

## Client Intake Form

(Please note: The Client Intake Form is 6 pages)

### **Purpose:**

This form assists the Nurse-Family Partnership (NFP) Nurse in gathering information on the psychosocial and economic characteristics of the client and her family. This form can provide information that will prompt the NFP nurse to conduct in-depth clinical assessments and interventions or may enhance an assessment she has already completed. Assessment data is collected in six categories: 1) personal/family, 2) education/income, 3) main caregivers, 4) current mental health (positive affect); 5) the extent to which they are able to impact their own life situation; and 6) loneliness/social isolation (which informs STAR). While the extent to which the client is able to impact their own life situation may not be generally regarded as an indicator of health per se, a mother's sense of mastery or self-efficacy has a strong influence on how she is able to use health information in caring for herself and her child.

### **General Guidelines:**

This form is completed at the first home visit (pregnancy phase), or as close to this as possible. Before you begin asking for information about the client, assure her of the confidentiality of the data. Explain that the information will be useful to you in helping her to have the healthiest child possible and that you and the client jointly will decide how to use the information.

**Please note: many sections of this form will need to be adapted by countries to ensure that it coincides with local conditions (e.g. housing , income, educational attainment )**

### **Definitions/Directions for Completing Form**

#### **Ethnicity:**

- Wherever possible, the client should self-identify her ethnicity. The NFP nurse may prompt her to refine her answer using the list provided.
- Ethnic origin refers to the ethnic or cultural origins of the respondent's ancestors. An ancestor is someone from whom a person is descended and is usually more distant than a grandparent. A person may have only a single ethnic origin, or may have multiple ethnicities.

#### **Marital Status:**

- Definition of common-law: Living with a partner for at least 12 consecutive months in a relationship like a marriage

#### **What type of residence do you currently live in:**

- Please carefully watch skip pattern on this question

#### **Who lives in your household:**

- Although the NFP focuses on the mother as the client, NFP nurses are encouraged to involve family members, partners etc. if so desired by the client.
- As living arrangements and family constellations can be complex, the list is comprehensive. There is no specific criteria whereby we define "lives in household" – this is simply as viewed/determined by the client.
- If there are a large number of individuals in the household, it may be helpful at some point to use the MY FAMILY & FRIENDS – "My Support" or "Life History Calendar" facilitators to explore the quality of these relationships.

**Education:**

- This section on education asks questions on many different educational levels and opportunities clients may experience in order to capture any educational progress made while in the NFP program. Each society should adapt the list of educational achievements to those most applicable within their context.
- Note that the questions related to vocational or certification programs require that a client distinguish between high school or post-high school level.
- If a client has not completed high school or a GED or vocational/certification program, note the last grade level that the client has completed. For example, if the client reports she is currently enrolled in the 10th grade, report the last grade completed as a 9. (Kindergarten is not included in calculating the years of schooling.)

**Do you have a plan to enrol in any additional kind of school, vocational, certification or educational program?**

- This question attempts to capture client aspirations and plans to obtain additional education. For example, if the client is enrolled in high school but plans to enroll in a certified nursing assistant program this question would identify her intent to continue her educational efforts in the future. This intent could be the near or distant future.
- If a client plans to enrol in school then they should answer the question regarding future enrolment plans even if the client is currently enrolled in school (Q11).

**Are you currently working?:**

- Select the range of hours that most reflects the client's current work schedule during an average week.
- If a client's hours of employment fluctuate from week to week without a guarantee of a certain number of hours per week from her employer, ask her to give you her best estimate on the average number of hours she works on a weekly basis. This may mean working with her to identify if the schedule for the past month is typical and assisting her to calculate the average for those weeks.

**Household Income:**

- If the client has any concerns about sharing this information, assure her that income level is confidential and will not be shared with others outside the team. Income ranges are provided as the specific income may not be known, and clients may feel more comfortable providing an income range rather than a specific amount. Please note we are only seeking the client's personal income and not that of her family or partner even if they support her financially.

**Control and Mastery (based on Pearlin and Schooler 7-item mastery scale):<sup>1 2</sup>**

- Mastery is the "extent to which someone regards one's life-chances as being under their own control in contrast to being fatalistically ruled. Low levels of sense of mastery have been linked to mental and general ill-health.
- A high level of sense of mastery is associated with positive mental health. Sense of mastery acts as a mediator between stress factors and various health outcomes.
- An introduction to the mastery questions is embedded within the form.
- Note statements 1-5 are stated in the negative, while items 6-7 are stated in the positive.

<sup>1</sup> Pearlin LI, Schooler C. The structure of coping. *J Health Soc Behav.* 1978;19:2–21.

<sup>2</sup> Pearlin LI. The life course and the stress process: some conceptual comparisons. *J Gerontol Ser B.* 2010;65B:207–215.

Scoring of the mean mastery scale value should be undertaken as follows:

- The first five statements (I have little control over the things that happen to me, here is really no way I can solve some of the problems I have, There is little I can do to change many of the important things in my life, I often feel helpless in dealing with the problems of life, Sometimes I feel that I'm being pushed around in life) are coded as follows: Strongly agree = 1; agree = 2, disagree =3, strongly disagree = 4
- The final two items ('What happens to me in the future mainly depends on me' and 'I can do just about anything I really set my mind to') are coded in reverse;
- Strongly agree=4; agree=3; disagree=2; strongly disagree=1
- Scores of the 7 items are then summed, with a possible total score from 7 to 28 points.
- To account for any missing scores/items answered, the total score should be divided by the number of questions completed (i.e. if seven items are completed, the total should be divided by 7, if 6 are completed, the total should be divided by 6 etc.).
- A higher score indicates increased mastery.
- **A score of below 3 is considered low mastery.**

- The client's mastery score enables to NFP nurse to add to her assessment of the client's needs and could be linked to her mood (see the Feelings section below) or could reflect the environment and situation that she is in. The NFP nurse may want to explore her answers, for example for #4 where it asks about the client's "problems", what these might be? Has she tried to affect any change and if so how?
- Many facilitators and other NFP materials can be used to explore this issue with the client during successive visits and then support her to plan small steps for progress.
- A client agreeing to statements #1 or #5 could also indicate that she is being controlled in some way or feels she is and may be experiencing Intimate Partner Violence. Again, many NFP materials enable exploration of this issue and the NFP nurse may want to prioritize use of these over subsequent visits

**NB Additional information on use of the mastery scale can be found in the international guidance document: "Guidance: Use of mastery scales in NFP"**

**Feelings** (based on the 5-item Mental Health Inventory [MHI-5])<sup>3 4 5 6</sup>

- This inventory is completed at 4 points in time over the course of the NFP program which allows the NFP Nurse and client to explore changes in responses over time.
- The MHI-5 has been established as a simple and valid tool for detecting depressive symptoms in the general population and in different chronically ill patient populations.
- An introduction to the feelings questions is embedded within the form.
- Once the NFP Nurse has elicited responses to all the questions and completed the whole form, it will be helpful to review the client's answers. If she has answered 'all' or 'most of the time' to #1, #4, or #5 the NFP Nurse will need to explore these answers further.

<sup>3</sup> Berwick DM, Murphy JM, Goldman PA, Ware JE Jr, Barsky AJ, Weinstein MC. Performance of a five-item mental health screening test. *Med Care.* 1991;29:169-176.

<sup>4</sup> McCabe CJ, Thomas KJ, Brazier JE, Coleman P. Measuring the mental health status of a population: a comparison of the GHQ-12 and the SF-36 (MHI-5). *Br J Psychiatry.* 1996;169(4):516-521.

<sup>5</sup> Rumpf HJ, Meyer C, Hapke U, John U. Screening for mental health: validity of the MHI-5 using DSM-IV Axis I psychiatric disorders as gold standard. *Psychiatry Res* 2001;105:243-253.

<sup>6</sup> Cuijpers P1, Smits N, Donker T, ten Have M, de Graaf R. Screening for mood and anxiety disorders with the five-item, the three-item, and the two-item Mental Health Inventory. *Psychiatry Res.* 2009;168(3):250-5.

- A number of issues may need to be considered:
- Does the client have a diagnosed mental health problem that would explain these answers?
- Are these feelings relatively new for the client, has this occurred since she found out she was pregnant or in relation to any other life events?
- Has the client already tried any strategies to manage these feelings?
- The NFP Nurse may want to consider whether further mental health assessment or referral to a primary health care provider or specialist service is warranted

Note: It is always a good idea to bring these cases to the reflective supervision and/team case discussion

**Loneliness/Social Isolation Scale:**

- This brief scale informs the STAR Framework: Family and Friends Domain – Loneliness and Social Isolation
- The NFP nurse totals the score from the 3 columns

Total score on the Loneliness/Social Isolation Scale	STAR Rating
Less than 4	0 Low Risk
4-5	1 Moderate Risk
6-9	2 High Risk

# Client Intake Form



**Client Name:** \_\_\_\_\_

**Client ID:** \_\_\_\_\_

**Nurse ID:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Personal/ Family

1. Date of Birth: \_\_\_\_\_
  
2. Were you born in [ insert country name]?
  - Yes
  - No - If not, how many years have you lived in [insert country name]?
  
3. How would you best describe your "race" or ethnicity or "colour"? (select all that apply)
  - Aboriginal (e.g. First Nations, Métis or Inuit)
  - Arab/ West Asian (e.g. Iranian, Lebanese, Moroccan, Armenian, Egyptian)
  - Black (e.g. African, Haitian, Jamaican, Somalian)
  - Chinese
  - Filipino
  - Japanese
  - Korean
  - Latin-American
  - South Asian (e.g. East Indian, Pakistani, Punjabi, Sri Lankan)
  - South-East Asian (e.g. Vietnamese Cambodian, Indonesian, Laotian)
  - White (e.g. European, Caucasian)
  - Other: \_\_\_\_\_
  
4. Marital Status
  - Married
  - Common Law/ Living with partner
  - Separated
  - Widowed
  - Divorced
  - Single
  
5. Primary Language spoken at home
  - English
  - Spanish
  - Other (specify): \_\_\_\_\_
  
6. Do you currently have a partner?
  - Yes
    - Male
    - Female
  - No
  
7. **If question 6 is yes, and partner is male, is your male partner the biological father of this baby?**
  - Yes
  - No
  - Don't know

# Client Intake Form

## Personal/ Family continued

8. How often do you have contact with the baby's biological father (in-person, phone, text)?

- Every day
- 3-6 times a week
- Once or twice a week
- 1-3 times a month
- Once every few months
- Once a year
- Less than once a year
- Never

9. What type of residence do you currently live in? (please select only one)

- Apartment/ House
- Foster Home (**skip to question # 11**)
- Staying with friend(s) temporarily (**skip to question # 11**)
- Group home/ shelter (**skip to question # 13**)
- Residential care (treatment centre, custody, group home) (**skip to question # 13**)
- Homeless (**skip to question # 13**)
- Other arrangement: \_\_\_\_\_

10. Who lives in your household (select all that apply)?

- Client's mother
- Client's father
- Stepmother
- Stepfather
- Sister(s) (includes step or half)
- Brother(s) (includes step or half)
- Grandmother
- Grandfather
- Husband – Father of baby
- Husband – Not father of baby
- Boyfriend – Father of baby
- Boyfriend – Not father of baby
- Father of baby (if different than husband/ boyfriend)
- Aunt(s)
- Uncle(s)
- Other (specify) \_\_\_\_\_

11. Total number of people living today in client's household (includes client):

12. Is your housing rented or owned? (please select only one)

- Owned/ rented by someone else, contribute to payment
- Owned/ rented by someone else, do not contribute to payment
- Owned by client, responsible for payments
- Rented non-subsidized
- Rented, subsidized
- Client unable/ unwilling to give this information

# Client Intake Form

## Education and Income

13. Are you currently enrolled in any kind of school, vocational or educational program?

- Yes
- No (Skip to question #15)

14. What type of course are you currently enrolled in?

- Middle School/ High School (indicate Grade Level)
- Community college or technical school
- University

15. If you have not graduated from high school and are no longer attending. (If graduated high school, skip to question #15).

- How old were you when you left?
- What is the last grade in school that you completed?

16. What is your highest level of education?

- Completed high school:
  - Diploma
  - Equivalent:
- Some community college or technical school
- Some university
- Completed bachelor's degree
- Graduate degree
- N/A (still in high school)

17. Do you have a plan to enroll in any additional kind of school, vocational, certification or educational program?

- Yes
- No

18. Are you currently working?

- Yes (**Complete question and then skip to question #20**)
  - Full-time: 37 hours per week or more
  - Part time:
    - 20 – 36 hours per week
    - 10 – 19 hours per week
    - less than 10 hours per week
- No
  - Unemployed and seeking employment
  - Not employed (student, homemaker, other)

19. For the most recent or current job you have/ had, what is/ was your wage before taxes and deductions?'

Hourly  \$  Weekly  \$

20. Are you currently receiving any of the following financial benefits? (Check all that apply)

- Income Assistance (includes Disability, Hardship, Income Assistance)
- Employment Insurance/ Maternity Benefits
- Canada Child Tax Credits (includes BC Bonus)
- Special refundable tax rebates
- Medical Services Premium Assistance
- Declined to answer
- Don't know
- Other specify \_\_\_\_\_

## Education and Income continued

21. What is the client's total personal income (not including partner or family), before taxes and deductions?

- No income
- Under \$5,000
- \$5,000 - \$9,999
- \$10,000 - \$14,999
- \$15,000 - \$19,999
- \$20,000 - \$24,999
- \$25,000 - \$29,999
- \$ 30,000 or more
- Unwilling/ unable to answer

## Main Caregivers

22. Have you ever lived away from your biological parents/ extended family, when under the age of 18, for more than 3 months?

- Yes
- No
- Don't know
- Declined to answer

23. Where did you live? (check all that apply)

- Relatives
- Friends
- Foster Parents
- Residential Care (e.g., treatment centre, custody, group home.)
- On own
- Other: \_\_\_\_\_
- Declined to answer



## Control and Mastery

The following 7 statements are about your experience of your ability to control and master things in your life. There are 4 options for each statement ("strongly agree", "agree", "disagree", or "strongly disagree"). Do not spend too much time thinking about your answer as your immediate response is likely to be the most accurate.

24. I have little control over the things that happen to me.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

25. There is really no way I can solve some of the problems I have.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

26. There is little I can do to change many of the important things in my life.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

27. I often feel helpless in dealing with the problems of life.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

28. Sometimes I feel that I'm being pushed around in life.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

29. What happens to me in the future mainly depends on me.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

30. I can do just about anything I really set my mind to do.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

# Client Intake Form

## Feelings

The next set of five questions is about how you feel and how things have been with you during the past thirty days. There are 5 options for each statement ("all the time", "most of the time", "some of the time", "almost never", or "never". There are no right or wrong answers.

31. How much of the time have you been a very nervous person?

- All the time
- Most of the time
- Some of the time
- Almost never
- Never

32. During the past thirty days, how much of the time have you felt calm and peaceful?

- All the time
- Most of the time
- Some of the time
- Almost never
- Never

33. How much of the time have you felt downhearted and blue?

- All the time
- Most of the time
- Some of the time
- Almost never
- Never

34. How often have you felt so down in the dumps that nothing could cheer you up?

- All the time
- Most of the time
- Some of the time
- Almost never

35. During the past thirty days, how much of the time were you a happy person?

- All the time
- Most of the time
- Some of the time
- Almost never
- Never

36. **Loneliness/Social Isolation Scale**

	Hardly Ever	Sometimes	Often
How often do you feel you don't have a friend to turn to?	1	2	3
How often do you feel left out?	1	2	3
How often do you feel isolated from others?	1	2	3