIC OR "MINUTE
PM 4: 90% of MCHB funded projects promoting and/ or facilitating adequate health insurance coverage.		
PM 4: 90% of MCHB funded projects promoting and/ or facilitating adequate health insurance coverage.	PRAMS Phase 6 H2	you or someone else pays for (not from a job) Medicaid or (state Medicaid
	CoIIN- Care Coordination/Case Management	N/A
PM 10: 82% of MCHB funded projects promoting and/ or facilitating breastfeeding	PRAMS Phase 6 45	pump breast milk to feed your new baby after delivery? ◻ No = Go to

PM 10: 82% of MCHB funded projects promoting and/ or facilitating breastfeeding		
PM 10: 82% of MCHB funded projects promoting and/ or facilitating breastfeeding	PRAMS Phase 6 Core 47	breastfeed or pump milk to feed your baby? [BOX] Weeks OR [BOX]
PM 10: 82% of MCHB funded projects promoting and/ or facilitating breastfeeding		
PM 9: 80% of MCHB funded projects promoting and/ or facilitating safe sleep practices.	PRAMS Phase 6 Core 49	your baby down to sleep now? Check one answer On his or her side On his or her
PM 9: 80% of MCHB funded projects promoting and/ or facilitating safe sleep	PRAMS Phase 6 Standard F1	with you or anyone else? Always
Start child participants age 6 through 23 months who are read to by a family member 3 or more times	http://childhealthdata.org/learn/NSCH/topics	many days did you or other family members read
PM 6: 80% of programs promoting and/ or facilitating timely postpartum care.	PRAMS Standard Phase 6, #L8	postpartum checkup is the regular checkup a
Start women participants that demonstrate father and/or partner involvement with child <24	Michigan Maternal Risk Identifier Worksheet	N/A
PM 5: 90% of MCHB funded projects promoting and/ or facilitating tobacco and e-cigarette cessation, and through what processes	PRAMS Phase 6 Core 25, 27	you smoke on an average day? (A pack has 20 cigarettes.) ☐ 41 cigarettes

PM 5: 90% of MCHB funded projects promoting and/ or facilitating tobacco and e-cigarette cessation, and through what processes	PRAMS Phase 6 Core 25, 27	you smoke on an average day? (A pack has 20 cigarettes.) □ 41 cigarettes
	CoIIN-Care Coordination -	N/A

Wording Used in 2016 Version	Source of May 2019 Item	Exact Wording of Standardized Survey Item, May 2019
STAFF: Enter birth date for each baby. Date: (month/day/year) Baby 1 __/__/____ Baby 2 __/__/____ Baby 3 __/__/	Generated by program for programmatic purposes	N/A
not asked	HS Reporting Requirements	N/A
not asked	https://aspe.hhs.gov/basic-	"The OMB minimum categories for ethnicity are: Hispanic or Latino and Not Hispanic or Latino"
not asked	https://aspe.hhs.gov/basic-	are: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or
was/babies were born? STAFF: Please enter number of weeks. _____weeks Don't know Declined to answer	2015-2017 NSFG Female Questionnaire #BC-5	How many months or weeks had you been pregnant when (the baby was born/the [MULT] were born/that pregnancy ended)?
Weight in pounds and ounces Don't know Declined to answer Baby 1 ____pounds ____ounces	2015-2017 NSFG Female Questionnaire #BD-3	How much did (BABY NAME) weigh at birth? Pounds and ounces _____
not asked	Staff record: generated by program for programmatic purposes	N/A

not asked		
advice about your baby's health? Select one response only for each baby. Yes No There is more than one place Don't Know Declined to Answer	NSCH 2018 C10, https://ww	take this child when he or she is sick or you need advice about his or her health? (NSCH 26018143 7 §:"rI ¤
Select one only for each baby. Baby 1 Baby 2 Baby 3 Baby 4 Doctor's Office Hospital Emergency Room Hospital Outpatient	NSCH 2018 C11, https://ww	Hospital Emergency Room Hospital Outpatient Department Clinic or Health Center Retail Store Clinic or
not asked	https://www.census.gov/content/dam/Census/programs-surveys/nsch/tech-documentation/questionnaires/	or health insurance or health coverage plan? Yes, this child was covered all 12 months ➔ SKIP
insurance purchased directly from an insurance company Medicaid, Medical Assistance, or any kind of government assistance	https://www.census.gov/content/dam/Census/programs-surveys/nsch/tech-documentation/questionnaires/	purchased directly from an insurance company Yes No c. Medicaid, Medical
for each child. Date of child's last visit Don't know Declined to	PRAMS Phase 8 Standard question X9	checkup? A well-baby checkup is a regular health visit for your baby
not asked	Generated by program for programmatic	N/A
delivery, even for a short period of time? Select one response only for each baby. Yes No Declined to answer Baby 1	Prams Phase 8 Core 35	breast milk to feed your new baby, even for a short period of time? No ⍰ Go to Question

not asked separately (embedded as response option in another item)	Prams Phase 8 Core 36	feeding pumped milk to your new baby? No
Baby 1 Days Weeks _____ Months	Prams Phase 8 Core 37	months did you breastfeed or pump milk to feed your baby? [BOX] Weeks OR [BOX] Months
not asked separately	Staff record: generated by program for programmatic purposes	N/A
responses to participant. Select one response only for each baby. On his or her side On his or her back On his or her stomach Declined to answer	PRAMS Phase 8 Core 38	to sleep now? Check ONE answer On his or her side On his or her back
Select one response only for each baby. Responses Always Often	PRAMS Phase 8 Core question 39	Always Often
STAFF: Record the total number of days, from 0 days (no days) to 7 days (everyday).	PRAMS Phase 8 State Specific question NYC86, modified	read, sing, or tell stories to your new baby? No days
STAFF: Please enter day of postpartum visit. __ / __ / ____ (month/day/year) (Go to question 33)	PRAMS Phase 8 Core 46	A postpartum checkup is the regular checkup a woman has about 4-
of me and my baby/babies (Go to question 50.1) ☐ Involved but not supportive of me or my	Michigan Maternal Risk Identifier Worksheet	N/A
to question 43) 42.1. During the last 3 months of your pregnancy, how many cigarettes did you smoke on an average	PRAMS Phase 8 Core 21	thenHave you used any of the following products in the past 2 years? For each item, check No if you did not use it, or Yes

to question 43) 42.1. During the last 3 months of your pregnancy, how many cigarettes did you smoke on an average	PRAMS Phase 8 Core 23 with State Options	if you did. No Yes a. E-cigarettes or other electronic nicotine products b. Hookah c. State added option
not asked	Staff record: generated by program for programmatic purposes	N/A
not asked	Staff record: generated by program for programmatic purposes	N/A
not asked		
Date of Completion: _____	CoIIN-Care Coordination	N/A

Wording Used in May 2019 Version	Source of Sept 2019 Version
When was your baby born? □ Date of birth: [mo./day/year] _____	same as May 2019
□ Prior to your pregnancy with this child □ While pregnant or within/through 30 days after delivery of this child □ More than 30 days after this baby's birth	HS Reporting Requirements
Select one only. □ No □ Yes □ Don't Know □ Declined to answer	same as May 2019
□ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White or Caucasian	same as May 2019
How many weeks pregnant were you when he/she was born? STAFF: Please enter number of weeks. □ _____weeks □ Don't know □ Declined to answer	same as May 2019
How much did he/she weigh at birth? □ _____pounds, _____ounces OR grams _____ □ Don't know □ Declined to answer	same as May 2019
□ Low birthweight (Less than 5 pounds 8 ounces or 2500 grams) □ High birthweight (More than 9 pounds 4 ounces or 4200 grams) □ Normal weight range (5 pounds 8	Staff record: generated by program for programmatic purposes

not asked	Generated by program for programmatic purposes
goes for care when he/she is sick or you need advice about his/her health? ☐ Yes ☐ No [skip next question] ☐ Don't know ☐ Declined to answer	same as May 2019
☐ Hospital Emergency Room ☐ Hospital Outpatient Department ☐ Clinic or Health Center ☐ Retail Store Clinic or “Minute Clinic” ☐ School (Nurse’s Office, Athletic Trainer’s Office) ☐ Some other place	same as May 2019
health insurance or health coverage plan? ☐ Yes, he/she was covered all 12 months ☐ Yes, but he/she had a gap in coverage ☐ No➔ SKIP next question ☐ Don’t know	same as May 2019
Insurance purchased directly from an insurance company Medicaid, Medical Assistance, or any	PRAMS Phase 8 H2
Select one only. ☐ The first week visit (first 7 days of life) ☐ At least 8 days old but under 2 months old ☐ 2-3 months old	CoIIN- Care Coordination/Case Management
recommended for this child’s age (e.g., a 10 month old baby has had her 9 month visit)? ☐ Yes [skip next question]	Staff record: Generated by program for programmatic purposes
Select one response only. ☐ Yes ☐ No ☐ Don't know ☐ Declined to	same as May 2019

☐ No ☐ Don't know ☐ Declined to answer	same as May 2019
child? ☐ Less than 1 week ☐ _____Weeks OR _____Months [Enter weeks OR months, not both] ☐ Don't know	same as May 2019
☐ Child is currently less than 6 months old ☐ No, child is older than 6 months but was not breastfed for first 6 months of	same as May 2019
lay your baby down to sleep now? Select ONE answer. ☐ On his or her side ☐ On his or her back ☐ On his or her stomach ☐ Not applicable [child 12 months or older]	same as May 2019
☐ Often ☐ Sometimes ☐ Rarely	same as May 2019
or computer. ☐ No days ☐ 1 or 2 days ☐ 3 or 4 days	PRAMS Phase 8 State Specific question RI71
checkup a woman has 4-6 weeks after she gives birth. ☐ Yes ☐ No ☐ Don't know	requirements; https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-
☐ Involved and supportive of me and my child ☐ Involved with child but not supportive of me ☐ Declined to answer	Michigan Maternal Risk Identifier Worksheet
10. During the last 3 months of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?	same as May 2019

☐ Declined to answer 10. During the last 3 months of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?	same as May 2019
• Relationship of Respondent to Participant: _____ • Relationship of Respondent to Participating Child 0-18 months (Parent/Child Phase): _____ • Relationship of Respondent to	Staff record: generated by program for programmatic purposes
• Date of Enrollment in Healthy Start: _____	
not asked	Staff record: generated by program for programmatic purposes
Date of Form Completion: _____	same as May 2019

Exact Wording of Standardized Survey Item, Sept 2019	Wording Used in Sept 2019 Version
same as May 2019	When was your baby born? ⍰ Date of birth: [mo/day/year] _____
N/A	⍰ Part of a family enrolled for services within 30 days following child's birth ⍰ Part of a family enrolled for services more than 30 days following child's birth
same as May 2019	Select one only. ⍰ Yes, of Hispanic or Latino/a origin ⍰ No, Not of Hispanic or Latino/a origin ⍰ Don't Know
same as May 2019	⍰ Asian ⍰ Black or African American ⍰ Native Hawaiian or Other Pacific Islander ⍰ White ⍰ Other, specify
same as May 2019	STAFF: Please enter number of weeks. If mother does not know number of weeks, help her calculate backwards from the baby's original due date to determine weeks gestation at birth. ⍰ _____ weeks
same as May 2019	birth? ⍰ _____pounds, _____ounces OR grams _____ ⍰ Don't know ⍰ Declined to answer
N/A	pounds 8 ounces or 2500 grams) ⍰ Normal weight range (5 pounds 8 ounces to 9 pounds 4

N/A	multiple birth, such as twins, triplets, or more? ☐ Singleton (from a pregnancy involving just one baby) ☐ Twins ☐ Triplets or more
same as May 2019	caregiver USUALLY take this child when he or she is sick or you need advice about his or her health? Yes No Don't Know Decline to
same as May 2019	☐ Hospital Outpatient Department ☐ Clinic or Health Center ☐ Retail Store Clinic or “Minute Clinic” ☐ School (Nurse’s Office, Athletic Trainer’s Office)
same as May 2019	health coverage plan? ☐ Yes, this child was covered all 12 months ☐ Yes, but this child had a gap in coverage ☐ No
Medicaid name) State-specific option (Other government plan or program such as SCHIP/CHIP)	subsidized ACA plan (also called ‘subsidized premium or subsidized coverage through the Affordable Care Act’) ☐ TRICARE or other military
N/A	Select all that apply. ☐ First week of life ☐ 1 month old ☐ 2 months old ☐ 4 months old
N/A	within the time frame recommended for this child’s age (e.g., a 10 month old baby has had her 9 month visit)?
same as May 2019	child after delivery, even for a short period of time? Select one response only. ☐ Yes ☐ No

same as May 2019	breastfed or fed pumped milk? ⬚ Yes ⬚ No ⬚ Don't know ⬚ Declined to answer
same as May 2019	breastfed or fed pumped milk? ⬚ Not at all ⬚ Less than 1 month ⬚ ____ Months ⬚ Don't know
same as May 2019	⬚ Yes ⬚ Not yet. Child is currently less than 6 months old. ⬚ No, child is older than 6 months and was not breastfed
same as May 2019	to sleep now? Select ONE answer. ⬚ On his or her side ⬚ On his or her back ⬚ On his or her stomach ⬚ Not applicable [child 12
same as May 2019	parent(s) room] ⬚ Always ⬚ Often
family members read or look at books with your baby? Did not read to the baby this week	books read by an audio tape, record, CD, or computer. ⬚ Did not read to the baby this week
none available yet	following delivery ⬚ Yes, between 4 weeks and 6 weeks following delivery ⬚ Yes, between 7 weeks and 8 weeks following delivery
N/A	⬚ Involved with child but not supportive of me and my child ⬚ Involved with child but not supportive of me
same as May 2019	day 2-6 days a week 1 day a week or less Not at all Don't Know Declined to Answer Cigarettes E-cigarettes or other electronic nicotine products

same as May 2019	day 2-6 days a week 1 day a week or less Not at all Don't Know Declined to Answer E-cigarettes or other electronic nicotine products Hookah
N/A	LINKED TO CHILD, _____ [Name of child for grantee's record. Child unique ID must be listed in gray box above.] ☐ Accompanying Adult [Select all that apply]
	☐ Primary Participant_____ ☐ Enrolled Child _____ ☐ Accompanying Adult
N/A	☐ Child is o Female o Male
same as May 2019	Date of Mandatory Parent/Child Form Completion: _____

Rationale for Change
Changed in 2019 versions to focus on just one child at a time, with each child requiring a sepa accuracy in reporting.
Suggested by public comment to support calculations needed for aggregate reporting require clarification/verification for questions 1 and 2, and should help with long-term goal of closing reporting.
Information on child ethnicity was suggested by public comment to support reporting require response options to 'are you of Hispanic or Latino/a origin.' The Sept 2019 wording exactly fo by wording response options as 'yes, of Hispanic or Latino/a origin' and 'No, Not of Hispanic o
Information on child race was added to 2019 versions based on public comment in order to s
In the new tools, parents are instructed to complete a separate form for each participating ch In addition, due to complications in the 2017 data related to accepting info in both weeks an versions in order to increase accuracy in reporting. For the Sept 2019 version, additional instr not know how many weeks pregnant she was when baby was born.
Plural pronouns used in 2016 changed to singular 'his/her' to reflect the fact that a separate f weight in grams as an option was introduced in May 2019 version based on public comment. pounds/ounces.
This question, which asks staff to flag if birthweight is Low, Very Low, or High, has been adde and ounces. This is recommended to aid with analyses and reporting requirements.

Question added based on Aug 2019 grantee pilot feedback to align with reporting requiremen
Sept 2019 version updated to new NSCH.
Updated to 2018 NSCH
NSCH 2018
PRAMS Phase 8 Core 11 was used for Sept 2019 version.
The original version of the well-child visit proved challenging to combine with other child info May 2019 version, a series of questions is asked to obtain the information needed to address Aug 2019 grantee pilot, this has been simplified to 1 question followed by a staff record.
The original version of the well-child visit proved challenging to combine with other child info May 2019 version, a series of questions is asked to obtain the information needed to address Aug 2019 grantee pilot, this has been simplified to 1 question followed by a staff record.
Sept 2019 question stem changed to allow for possibiity that a child's father or other accomp

Sept 2019 question stem converted to passive voice in order to allow for possibiity that a chil completing this.
Based on issues that emerged with the 2017 data, as well as with Aug 2019 grantee pilot feed potential confusion and to directly capture the information that is necessary to respond to th
Length of time breastfeeding was very challenging to determine in 2017 data. In the 2019 ver the '6-month' performance measure based on participant's responses to the previous breastf changes in response option wording to continue to clarify the information sought.
The 2019 versions include Instructions for staff regarding babies who are less than versus olde otherwise.
In the 2019 versions, instructions were added for staff regarding babies less than versus older
PM specifies percentage of children read to 3 or more times per week.
Question has been revised to reflect ACOG's 2018 statement on postpartum care, as well as d https://www.acog.org/About-ACOG/News-Room/News-Releases/2018/ACOG-Redesigns-Post
Only one minor change from version developed by CoIIN: word 'baby' changed to 'child' given
The relevant PM asks about smoking cigarettes during pregnancy; other program reporting re cigarettes and use of other tobacco products in the last 3 months of pregnancy.

The relevant PM asks about smoking cigarettes during pregnancy; other program reporting re cigarettes and use of other tobacco products in the last 3 months of pregnancy.
This allows identification of Spouses/Partners/ Fathers, which has increased in priority, servin accompanying adult of a participant. In addition, it clarifies if child is under the primary care o
Suggested by public comment to support calculations needed for reporting requirements. Bro grantee pilot feedback.
Including this variable allows us to examine birth outcomes by child's gender, and so provides a outcomes among HS participants.
Allows calculation of age- or time-related measures, with goal of ensuring accuracy in reportin based on grantee pilot feedback.

Name of Commenter
Mary-Powell Thomas
Healthy Start San Diego, PCI/ Lisa Bain
Michele Spainhower
Lindsay Zeman
Christine Vang

Maxine Vance
Lee Ann Grogen
Aisha Bowen

Comment(s)
• Don't know • Declined to answer Question 7: We recommend adding "Other" as an answer option for race. Question 25 should specify whether a pregnant woman counts as one person or two for the purposes of this question. Questions 27 and 30: What additional information is being sought by asking whether the participant has answered the questions that the staff person asked? Question 29: If this form is to be used with male participants as well as female, these sub-questions should be revised to "husband, wife, or partner." Healthy Start Prenatal Mandatory Questions Questions 3: Add "including e-cigarettes and vaping," as on the Background form. In addition, consider deleting mention impact of tobacco and alcohol on the developing baby, which may make the participant less likely to answer truthfully. Healthy Start Mandatory Questions: Children We recommend sequential numbering of all questions from the beginning to the end of the form, as on the Background
5 and 7 in the electronic handbook. 4. All Q's should focus on YOUNGEST child to ensure we are collecting data for HS children (older children are least likely recipients of the full range of HS services). If the forms are changed to require 1 form per child enrolled as a Healthy Star beneficiary (as suggested above), the instruction for oldest/youngest will not be necessary. 5. Qs 3 and 4 about 18-month interval: Presumably these questions are here to answer HS03. The wording is confusing a foresee the data coming back unclearly. Since this is an outcome for the woman, we would suggest connecting it to some else. One option would be her Healthy Start birth outcome on the prenatal form; after Q7 "Record outcome of this pregn you could add Q8 "Was this birth 18 months or more after her most recent prior (live) birth?". 6. Q4 "Did you or have you had a postpartum visit for yourself after this baby was born?" – should reflect response optio that allow us to document if a postpartum visit happened, even if it was not in the 4-6 week time period. Frequently we
Children Mandatory Questions: 1. HS03 ~ Numerator: Number of healthy start (HS) women participants whose pregnancy during the reporting period wa conceived within 18 months of the previous live birth. Denominator: Total number of women HS participants enrolled be the current pregnancy in the reporting period who had a prior pregnancy that ended in live birth. • Q. 3 asks if there is at least an 18-month interval between the birth dates of Child 1 and Child 2 and Q. 4 asks if there is least an 18-month interval between the estimated due date for any current pregnancy and the most recent live birth for participant. However, these questions do not delineate if the participant was enrolled prior to the most current pregnan 2. WMH2~ Numerator: Women program participants who enrolled prenatally or within 30 days after delivery and receiv
this will address the denominator for WMH1: Pregnant program participants who were enrolled prenatally, prior to their second trimester of pregnancy. b. Additionally, there is no question on any of the new form that address LC 2-B, "abstained from smoking in their third trimester". Prior Screening Tool question was "Did you smoke any cigarettes or use any tobacco products during the last months of your pregnancy?" This question could be added to the prenatal form after Q7 "Record outcome of this pregna since it is connected to the pregnancy (and mother denominators) but cannot be determined until after the child is born 6. Questions throughout the proposed screening tools asked for information on children under 24 months, but new guid restricted this to children under 18 months. 7. Healthy Start Mandatory Questions: Children screening tool suggestions/feedback: a. Overall, questions were confusing, and the purpose of them was unclear. b. We strongly suggest reorganizing questions for easier completion. For example, into age categories and/or biological a non-biological categories.
• With the new Healthy Start grant of now serving male partners or father of baby – Is there a tool to screen for father o or male partner involvement? • Which tool(s) is most appropriate for screening male partner or father of baby involvement - Background Mandatory T

I reviewed the forms you shared and for the most part, it contains items that are necessary for the benchmark reporting. noticed that Lisa Bain also echoed several of my thoughts around the wording and options choices for some of the quest The one additional comment I had was the capture of birth weight information for child born Very Low Birth Weight or L Birth Weight. As it stands now, on the PostPartum/Internconceptional Form, question 5 (pg.4) only captures if the baby w less than 5lbs or greater than 9lbs but there is no way to distinguish if the baby was born with VLBW or LBW as I didn't se place where weight was captured. It might be good to include a question that captures the weight of the baby/babies at birth(s).

• Reproductive Life Plan: Women who have no previous pregnancies and no adopted clients are instructed to skip to Per Well Being section which means they would not answer this question. Also, if this form gets completed once only, how d update 'current' RLP in future years?

• Depression: If this form gets completed only once, does this mean women are only screened for depression once, not annually? Also, there is not a place to record a referral for depression, which is currently a benchmark for the program.

• Well-Woman Exam: Question 11 tracks preventative care--where would this be recorded in subsequent years?

• Substance Use: the question is to determine use in the past 12-month period. Often, clients may have been using, but once they know they are pregnant and may remain sober after delivery, but would still screen positive for substance use workers would like to see an option that allows for addressing the healthy changes that our clients make.

• IPV: The screening questions only identify the partner, but some of our clients live in homes where others who live in th same house may+B8 be abusive towards them and it would be difficult to address their safety with this limitation.

Prenatal Form:

p.3, q5.-add option on in answer list "trade/vocational training

p.6, q16.- change cut off range to "18 months" per new NOFO criteria

p.6- add back "reproductive life questions" back to this section

p.6- add back question about "complications during delivery"

p.8-add back the chart of "assistance programs"

p.10-add back questions about medications-"do you currently have any pain"; "what medications are you currently taking, including over the counter"

NewPkPrenatalForm-

p.4-add back height and weight before pregnancy and current

Action Taken
All suggested items were incorporated or addressed in the revision to the extent possible. More detailed responses to 3 specific items are given in columns D through F in this row.
All suggested items were incorporated or addressed in the revision to the extent possible. More detailed responses to 3 specific items are given in columns D through F in this row.
All suggested items were incorporated or addressed in the revision to the extent possible.
All suggested items were incorporated or addressed in the revision to the extent possible. More detailed responses to 3 specific items are given in columns D through F in this row.
These two related questions have been addressed in the revision to the extent possible. More detail is provided in Column D of this row.

This suggestion has been incorporated. More detail is provided in Column D of this row.
All suggested items were incorporated or addressed in the revision to the extent possible. More detailed responses to 3 specific items are given in columns D through F of this row.
We have incorporated the first 4 suggestions into the revisions. The remaining suggestions are addressed in columns D through F in this row.

Response 1
"Our Arabic clients do not feel represented by any of the current racial or ethnic categories". RESPONSE: As part of the executive branch of the federal government, we are required to follow the response option guidelines for race and ethni that have been set forth by the Office of Management and Budget. According to the U.S. Census Bureau: "the Census Bureau's 2018 End-to-End Test will a) employ the successful question format design which uses a combined question wit detailed checkboxes design and b) include a dedicated "Middle Eastern or North African" response category. The Census Bureau is recommending a separate response category for MENA respondents, where any MENA responses would be aggregated to the White category following the current OMB Standards. However, it will ultimately be up to OMB to determine if the MENA category will be a minimum reporting category that is distinct from the White category. OMB is currently conducting a review of these standards, and it will be OMB's decision as to whether or not MENA will become a new minimum reporting category outside of the White category". For a more detailed discussion, go to: https://www.census.gov/about/our-research/race-ethnicity.html
With a few modifications these tools can be used to meet almost the full reporting obligations of Healthy Start grantee In our opinion, every effort should be made to do so, including a careful mapping of each item in the EHB to these form This will reduce the need for supplemental data tools and systems, which frequently generate incongruous results. Tha so much for the detail provided here to enable us to do this. We welcome similar comments for the 30-day comment period. Mapping each item in the EHB to these forms will need to be a separate step.
1. How will this data be used? What questions will be answered using this data? ***2. Do you have an evaluation plan for grantees to review?*** This evaluation focuses on the HS performance measures an information needed to complete reporting requirements. Participants are told before beginning the forms that, "The purpose of the evaluation is to examine how well the Healthy Start program is meeting its goals of helping women to improve their health and the health of their babies."
Instructions are now included in the Background Form that the father/male partner will receive a unique Partner ID and specific questions he will answer in the Background form are marked.

VLBW is now included as a response option to the question in the Parent/Child form regarding preterm birth.
● ***The tools do not address all aspects of the current benchmarks. How will this be addressed--will the benchmarks cha or will additional questions be added?*** ● ***The revised versions no longer address: dental health, sexually transmitted infections, or reproductive life planning (i that One Key Question is not included in the screen) and this has been helpful and important information to address w our clients.*** We have made revisions with an eye towards creating forms that address all aspects of the current benchma In terms of the range of topics, there are many questions and issues we wish we could include. To reduce burden on grantees, caseworkers, and participants, this evaluation focuses on program progress regarding the performance measures--in particular, questions that directly address or facilitate reporting, or that allow us to identify areas to target program improvement. Albeit important, the items you mention, like many other items, are ultimately important clinica issues that grantees need to work on with each woman as appropriate, but they fall outside the scope of this more focus evaluation.
p.6- add back question about "complications during delivery" ***p.8-add back the chart of "assistance programs"*** ***p.10-add back questions about medications-"do you currently have any pain"; "what medications are you currently taking, including over the counter" p.4-add back height and weight before pregnancy and current*** As described elsewhere, there are many questions and issues we wish we could include. To reduce burden on grantees, caseworkers, and participants, this evaluation focuses on program progress regarding the performance measures--in particular, questi that directly address or facilitate reporting, or that allow us to identify areas to target for program improvement. Albeit important, the items you mention, like many other items, are ultimately important clinical issues that grantees need to work on with each woman as appropriate, but they fall outside the scope of this more focused evaluation.

Response 2
"What additional information is being sought by asking whether the participant has answered the questions that the staff person asked?" Our purpose in including questions that direct the staff person to make a specific notation is to create a single item that will be easier for a person who does not have special expertise in statistics to pull up from a data base. Eg, the depression screening contains answers to 2 questions. The staff notation creates a yes/no response that directly addresses the question: 'What percentage of women have been screened for depression', and specific data on this can then be pulled up easily from the database by staff. Please let us know if it would be helpful to provide a specific explanation about this at the beginning of each of the 3 questionnaires.
Qs 3 and 4 about 18-month interval: Presumably these questions are here to answer HS03. The wording is confusing and we foresee the data coming back unclearly. Since this is an outcome for the woman, we would suggest connecting it to something else. One option would be her Healthy Start birth outcome on the prenatal form; after Q7 "Record outcome of this pregnancy" you could add Q8 "Was this birth 18 months or more after her most recent prior (live) birth?". We have addressed this by adding a series of 3 questions followed by a staff notation in the Parent/Child form.
Separating by category such as biological and non-biological specific questions will allow for a more streamlined data collection process. Having excess rules and conditions within the questions that are not read out loud will make data collection choppier. We have attempted to clarify many of the instructions, particularly regarding the participant's relationship to the child, and the respondent's relationship to both the participant and the child. We hope that these clarifications will address many of the concerns expressed here.

Will this form be completed once only, like the current Demographic form, or will it need to be completed annually? To clarify this, we have added extensive instructions to each of the forms regarding when they are to be completed.
We would like to see these items omitted: ***NewPkBackgroundForm-*** ***p.1, q4.-ommit this question, our program is urban so our clients would always 'live in' an urban area*** We have moved this item to the cover page, with instructions to indicate what type of area the program as a whole serves (urban, rural, tribal, border).

Response 3
"you or the biological mother" We do want to find a way to acknowledge and track different relationships among biological mother, participant, and respondent. We experimented with applying 'you or the biological mother' consistently, but it became quite unwieldy across the many questions. To address this, we have added questions on the cover page of each form that identify who the respondent is, and his/her relationship to the participant and the target child. In addition, on the Parent/Child form we have added an instruction that "IF THE PARTICIPANT IS NOT THE BIOLOGICAL MOTHER OF THE TARGET CHILD, then please have her, to the best of her ability, answer each question with information regarding the biological mother's experience."
Any question that is used to address the Pediatric Performance Measures should be on a form filled out per child. Any question used to address the Women's/Caregivers Performance Measures should be on a different form. This allows for the cleanest determination of numerators and denominators. We have separated out the questions related to the participant/biological mother from the questions related to the child, with questions related to the woman's health during the perinatal period of that particular pregnancy in the first part, and questions related to the target child in the second part. In the instructions we have clarified that, because the parent part of this form focuses on pregnancy-related health with the target child, participants will need to complete both the parent and child sections of this form separately for each child under 18 months old.
c. Overall labeling for this screening tool was inconsistent. We were not able to clearly identify the child we were to consider when responding to the questions. ***d. We also recommend filling out one "Children" form per child receiving Healthy Start Services*** We have attempted to clarify who the questions refer to, and also that a separate form will be completed per child

Substance Use: the question is to determine use in the past 12-month period. Often, clients may have been using, but quit once they know they are pregnant and may remain sober after delivery, but would still screen positive for substance use. Our workers would like to see an option that allows for addressing the healthy changes that our clients make. One alternative we tried during the process of revising was to ask separate questions for 'before pregnancy' versus 'during pregnancy', and 'during pregnancy' versus 'now'. However, that ended up proliferating the number of questions devoted to substance use relative to other topics. We are reluctant to add response options that distinguish between people who have never used a substance and those that used before pregnancy but then stopped during pregnancy, because of the impact this has on our ability to do direct comparisons between HS results and national standards. We agree that women who make healthy changes during their pregnancy should be commended by program staff and their case worker.

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Comment
Ghandour, Reem (HRSA):You will want to standardize the use of "participant" v. "respondent".
Ghandour, Reem (HRSA):To map to the NSCH, you would need to also ask question E1 to capture whether the client had presumably an important piece of information. See: https://www.census.gov/content/dam/Census/programs-surveys/nsch/tech-documentation/questionnaires/2018/
Ghandour, Reem (HRSA): I have concerns about adding a second item that basically reports on whether something happened. You're introducing here -- what will you if the data collector does in fact screen but then erroneously notes that no screen was done? Or if t completing the data form? It is more appropriate to, post hoc, create a separate variable that is based directly on the dat screen above.Windows User:If this question is included solely for analytic ease, then to Reem's point, this may cause mo discordance between this and the question above. However, if we believe that a lack of response to the screener items a assume a participant was not screened, then I can see the utility of this question for purposes of understanding how mar screened (and not just what the value of the screening was).
Ghandour, Reem (HRSA):See comment above re: creation of second depression screening var
Windows User: Since this is on the prenatal form, is this for the prior pregnancy? Or does the staff person go back and complete this onc pregnancy has ended?
Ghandour, Reem (HRSA): A couple of considerations for the modifications made: 1) use of the word "worker" v. "professional" as we use in the NSCH. Are you comfortable with clients reporting any kind someone that they percieve to be a health care "worker" -- this could be a community health worker or....? 2) We include prompting language "A preventive check-up is when this child was not sick or injured, such as an annual o well-child visit." Do you want to include a similar type of prompt/clarification?
What is the highest grade or level of school you have completed? Mark (X) ONE box... Technically, a GED is not a "year" of school, hence we use "level". This has been congnitvely tested.
Ghandour, Reem (HRSA): Why use old NSCH? Current item from 2018 NSCH (https://www.census.gov/content/dam/Census/programs-surveys/ns documentation/questionnaires/2018/NSCH-T1.pdf) : What is the highest grade or level of school you have completed? Mark (X) ONE box...
Ghandour, Reem (HRSA): Why use old survey?

Windows User:
FYI - This link did not work for me. I found the information here:
https://www.cdc.gov/breastfeeding/pdf/ifps/ifps_ii/prenatal/prenantalfnlquest.pdf

Ghandour, Reem (HRSA):It looks like you have question numbers that need to be corrected/stnadardized before resubm
#3.

Ghandour, Reem (HRSA):
You will not be able to make statements about the participant's geographic location based on this information as you are
the site, not the participant. Isn't site location available from some other data source already? If so, this may not be the
estate.

Ghandour, Reem (HRSA):You might consider reordering:
White
Black or African American
American Indian or Alaska Native
Asian
Native Hawaiian or Other Pacific Islander

https://www.census.gov/content/dam/Census/programs-surveys/nsch/tech-documentation/questionnaires/2018/NSCH
C10. The "more than one" wording only appears in the Question about personal doctor or nurse (D1)

Ghandour, Reem (HRSA):
This isn't the wording from the most recent NSCH. See: https://www.census.gov/content/dam/Census/programs-survey
documentation/questionnaires/2018/NSCH-T1.pdf, Question C11.
Is School an appropriate response option for your client population? This could a place where you might want/need to a
item.

Ghandour, Reem (HRSA):
This does not actually map to quesiont E4 as it is worded such that only one kind of coverage is allowed.
See: https://www.census.gov/content/dam/Census/programs-surveys/nsch/tech-documentation/questionnaires/2018/
[Are you] CURRENTLY covered by any of the
following types of health insurance or health coverage
plans? Mark (X) Yes or No for EACH item...
It seems like you needed to amend the first response option -- did this come from somewhere in particular? I *think* it w
was wondering if this wording had been cognitively tested for another data collection effort.
Also, it appears that you have two response options for uninsured

Ghandour, Reem (HRSA):
I like how you combined the CTS with the psychological measures -- this seems to be a much more comprehensive item.
the last item feels like it doesn't quite fit. Do you definitely want this? I know that the the PRAMS Core item includes a "
category, but the item is more limited overall. You're covering a lot of ground with this item and wonder if including a ca
violence item is helpful in the end.

programmatic reason to include abortion?
Windows User:
I think "fetal death" is covered by "stillbirth" here since the time period range is the same and these terms are often use
("stillbirth" may be better for a lay audience). I do think the inclusion of abortion or induced termination would be more
unless there's a programmatic reason not to (as Reem notes). Although. this may not be related to "pregnancy risk" the
responses are (which is the intent of this, I believe).Robin Harwood: yes, 'stillbirth' was used because it is more easily un
audience; i am not aware of any programmatic stance per se regarding including abortion, but i am concerned about put
out there that contains that term in this administration; it's leadership's call though--certainly it can be included as an op
comfortable with this. In addition, the purpose of the item is not to account for every pregnancy the woman has had bu
impression of her prior risk for poor pregnancy outcomes, and abortion is a different kind of event than an miscarriage a

Ghandour, Reem (HRSA):
Same issue as above with depression and IPV screening add-on items.Windows User:
This may be my lack of knowledge on this, but are those questions above the only way having a RLP is measured? If so, t
those questions above (although, do they all have to be answered to say that the participant has a RLP? What happens if
questions are answered, but not all? Should it say "completed ALL of the RLP questions"?)

Source should be latest NSCH: https://www.census.gov/content/dam/Census/programs-surveys/nsch/tech-documentati
2018/NSCH-T1.pdf

Windows User:
So, I assume we are clear that this may go beyond infant mortality and include child mortality, right? We would only be
determination if they provided the child's age at death (which is noted will be sensitively probed).

Ghandour, Reem (HRSA):
Why ask this? Many women won't know -- why not just calculate based on due date? Especially given uncertainty with
end up with highly inaccurate data here.Windows User:
I also worry here as this is defined according to months, but it gets tricky when we start thinking in weeks and the conve
weeks for this. I agree women may not know exactly which trimester they are in (as many women think in terms of wee

Ghandour, Reem (HRSA):
Same as above.Windows User:This could just be determined from the prior question.

Ghandour, Reem (HRSA):
Separate out questions.

Ghandour, Reem (HRSA):
Is it possible to add in a question about pumping and whether she's received counseling or guidance on obtaining a pum
breastmilk?

Ghandour, Reem (HRSA):
This is different than above.Windows User:
This is the same as row 49 above, but it's a different tool. Also, for interconception interval, are we also capturing live bi
the 2 years before getting pregnant with your new baby? Sorry if I missed this.

Windows User:Overall comment - while not our fault (as we are including questions informed by other sources), there is
inclusion of fetal death vs. still birth and the accompanying definitions across a few questions on these tools. It's fine to
something to note.

Ghandour, Reem (HRSA):
Please separate these out into different line items -- they are very different questions

Windows User: Should be stated as less than 2500 grams for LBW. Also, LBW is defined as <2500 g and encompasses VL
necessariyl accurate to label this in between range as "low birth weight" by itself, I don't think. Suggest only labeling VLB

Ghandour, Reem (HRSA):
This is different than above.Windows User:Exactly! It appears to be PRAMS vs. NSFG. I think we should be consistent in
for these to avoid confusion.

Ghandour, Reem (HRSA):
Why not just calculate based on birth date?Windows User:
Agree, although from the comment it appears DOB was problematic. I'm also not sure the response options capture all
"between" does not include the lower and upper bounds, persay, but I may be too technical in my thinking. Why not 31
months; 6 months through... etc.

Ghandour, Reem (HRSA):
It really isn't appropriate to ask this as a single item. Special Health Care Need Status can only be assessed using the the
screener. See: https://www.census.gov/content/dam/Census/programs-surveys/nsch/tech-documentation/questionnai
S1.pdf

Windows User:
Why does it say "not applicable" in the last response option?

Ghandour, Reem (HRSA):
Please use the most recent version of the NSCH as these items have changed since the survey was redesigned.
https://www.census.gov/content/dam/Census/programs-surveys/nsch/tech-documentation/questionnaires/2018/NSCH
This item is C10 and the following item should map to C11.

Windows User:
Side note - I'm curious how this is tracked and whether the responses to women and children's usual source of care (wh
separately) are reported separately for this PM ?

I recall seeing a question (that I cannot currently find) regarding the use of 'depend on this income' v. 'supported by this
responded to this question, and am pasting my original response here, plus elaborating on that response some.

Windows User:
Where does it ask whether the appointment is scheduled?

I recall seeing a suggestion (that I cannot currently find among the stickies) that the 'how often do you sing songs, tell sto
added, along with the 'reading' item.

I assume the page footers will also be updated (the date says 2016)

Would it be more clear if you had two separate variables; one for ORG ID and one for Participant Unique ID? I'm a little
could be confusion around using the term “participant unique ID” both for the combined number (org ID + PID) and the
they already use. I know why we want ORG ID attached to it, based on our previous exploration of the data, but thought
ORG ID in the screening tools before so wondered why it couldn’t just live as a separate variable.

8th grade or less
9-12th grade; no diploma
Etc...

Did you consider reordering these? The ASPE link has White first.

Are there school-aged parents? This response option may not be relevant here (unless there are very young parents?)

Per previous comment, it was suggested that this be changed to “depended on”

And this would only be relevant for those who screened “positive” for depression; so I assume any calculations for % wh
would be estimated using the correct denominator in the analysis stage. That way the staff wouldn’t have to determine
referred based on this questionnaire alone.

The font size is smaller than elsewhere.

See comments on the other two forms about this definition. Here it aligns with the data source used for this question, bu
elsewhere.

I don’t think this is necessary here.

Again, are you getting at whether they filled in the checkboxes above? or that the person was actually asked these quest
applies to depression questions.

Is this a new question?

Reem suggested not including this.

Although rare, it’s possible they lost more than one child. How would that be tracked here?

I assume the page footers will also be updated.

Changed for consistency with ACOG (without adding the specificity of days – e.g., 13 6/7): https://www.acog.org/Patient
Fetus-Grows-During-Pregnancy?IsMobileSet=false

Changed for consistency with ACOG (without adding the specificity of days – e.g., 13 6/7): https://www.acog.org/Patient
Fetus-Grows-During-Pregnancy?IsMobileSet=false
Again – why is this needed when #6 can be used to calculate this?

This is stated a bit awkwardly to me. Is this being used to estimate IPI? Why not just say:
During the 2 years before you got pregnant, did you have a another pregnancy?

By “current pregnancy” do you mean “before getting pregnant”? I think we want to make sure it’s clear we want to know
prior pregnancy to conception (to the extent we are capturing this latter part) of the next pregnancy. I know PRAMS fra
“getting pregnant with my new baby”, but of course, not all of our women have delivered yet since this is the prenatal qu
we added “began” to the end of each response option?

Reem had wondered if pumping could be included here?

Can you clarify where this came from? (PRAMS uses slightly different language, so I am just curious).
I see now this is from the TAPS (right?); then why on the parent/child form is this defined the way PRAMS does? Theses s
A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

We should be consistent with language across the forms (on the background form it says “baby dies…”)
I’m still wondering about the consistency of how this is reported. In the pregnancy history section of the background it’s Where is this list from? I see in PRAMS standard form it’s “fetal death (baby died before being born) or stillbirth”
Neonatal deaths and live births should be mutually exclusive for reporting. I suggest neonatal deaths be separated into a question/reporting about follow-up of live births, if needed. I want to make sure that the # of live births above includes died either during the neonatal period or later.
Would it be more clear if you had two separate variables; one for ORG ID and one for Participant Unique ID? I’m a little could be confusion around using the term “participant unique ID” both for the combined number (org ID + PID) and the they already use. I know why we want ORG ID attached to it, based on our previous exploration of the data, but thought we didn’t even ha screening tools before so wondered why it couldn’t just live as a separate variable.
See comment on prenatal care form.
This should be consistent with prenatal form wording.
Since this can be calculated using two dates, is this here in case the DOB is missing?
See comment on background form about ordering.
On the background form “White” is the option, not “White or Caucasian”; these should be consistent.
I see this has changed since the previous version. Reem had wondered about using the CSHCN screener questions from
Is this even necessary? We can calculate this from the information in #20. I’m still a bit concerned about the response o have normal weight out of order, but I see why you did that since it’s a range and the others are < or >
Just thinking…I know this is consistent with the NSCH, but in this instance, we are talking about infants so this category m for this pop.

These aren’t lined up accurately.
I’m curious why these changed to ranges?
Recommended to include two items from the NSCH as previously noted.

RH Response/ Action Taken
Robin Harwood: Incorporated by clarifying/defining the term 'respondent' where it appears on the cover pages of each c Information) section of the Background questionnaire, which spouses/partners/ fathers will complete; I have also double documents.
Robin Harwood: question added as advised
Robin Harwood: Each screening tool creates a series of variables. An additional variable needs to be created from that series in order to r ultimately on who will be working with the data. if that will include people who are not from OER or who are not externa creating a separate, ready-made variable here may lead to less cause for confusion and so less error. Ultimately, this not from the actual screening tools to verify the staff notation. However, creating a separate variable for this makes it possib training in statistics to pull the needed information up from a database.
Robin Harwood: As above, each screening tool creates a series of variables. An additional variable needs to be created from that series in depends ultimately on who will be working with the data. if that will include people who are not from OER or who are no expertise, then creating a separate, ready-made variable here may lead to less cause for confusion and so less error. Ulti with the items from the actual screening tools to verify the staff notation. However, creating a separate variable for this specialized training in statistics to pull the needed information up from a database.
Robin Harwood:yes staff person needs to go back and complete once current pregnancy has ended. Since not all women would allow a record to be kept of outcomes for all women who are with HS during the prenatal period. Recommend sor work in practice.
Robin Harwood: have added the additional prompt/clarification to the question stem, and changed 'worker' to 'professio
Robin Harwood: Question stem changed per OER's request.
Item updated to new NSCH.
Robin Harwood: items updated to new NSCH

Robin Harwood: Link updated in the revised excel file
Robin Harwood: item numbers removed from column L to avoid confusion under different excel sorting circumstances
Robin Harwood: he Rural/Urban/Border/Tribal categories are used by sites when they submit their grant applications; d with differential access to health care, thus indicating generally higher need among participants for HS services. The pur information here is to integrate information used in both grantee aggregate and client-level reporting into one documen accuracy in reporting.
Robin Harwood: Linked Document Section II states that "Data standards are for person-level data collected in population self-report information or a knowledgeable proxy provides information about the subject or responds for all persons in a specific sampling methods to yield a group of participants that is representative of the target population (in this case, HS were not used to select HS participants, and since we have no way of knowing who did not complete the survey, we don order to create a representative sample of it. Because of this, this evaluation cannot be considered a population-based h not apply. However, I am using the OMB minimum categories in the order that they introduce them. From Section III: "Th American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White The OMB minimum categories for ethnicity are: Hispanic or Latino and Not Hispanic or Latino. Source: https://aspe.hhs.g guidance-data-collection-standards-race-ethnicity-sex-primary-language-and-disability-status
Robin Harwood: option 'more than one place' removed and 'skip' instruction inserted per OER request. Instruction for ca this is the language CoIIN chose to use with this population throughout the tools. Have doublechecked the usage for con
Robin Harwood: Wording updated. In terms of 'school' as a response option, many of the clients served by HS are teenag seem appropriate given this to include school as an option, in case it applies for a particular girl.
Robin Harwood: Updated NSCH item, with yes/no grid to indicate response to each item.
Robin Harwood: I was thinking about this as well, and after thinking about it, created a new chart that includes possibility from someone besides husband/partner/ex

Robin Harwood: yes, 'stillbirth' was used because it is more easily understandable to a lay audience; i am not aware of ar including abortion, although I have wondered about putting an instrument out there that contains that term; it's leaders as an option if people would prefer that. In addition, the purpose of the item is not to account for every pregnancy the w her prior risk for poor pregnancy outcomes, and abortion is a different kind of event than eg miscarriage or fetal death. change response option language to include 'fetal death' and 'or tubal as suggested here.' Robin Harwood:
Robin Harwood:RLP now includes 5 questions, and all questions are separated out in the revised excel file. The wording c that it indicates all questions were responded to as appropriate.
Robin Harwood: Link in excel sheet updated.
Robin Harwood: True, follow-up probe regarding child's age made an additional question instead of embedded as it was answered
Robin Harwood: This has been changed to be an item that staff completes. This information is for reporting purposes and Putting the due date and calculated trimester here together facilitates accurate reporting, and helps to close the existing In addition, trimester by weeks definitions have been added to response options.
This has been changed to be an item that staff completes. This information is for reporting purposes and grantees must c date and calculated trimester for beginning prenatal care here together facilitates accurate reporting, and helps to close client-level data. In addition, trimester by weeks definitions have been added to response options.
Robin Harwood: Each of the interconception questions has now been given its own separate line item in the excel file.
Robin Harwood: There are many, many questions and issues we wish we could include. To reduce burden on grantees, c focuses on program progress regarding the performance measures--in particular, questions that directly address or facili areas to target program improvement. Albeit important, pumping, like many other items, are ultimately clinical issues th woman as appropriate. However, it should be noted that the question and response options make room for feeding pur
Robin Harwood: yes i added live birth--thanks for picking up on this. Source cleaned up in revised excel.
Robin Harwood: Have tried to improve consistency in use of fetal death/stillbirth. Additionally, language changed as reco in documents.
Robin Harwood: This question was actually deleted from the follow-up, and asked only in the parent-child questionnaire its own separate line item in the excel file.
Robin Harwood: modification made to response options as suggested.

Robin Harwood: NSFG now in excel file as used for both.
Robin Harwood: yes, calculating based on DOB was challenging. Age-related boundaries have been clarified as requeste
Robin Harwood:this is not intended to be a screener for special health care needs. it is intended to be a program flag for health care needs for program reporting purposes. i guess a question is how grantees determine this in the first place fo conversation with Reem on May 1 where this was discussed, I have changed the language here so it is clearer we are not to infants/toddlers that have been identified to program as having complex chronic health conditions.
Robin Harwood:instructions are to put in N/A for safe-sleep items if child is older than 12 months. Per conversation with modified so this is highlighted in each of these two questions
Robin Harwood:the links to sources for the health care questions have been changed/updated.
Robin Harwood: I think the intent is that they will be tracked separately; I know they are being analyzed separately by Abt.
Robin Harwood: 'supported by' was selected by CoIIN and used in the 2016 instruments, and among Hispanics at least many people send of origin, essentially supporting them. So in this context 'supported by' makes sense.
Robin Harwood:Separate questions asking whether appointment has been scheduled has been added for all relevant ite
If the questions were going to be used to predict child development outcomes, then I agree that including both question evaluation is not designed to predict longer-term developmental outcomes. Instead, the PM specifically targets reading, that the HS program wants to encourage among their participants. So it is appropriate that the question would ask spec social interactions that include singing and telling stories are a desirable goal that caseworkers should discuss with the pa here, it falls outside of the more focused scope of this evaluation.
Yes updated
database has org and unique ID as separate variables, and this created a lot of issues at this end, particularly with regard could only solve by going back to the grantees, a very time-consuming process. I think the ideal ID would include the Org across sites are essentially not possible because every ID will include the unique Org Code as well. I think if Org Code is c it should be possible to still identify the unique ID they formerly had—perhaps they could be hyphenated? Just want to a
participants are at this level. It could make sense to add more differentiation at the lower end. However, one issue when educational levels they have in their countries of origin may not correspond well to our levels here, so less detail is easie more detail—eg, an equivalent to 'high school diploma' in a different country could be called 10th grade or 13th grade o functional purpose, and it then becomes difficult for the migrant and the case worker to determine where to 'put' their
order to create a representative sample of it. Because of this, this evaluation cannot be considered a population-based h not apply. However, I am using the OMB minimum categories in the order that they introduce them. From Section III: "Th American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White

Yes there are both teen participants as well as even some preteen.
The term 'supported by' was selected by CoIIN and used in the 2016 instruments, and among Hispanics at least many pe country of origin, essentially supporting them. So in this context 'supported by' makes sense.
Yes, the denominator should be women who scored in the 'needs further screening' range (2 or more for this screener).
Yes, using a slightly smaller font allows the individual cells to take up less space and so fit on the page better; in addition, question, hopefully making it easier for caseworkers to track as they read this to participants.
The definitions used across forms have been updated to match their source.
All questions are read to participants and case worker records their answers. Wording changed to clarify. The instruction to public comment.
This question was not directly asked in 2016.
This is a comment that I did not see/ could not find among the excel file stickies. 'Unable to get pregnant' was a respons the 2016 tools. It is a way to skip asking mothers who cannot get pregnant questions that are upsetting to them and/or they feel it doesn't apply to them, since they are unable to get pregnant.
Good suggestion. I have added indicators for number as well as age.
Yes done.
Thank you!
This has been changed to be an item that staff completes. This information is for reporting purposes and grantees must date and calculated trimester for beginning prenatal care here together facilitates accurate reporting, and helps to close client-level data. In addition, trimester by weeks definitions have been added to response options.
Not a problem—changed from 'any other' to 'another'
Thanks—good to clarify!
There are many, many questions and issues we wish we could include. To reduce burden on grantees, caseworkers, and program progress regarding the performance measures--in particular, questions that directly address or facilitate reporti program improvement. Albeit important, pumping, like many other items, are ultimately clinical issues that grantees ne appropriate. However, it should be noted that the question and response options make room for feeding pumped milk.
This item comes from the PRAMS, so definition changed to PRAMS as well. The definition was not included in the actual that PRAMS had its own definition of this, but I felt it was important to include a definition, so for consistency I included Updated, though, to PRAM's definition.

Same wording now used for these two response options across this questionnaire and the Background form.
Same wording now used for these two response options across this questionnaire and the Background form.
Neonatal death is now its own question.
I did make some changes to the wording here, but this may bear some further discussion with grantees through the 30-d database has org and unique ID as separate variables, and this created a lot of issues at this end, particularly with regard could only solve by going back to the grantees, a very time-consuming process. I think the ideal ID would include the Org across sites are essentially not possible because every ID will include the unique Org Code as well. I think the ideal ID wo think if Org Code is consistently the first three letters of an ID, then it should be possible to still identify the unique ID the hyphenated? Just want to avoid the issues we had first time around with Org ID and Participant Unique ID treated as tw
'any other' changed to 'another' per recommendation
It has been made consistent.
Yes that is definitely one purpose it can serve. Generally, including both the DOB and the child's current age here togeth those cases where participants may be unwilling to provide an accurate birthdate.
information or a knowledgeable proxy provides information about the subject or responds for all persons in a household sampling methods to yield a group of participants that is representative of the target population (in this case, HS women used to select HS participants, and since we have no way of knowing who did not complete the survey, we don't in fact k create a representative sample of it. Because of this, this evaluation cannot be considered a population-based health su However, I am using the OMB minimum categories in the order that they introduce them. From Section III: "The OMB mi Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White." The OMB minimum categories for ethnicity are: Hispanic or Latino and Not Hispanic or Latino. Source: https://aspe.hhs.g guidance-data-collection-standards-race-ethnicity-sex-primary-language-and-disability-status
Must have been an oversight since I thought I had removed it—thanks for the pick-up.
Yes, following phone conversation with Reem on May 1 where this was discussed, I have changed the language here so i CSHCN per se, but only to infants/toddlers that have been identified to program as having complex chronic health condit screener for special health care needs. It is intended to be a program flag for children who are known to have special he purposes. i guess a question is how grantees determine this in the first place for their reporting purpose.
As with a few other items, it depends ultimately on who will be working with the data. if that will include people who are contractors with statistical expertise, then creating a separate, ready-made variable here may lead to less cause for confu notation can be cross-checked using the two dates. However, creating a separate variable for this makes it possible for H statistics to pull the needed information up from a database. In terms of the order, 'normal weight' was originally in the including it at all, so I moved it to a less obtrusive place in the order. Basically, if a baby is not LBW, VLBW, or HBW, then range establishes that the question was not skipped inadvertently, and the correct data regarding BW has been gotten fr child. This makes it possible to make statements such as, 'X% of pregnant HS participants delivered babies in the normal there is no confirming data one way or the other without resorting to analyses that require date subtraction in a softwar the DOB is entered incorrectly or inconsistently, and then we can't be certain that the lack of data means a baby was nor
True. I can remove it as an option here, although it was included as an option in the 2016 tools, and concern has also bee instruments across time. So I guess one question is whether in the 2016 data, there are any responses that the child usu unlikely but I guess it is an empirical question. Eg, would it ever be possible that a teen mother attends a school that offe parents, including health advice?

It looks like a space from the answer line was accidentally deleted somewhere along the line. I have put the space back i
The 2016 item asked for the date of the visit. I am not sure that in all cases mothers will remember the exact date of the every mother has a datebook/calendar on her that she can check. However, beyond that, It depends ultimately on who v the date of the visit needs to be calculated against child's date of birth to produce a variable that answers the question, then this age needs to be checked against the recommended well-visit schedule for the first 18 months in order to addre the data will include people who are not from OER or who are not external contractors with statistical expertise, then a s outcome that directly aligns with the recommended well-visit schedule may lead to less cause for confusion and so less e responses that do align with the recommended schedule of visits. Ultimately, the staff notation can be cross-checked wit notation. However, creating a separate variable for this makes it possible for HS staff who do not have specialized trainin up from a database.
I am familiar with the 2 types of questions that are used in the NSCH, as these are often used in child development resea child reading alone cannot capture. If these 2 questions were going to be used to predict child development outcomes, t would be important. However, the HS evaluation is not designed to predict longer-term developmental outcomes for th kindergarten readiness)—it is focused instead on women's health and health in the first 18 months of life. The PM itself child is a specific behavior that the HS program wants to encourage among their participants. So it is appropriate that th about reading. Positive, verbally-rich parent-infant social interactions that include singing and telling stories are a desira the participants if it is a concern, but as a question here, it falls outside of the more focused scope of this evaluation.

Err:509