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| **Health Habits Form** (Please note: The Health Habits Form is 2 pages) |

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| **Purpose:**This form provides Nurse Home Visitors (NHVs) with: important clinical information about their client’s substance use (if any) over the course of the program. The form is divided into 6 brief sections: smoking, alcohol, marijuana/hash, cocaine, other substances, and the Substance Use and Abuse Questionnaire (which informs the STAR Framework). This information provides the NHV with an opportunity to address modifiable factors that influence women's substance use (including smoking) by guiding and supporting necessary behaviour change. The tracking of this information also allows demonstration of outcomes for the program (percentage of clients who quit/reduce smoking, percentage of clients who reduce use of alcohol/other substance, etc.). **General Guidelines:** * This form is completed 3 times: at the first home visit (Pregnancy Intake), 36 weeks gestation (Pregnancy 36 Weeks) and when the infant is 12 months month old (Infancy 12 Months).
* Before you begin asking for information on the client’s health behaviors, assure her of the confidentiality of the data (i.e., use of illicit drugs will not be reported to authorities).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.
* If a client delivers before 36 weeks, the NHV should complete the Health Habits form shortly after delivery of the infant, rephrasing the questions to assist the client to maintain the focus on health behaviours that occurred during the later part of the pregnancy.
* The first question of each section is asked only at the first home visit (Pregnancy Intake)

**Definitions/Directions for Completing Form*** Read the instructions/script before each set of questions.
* When you are working with your client to complete this form, be aware that you may need to assist her in recalling information over time (such as the past fourteen days). Help her to think of something that was happening in her life fourteen days ago and then consider the question (how much alcohol since a specific life event fourteen days ago?).
* If a client delivers before 36 weeks, the nurse home visitor should complete the Health Habits form shortly after delivery of the infant, rephrasing the questions to assist the client to maintain the focus on health behaviors that occurred during the latter part of the pregnancy

**During the three months before you became pregnant, how many cigarettes did you usually smoke in a day?*** If the client has difficulty remembering how many cigarettes, it might help to ask the question in terms of how many packs or portions of packs (half pack) she smoked per day. The nurse home visitor can then convert to number of cigarettes (there are 20 cigarettes per pack).

**Substance Use and Abuse Questionnaire*** This brief questionnaire informs the STAR Framework: Personal Health Domain – Substance Use and Abuse
* When asking the client to respond to these questions, you may:
* Ask the assessment questions verbatim as written; or
* Use the following (grounded in an MI approach) as a guide for eliciting potentially sensitive information. You may make your inquiry more conversational by using language you normally use with consideration to the stated timeframe (i.e., past three months). For example, you might ask:
	+ *“Has it been hard to care for your child in the past three months?”*
	+ *“In the past three months, how often have you experienced the following?” (Have the client respond to each item in the table).*
	+ *“Has anyone expressed concern that the things you have experienced could be related to alcohol or drug use?”*
	+ *“Do you have any concerns that your alcohol or drug use could be part of the reason you are experiencing these things?”*
* STAR coding - see next page
* **STAR coding:**
* If client denies experiencing any of the items in the Substance Use and Abuse Questionnaire, then client score is 0 (no concerns about impairment due to alcohol or drug use).
* If client reports experiencing the items in the Substance Use and Abuse Questionnaire, but there is no concern that the experiences are due to alcohol or drug use, then client score is 0 (no concerns about impairment due to alcohol or drug use).
* If the client scores a “1” in any/all of the Category A items but a “no” to all Category B items, she is coded as “1-Moderate Risk” on the STAR Framework.
* If the client scores a “2” in any/all of the Category A items or a “yes” to any Category B items, she is coded as “2-High Risk” on the STAR Framework.
* If the client denies any of the items in Category A or B but the NHV has reason to believe differently, this discrepancy is documented in the client’s chart and the NHV proceeds with interventions that support the safety of the client and child.
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| **Client Name:** |

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| **Client ID:** |  | **Nurse ID:** |  | **Date:** |

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| **Check one:** | * Pregnancy Intake
 | * Pregnancy 36 Weeks
 | * Infancy 12 Months
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| *I have some questions about smoking cigarettes. Sometimes women who are pregnant will smoke before they know they are pregnant, or they may find it hard to stop smoking once they start. These are questions about regular, nicotine cigarettes, roll-ups or small cigars only. Marijuana and hash will be asked about later.*1. During the three months before you became pregnant, how many cigarettes did you usually smoke in a day? **(ask only at intake)** \_\_\_\_\_\_\_ cigarettes.
2. Have you smoked at all during your pregnancy, including before you found out you were pregnant? **(ask only at intake)**

**[ ]  Yes [ ]  No**1. Have you smoked at all during your pregnancy? (ask only at pregnancy - 36 weeks assessment)

**[ ]  Yes [ ]  No**1. Have you smoked at all since your baby was born? (as only at infancy - 12 months assessment)

**[ ]  Yes [ ]  No**1. In the last 48 hours, HOW MANY cigarettes, roll-ups or small cigars have you smoked? By 48 hours, I mean from (TIME AND DAY OF WEEK) to (TODAY AND TIME)? (ask at each assessment) **\_\_\_\_\_\_\_**cigarettes.

*Now I am going to ask some questions about alcohol. Sometimes women who are pregnant will drink before they know they are pregnant, or they may find it very hard to change a pattern of drinking once they start. By alcohol, I mean beer, ale, cider, wine, wine coolers, and hard liquor such as vodka, whiskey, gin, rum, or other types of drinks with alcohol in them.*1. Have you used alcohol at all during your pregnancy, including before you found out you were pregnant? **(ask only at intake)**

**[ ]  Yes [ ]  No**1. OVER THE PAST FOURTEEN DAYS, on how many DIFFERENT DAYS did you use alcohol? **\_\_\_\_\_\_\_** days.
2. OVER THE PAST FOURTEEN DAYS, when you used alcohol, how many drinks (including glasses of wine and bottles of beer) did you USUALLY have PER DAY? **\_\_\_\_\_\_\_** drinks.

*Now I am going to ask you a series of questions about marijuana and hash. Sometimes women who are pregnant will use drugs before they know they are pregnant, or they may find it very hard to change a pattern of drug use once they start.*1. Have you used marijuana or hash at all during your pregnancy, including before you found out you were pregnant? **(ask only at intake)**

**[ ]  Yes [ ]  No**1. OVER THE PAST FOURTEEN DAYS, on how many DIFFERENT DAYS did you use marijuana or hash? **\_\_\_\_\_\_\_** days.
2. OVER THE PAST FOURTEEN DAYS, when you use marijuana or hash, how many pipes or joints did you USUALLY smoke PER DAY? **\_\_\_\_\_\_\_** pipes or joints/ day.

*Now I am going to ask some questions about cocaine. This can either be powdered cocaine that you sniff OR crack cocaine that you smoke, or cocaine you inject.*1. Have you used cocaine at all during your pregnancy, including before you found out you were pregnant?  **(ask only at intake)**

**[ ]  Yes [ ]  No**1. OVER THE PAST FOURTEEN DAYS, on how many DIFFERENT DAYS did you use cocaine? \_\_\_\_\_\_\_ days.
2. OVER THE PAST FOURTEEN DAYS, when you use cocaine, how many times PER DAY did you USUALLY use it? \_\_\_\_\_\_\_ times/ day.

*Now I am going to ask some questions about other drugs that people use to get high. These include AMPHETAMINES, such as speed, uppers, or crystal meth; LSD, such as acid or trips; other HALLUCINOGENS, such as peyote, ecstasy, or magic mushroom; PCP; AMYL NITRATE, or poppers; KETAMINE; HEROIN, also known as smack, or speedball; INHALANTS (things that people sniff to get high), such as spray paint, hairspray, petrol, lighter fluid, glue, deodorant or paint thinner.*1. Have you used other street drugs to get high at all during your pregnancy, including before you found out you were pregnant? **(ask only at intake)**

**[ ]  Yes [ ]  No**1. OVER THE PAST FOURTEEN DAYS, on how many DIFFERENT DAYS did you use these other street drugs?\_\_\_\_\_\_\_ days.
2. OVER THE PAST FOURTEEN DAYS, when you used street drugs, how many times PER DAY did you USUALLY use them? \_\_\_\_\_\_\_ times/ day.
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| **Substance Use and Abuse Questionnaire** 1. Category A :*In the past three months, how often have you experienced the following due to alcohol or drug use?*

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|  | **Never**  | **Once in the Last 3 Months** | **Twice in the Last 3 Months** |
| Missed work or school | 0 | 1 | 2 |
| Had trouble at work or school | 0 | 1 | 2 |
| Had trouble with family or friends | 0 | 1 | 2 |
| Difficulty providing care for your child (e.g., missed activities or appointments, less energy, less responsive, increased conflict) | 0 | 1 | 2 |

1. Category B: *In the past three months, how often have you experienced the following due to alcohol or drug use?*

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|  | **No** | **Yes** |
| Motor vehicle accident or traffic violation | No | Yes |
| Arrest or incarceration | No | Yes |
| Treatment for alcohol or drug use (including overnight stays for detox) | No | Yes |
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