



MTB-HV Demographics Form

ID# _____

Please enter data into the on-line Qualtrics form via the link provided by the MTB NSO.

Date of Intake: _____ Date of 12-month: _____ Date of 24-month: _____

The MTB-HV evaluation study intake (prenatal) demographics interview begins here (until top of page 2).

The 12- and 24-month interviews begin on bottom of page 1 (through page 2).

Turn to page 3 for data collected across time points via chart review in EPIC (or other electronic health record).

Please enter these data into Qualtrics as soon as possible after collection. Thank you!

Item #	Demographics	Collected at Intake Only (note date at top left)
1	Age (in years) at consent: (Not asked; pull from consent form)	

Note: Begin intake interview here.

2	Are you Hispanic or Latino?	0 No 1 Yes
3	(If yes): To what cultural group do you belong?	1 Puerto Rican 2 Mexican 3 Colombian 4 El Salvadorian 5 Cuban 6 Dominican 7 Ecuadorian 8 Other (please specify)

3a (Fill in "other" open-ended response if applicable.)

4	How would you describe your race or ethnicity? <i>Note: If Hispanic subject identifies as Hispanic only, not black or white, write "Hispanic" in Other.</i>	1 White 2 Black or African American 3 Asian 4 American Indian/Alaska Native 5 Native Hawaiian/Pacific Islander 6 Other (please specify)
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4a (Fill in "other" open-ended response if applicable.)

Item #	Health Information	Collected at Intake Only
5	What type of feeding do you plan to use for your baby?	1 Breast 2 Formula 3 Both 4 Unsure

Note: Intake continues until page 2. Begin 12-&24-month interviews here.

Item #	Mother's Life Course	In	12	24	Collected at Intake, 12 Months, & 24 Months (note date at top of page)
6	What is the highest grade of school you have completed?	7	7	7	7 th grade
		8	8	8	8 th grade
		9	9	9	9 th grade
		10	10	10	10 th grade
		11	11	11	11 th grade
		12	12	12	12 th grade
		13	13	13	first year college or post HS training



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		14	14	14	second year college or post HS training
		15	15	15	third year college or post HS training
		16	16	16	fourth year college or post HS training
		17	17	17	first year grad school
		18	18	18	second year grad school
7	Are you in a relationship with the father of your baby?	0	0	0	No
		1	1	1	Yes
<u>NOTE: END INTAKE INTERVIEW HERE & COLLECT REMAINING INTAKE DATA VIA CHART REVIEW.</u> <i>(See page 3, item #12. All below items are asked at 12 and/or 24 months ONLY.)</i>					
Item #		NA	12	24	<i>Collected at 12 and 24 months (note date at top of page one)</i>
8	How involved is the baby's father in the child's care?	--	1	1	Very involved
		--	2	2	Somewhat involved
		--	3	3	Not involved at all
Item #	<i>Mother's Health</i>	NA	12	24	
9	In the last year, have you become pregnant again?	--	0	0	No
		--	1	1	Yes
9a	(If yes): What was the outcome of your pregnancy?	--	1	1	Pregnant
		--	2	2	TAB
		--	3	3	Miscarriage
		--	4	4	Live birth
		--	5	5	Still birth
Item #	<i>Infant Outcomes</i>	NA	12	24	<i>Collected at 12 and 24 months (note date at top of page one)</i>
10	In the last year, have you breastfed the baby, formula fed, or both?	--	1	1	Breastfeeding
		--	2	2	Formula feeding
		--	3	3	Both
11	In the last year, has your child been referred to DCF?	--	0	0	No
		--	1	1	Yes
11a	(If yes): Was an investigation opened?	--	0	0	No
		--	1	1	Yes
11b	(If yes): What was/is the outcome/current status of the investigation?	--	1	1	Case closed/unsubstantiated
		--	2	2	Case open for prevention
		--	3	3	Case open/active with foster placement
<u>NOTE: END 12 & 24-MONTH DEMOGRAPHIC INTERVIEWS HERE & COLLECT REMAINING DATA VIA CHART REVIEW.</u>					



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Please complete the following information based on your clinical knowledge and/or via chart review in EPIC.				
Item#	Demographics	Collected by clinician/chart review at Intake		
12	What is the mother's month and year of birth?	DOB ____/XX/____ <i>(Note month and year only)</i>		
Item#	Collected by clinician/chart review			
13	Is there any past or present DCF involvement with the mother or father of the baby?	0	No	
		1	Yes	
13a	(If yes): With the mother or father?	1	Mother	
		2	Father	
13b	(If yes): What was/is the outcome/current status of the DCF involvement?	1	Case closed/unsubstantiated	
		2	Case open for prevention	
		3	Case open/active with foster placement	
14	Was the mother homeless at intake?	0	No	
		1	Yes	
15	Was the mother homeless at the 12-mo time point?	0	No	
		1	Yes	
16	Was the mother homeless at the 24-mo time point?	0	No	
		1	Yes	
Labor & Delivery		Collected from EPIC after baby's birth		
17	Type of birth	1	Vaginal	
		2	Caesarean	
Infant Outcomes at Birth		Collected after baby's birth		
18	Baby's month/year of birth	DOB ____/XX/____ <i>(Note month and year only)</i>		
19	Baby's sex	1	Male	
		2	Female	
20	Baby's birth weight <i>(via hospital record)</i>	Birth weight: _____ (in grams)		
21	Baby's gestation in weeks	Gestation (weeks): _____		
Item #	Infant Outcomes <i>(obtain via chart review at completion of infant's 1st year and then 2nd year of life)</i>	12m	24m	Collected after child's 1st & 2nd birthdays
22	Immunization status of child	0	0	Not up to date (according to AAP schedule)
		1	1	Up to date (according to AAP schedule)
23	Height in centimeters			<i>(completed from chart review of infant's 12-month and then 24-month well care visits)</i>
24	Weight in kilos			<i>(completed from chart review of infant's 12-month and then 24-month well care visits)</i>
25	BMI			<i>(completed from chart review of infant's 12-month and then 24-month well care visits)</i>