

**Step by Step/Paso a Paso
Record Screen for Primiparas**

Mother's Name _____ Birthdate _____ SS# _____

Address _____ Zip Code _____ Phone # _____

Hospital _____ F.O.B. Name _____
F.O.B. Birthdate _____

EDD (Expected due date) _____

Baby's name _____ D.O. B. _____ M/F _____ Weight _____

Does family have other children? Yes If yes, how many? _____
 NO

Referral source name and agency: _____ Phone number _____

Referral Response Requested? YES NO

FIRST TIME MOTHERS ONLY

Answer each of the following statements with T (true), F (false) or U (unknown).

- | | |
|--|---|
| _____ 1. Marital status: Single, Separated, Divorced (<i>circle one</i>) | |
| _____ 2. Partner unemployed | Health Insurance (<i>circle one</i>) |
| _____ 3. Inadequate income or no information regarding source of income | MediCal |
| _____ 4. No permanent housing | Other _____ |
| _____ 5. No phone | No insurance |
| _____ 6. No high school diploma or GED | Employer based/Private Insurance |
| _____ 7. Inadequate emergency contacts | Language (<i>circle one</i>) |
| _____ 8. History of substance abuse | English |
| _____ 9. Late prenatal, poor compliance | Spanish |
| _____ 10. History of pregnancies/abortions | Other _____ |
| _____ 11. History of psychiatric care | |
| _____ 12. Unsuccessful or terminated pregnancies | Ethnicity Categories (<i>circle one</i>) |
| _____ 13. Relinquishment for adoption sought or attempted | American Indian/Alaskan Native |
| _____ 14. Marital or family problems | Asian/Pacific Islander |
| _____ 15. History of or current mental health issues | Hispanic/Latino |
| | White - not Hispanic Origin |
| | African American - not Hispanic Origin |
| | Other/mixed |

- Income** (*circle one*)
- Under \$5,000
 - \$5,000- \$19,999
 - \$30,000 - \$39,999
 - \$50,000 and over

- \$20,000 - \$29,999
- \$40,000 - \$49,999
- Unknown

- Others reasons for referral:**
- CPS Involvement
 - Parent Support
 - Teen Pregnancy
 - Basic Needs
 - Child Development Education
 - Special Need _____
 - Self-harming behavior
 - Individual/Family Counseling

Referral has been discussed with family
Form Completed by (Name & Title) _____ Date: _____

Instructions for Completing the Record Screen

Complete by answering the 15 psychosocial indices as TRUE, FALSE or UNKNOWN.

- ❖ Screen can be completed by perusal of mom's medical chart, *or*
- ❖ In person (verbally) getting information from mom to complete the screen. (A written or verbal consent is required if screen in person.)

POSITIVE SCREEN

#1, 9 or 12 are TRUE.

OR

#1, 9 or 12 are FALSE, but there are two or more other TRUES on the chart.

OR

There are 7 or more UNKNOWNNS.

NEGATIVE SCREEN

#1, 9 and 12 are FALSE.

AND

No more than one TRUE appears on chart

AND

There are fewer than 7 UNKNOWNNS.

1. Screen Result (If screen is positive, proceed to send for the assessment)

Positive
 Negative

All positive screen results should be forwarded to the Family Assessment Worker (FAW).

Questions 2-3 are to be completed after Step by Step/Paso a Paso assessment.

2. Assessment Result

Assessed negative
 Assessed positive

Step by Step/Paso a Paso Screen Definitions/Clarification

1. *Marital Status: Single, Separated, Divorced (Circle one)* - Self-explanatory
2. *Partner unemployed* - Partner means spouse, significant other or any male to be involved with mother and baby in such a capacity.
3. *Inadequate income or no information regarding source of income* - Inadequate income means MediCal patient or unemployed without insurance.
4. *No permanent housing* - No residence or uncertain of having a residence or questionable address.
5. *No phone* - Self-explanatory
6. *No high school diploma or GED* - Self-explanatory
7. *Inadequate emergency contact* - An inadequate emergency contact means no immediate family (parents or siblings) contacts listed for emergency contact or no phone given for the emergency contact person.
8. *History of substance abuse* - Substance abuse means excessive use of a drug or alcohol.
9. *Late prenatal (later than 12 weeks), poor compliance or no prenatal care* - Self-explanatory.
10. *History of pregnancies* - Looking for Intentional Termination of Pregnancy (ITOP) within 12 months of current pregnancy or more than two ever.
11. *History of psychiatric care* - History of or active psychiatric care.
12. *Unsuccessful pregnancies* - Abortion unsuccessfully sought or attempted considered during this pregnancy.
13. *Relinquishment for adoption sought or attempted* - Adoption considered this pregnancy.
14. *Marital or family problems* - Marital or family problems refer to any indication of discord among family members as relevant to MOB, this may include boyfriend, or FOB; history of family violence; includes arguments as noted in the chart or verbal abuse.
15. *History of or current mental health issues* - Self-reported or staff report.