

Client Intake Update Form

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

Purpose:

The purpose of this form is to gather information on the changing social and economic characteristics of the client and to track the client's life course development relative to subsequent pregnancies, completion of education, and workforce participation. This new data builds on the information gathered using the Client Intake Form at the first NFP home visit. 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) birth control and additional pregnancies, 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. One of the consistent outcomes across all three US randomized controlled trials was a reduction in subsequent pregnancies which is important as it increases the likelihood that mothers will be able to return to school, increases their labor force participation, improves their economic self-sufficiency, and reduces government spending.¹

General Guidelines:

- This form is completed at four times, when the child is 6, 12, 18 and 24 months old. Be sure to check the box at the top of the form indicating the timeframe for completing the form.
- Before you begin asking for information about the client, remind her that the data is confidential. 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.
- Some mothers may become pregnant and continue with the pregnancy, while in the NFP program prior to the first child's second birthday. The NHV should continue to implement the NFP program protocols for infancy/toddler with the client, addressing questions/issues that arise related to the second pregnancy as needed. Each society will determine how their NFP data collection system will handle subsequent pregnancies.

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)

Olds DL; Kitzman HJ, Cole RE; Hanks CA; Arcoletto KJ; Anson EA; Luckey DW; Knudtson MD; Henderson Jr CR; Bondy J, Stevenson AJ. Enduring Effects of Prenatal and Infancy Home Visiting by Nurses on Maternal Life Course and Government Spending Arch Pediatr Adolesc Med. 2010;164(5):419-424.

Definitions/Directions for Completing Form

Marital Status

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

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

- This question seeks to understand the amount of contact the client has with the baby's biological father which begin to assist the NFP nurse to assess the relationship between the client and baby's father. Assure the client that there is no judgment to be made based on her answer.

How often does the biological father see the baby

- This question simply ascertains if the father is present in the home seeing the baby, but does not discern if the father is an active participant in the care of his child. There may be extenuating circumstances that prevent the father from seeing the baby. Assure the client that there is no judgment to be made based on her answer.

During the past three months, how often did the baby's biological father spend time taking care of and/or playing with the baby:

- As above, this question specifically assess the father's caretaking differentiates between a father who is simply gathers information related to the amount of time the baby interacts with the biological father. Assure the client that there is no judgment to be made based on her answer. The NFP nurse can use this information to inform her assessment of the father's attachment to the baby and to monitor change in this over time,

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, NHVs 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.
- Note that the questions related to vocational or certification programs require that a client distinguish between high school or post-high school level.
- If the client has completed a high school diploma equivalent please note which
- 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 enroll in any additional kind of school, vocational, certification or educational program?

- This question relates to the client's 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 capture her intent to continue her educational efforts in the future. This intent could be the near or distant future.
- If a client plans to enroll in school then they should answer the question regarding future enrollment 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.

Thinking about all the times you've had sexual intercourse in the last six months, about how often did you use birth control?

- While this question may seem very personal, explain to the client that you are asking this information in order to assist her to protect herself from unsafe sex and an unplanned pregnancy
- The NFP nurse can use the question to reinforce the importance of having her male partner use condoms with every sexual encounter so as to protect herself from serious infections, e.g., HIV.

If you never used any form of birth control to prevent another pregnancy in the last six months, which of the following apply?

- If the client answers "no" to everything on the list, gently explore if anything might apply? This will provide helpful information to the Nurse which she can then use when discussing topics in the "MY HEALTH - What About Family Planning & Sex" Visit-to-Visit Guidelines with the client

Please tell me all the different types of birth control you have used in the last 6 months

- Be sure to read the complete list of forms of birth control and check all that client states she has used (reading the list may help client to more accurately recall methods used).

Birth Control and Additional Pregnancies

- Improved economic self-sufficiency is one of the 3 NFP program goals. Because subsequent pregnancies/short spacing between pregnancies can impeded a mother's return to school or entering/returning to the workforce, it is important to track this program outcome for every pregnancy the client has over the course of the NFP program. The NHV documents the age of the first child when the client became pregnant again and the outcome of that pregnancy. There is room on the form to document up to 3 additional pregnancies.

Control and Mastery (based on Pearlin and Schooler 7-item mastery scale)^{2 3}

- 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.

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"**

² Pearlin LI, Schooler C. The structure of coping. J Health Soc Behav. 1978;19:2–21.

³ Pearlin LI. The life course and the stress process: some conceptual comparisons. J Gerontol Ser B. 2010;65B:207–215.

Feelings (based on the 5-item Mental Health Inventory [MHI-5])^{4 5 6 7}

- This inventory is completed at 4 points in time over the course of the NFP program which allows the NHV 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.
- Read the introduction to the section verbatim:
- The next set of five questions is about how you feel and how things have been with you during the past thirty days. I will present you with 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.
- Then read each question verbatim:
 1. How much of the time have you been a very nervous person?
 2. During the past thirty days, how much of the time have you felt calm and peaceful?
 3. How much of the time have you felt downhearted and blue?
 4. How often have you felt so down in the dumps that nothing could cheer you up?
 5. During the past thirty days, how much of the time were you a happy person?
- Once the NFP Nurse has asked these 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 NHV will need to explore these answers further.
- 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 FN may want to consider whether the use of the FNP relaxation CD is appropriate at this time.
- If the NHV is concerned that the level of the client’s responses suggest that she may be unwell, the NHV should request a mental health assessment from the client’s primary health care provider or alternate. FN may want to consider using the HADS at this time as a more in depth guide as to what is happening for her. From this, the NHV will be able to explore with the client possible treatment options and their implications for her developing baby.
- Note: It is always a good idea to bring these cases to the reflective supervision and/team case discussion.

⁴ 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.

⁵ 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.

⁶ 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.

⁷ 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.

Loneliness/Social Isolation Scale:

- This brief scale informs the STAR Framework: Family and Friends Domain – Loneliness and Social Isolation
- The NHV 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

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Client Name:

Client ID:

Nurse ID:

Date:

Check one: Infancy 6 Months Infancy 12 Months Toddler 18 Months Toddler 24 Months

Personal/ Family

1. Do you currently have a partner?
 - Yes
 - Male
 - Female
 - No

2. **If question 1 is yes, and partner is male, is your male partner the biological father of this baby?**
 - Yes
 - No
 - Don't know

3. Marital Status
 - Married
 - Common Law/ Living with partner
 - Separated
 - Widowed
 - Divorced
 - Single

4. 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

5. How often does the biological father see the baby?
 - Biological father lives with mom and baby
 - 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

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6. During the past three months, how often did the baby's biological father spend time taking care of and/ or playing with the baby?
- He does most/ all of the care
 - Every day
 - 3-6 times a week
 - Once or twice a week
 - 1-3 times a month
 - Less than once a month
 - He has not spent time caring for or interacting with the baby
7. What type of residence do you currently live in? (please select only one)
- Apartment/ House
 - Foster Home (**skip to question # 9**)
 - Staying with friend(s) temporarily (**skip to question # 9**)
 - Group home/ shelter (**skip to question # 11**)
 - Residential care (treatment centre, custody, group home) (**skip to question # 11**)
 - Homeless (**skip to question # 11**)
 - Other arrangement: _____
8. 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) _____
9. Total number of people living today in client's household (includes client):
10. 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
 - Other: _____

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Education and Income

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

- Yes
- No (**Skip to question #13**)

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

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

13. 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?

14. 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)

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

- No:
- Yes: please specify: _____

16. Have you worked at all at a paid job since the birth of your baby/child?

- Yes
- No (**Skip to question #20**)

17. How many months have you worked since the birth of your infant? months.

18. Are you currently working?

- Yes
 - 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 since the birth of your infant, what is/ was your wage before taxes and deductions?`

Hourly \$

Weekly \$

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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
- Child Tax Credits
- Special refundable tax rebates
- Medical Services Premium Assistance
- Declined to answer
- Don't know
- Other specify _____

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

22. Since the birth of your infant (use **"Since we last completed this form when your child was [6, 12, 18] months old" for later time points**), how much money has the baby's biological father (use "husband/ male partner" if he is the biological father) provided for you or your child during a typical month?

\$

- Client unsure
- Joint account

Birth Control and Additional Pregnancies

23. Thinking about all the times you've had sexual intercourse in the last six months, about how often did you use birth control? (for any response other than "never" skip to question #24)

- Never
- Almost never
- Some of the time
- About half of the time
- Most of the time
- Every time

24. If you never used any form of birth control to prevent another pregnancy in the last six months, which of the following apply?

- Female partner
- Tubal ligation or hysterectomy
- Partner had vasectomy
- No intercourse
- Practicing abstinence
- Planning another pregnancy
- Didn't think of this or wasn't able to obtain birth control
- Other: _____

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25. Please tell me all the different types of birth control you have used in the last 6 months. (Check all that apply)

- Male condoms
- Natural family planning, rhythm method
- Spermicides, jelly foam, cream suppositories, vaginal film, sponge
- Diaphragm
- Cervical cap
- Withdrawing, pulling out before coming
- Birth control pills
- Patch
- Vaginal ring
- Quarterly birth control injection (Depo-Provera)
- IUD Hormonal
- IUD Non-Hormonal
- Emergency contraception
- Female condom
- Hormonal implant
- None of these

26. Have you been pregnant since you had [child's name]?

- Yes (**Complete table below**)
- No (**Skip to question #28**)

27. For each pregnancy reported in question #26, please complete the following information:

First pregnancy after index child	Second pregnancy after index child	Third pregnancy after index child
<ul style="list-style-type: none"> • How old was your child when you became pregnant? _____ months • What was the outcome? <ul style="list-style-type: none"> <input type="checkbox"/> Still pregnant <input type="checkbox"/> Miscarriage <input type="checkbox"/> Abortion <input type="checkbox"/> Stillbirth <input type="checkbox"/> Live birth 	<ul style="list-style-type: none"> • How old was your child when you became pregnant? _____ months • What was the outcome? <ul style="list-style-type: none"> <input type="checkbox"/> Still pregnant <input type="checkbox"/> Miscarriage <input type="checkbox"/> Abortion <input type="checkbox"/> Stillbirth <input type="checkbox"/> Live birth 	<ul style="list-style-type: none"> • How old was your child when you became pregnant? _____ months • What was the outcome? <ul style="list-style-type: none"> <input type="checkbox"/> Still pregnant <input type="checkbox"/> Miscarriage <input type="checkbox"/> Abortion <input type="checkbox"/> Stillbirth <input type="checkbox"/> Live birth

Control and Mastery

Now I would like to read 7 statements about your experience of your ability to control and master things in your life. I will present you with 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.

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

- Strongly agree
- Agree
- Disagree
- Strongly disagree

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

- Strongly agree
- Agree
- Disagree
- Strongly disagree

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

- Strongly agree
- Agree
- Disagree
- Strongly disagree

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

- Strongly agree
- Agree
- Disagree
- Strongly disagree

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

- Strongly agree
- Agree
- Disagree
- Strongly disagree

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

- Strongly agree
- Agree
- Disagree
- Strongly disagree

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

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Feelings

The next set of five questions is about how you feel and how things have been with you during the **past thirty days**. I will present you with 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.

35. 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
36. 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
37. 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
38. 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
 - Never
39. 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

40. Loneliness/Social Isolation Scale

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