KDHE Program Visit Form – Adult

Which Caregiver/Adult was involved (Client Name):

_____

Date of Activity: _____

Agency/Clinic: _____

Client Address: _____

City: _____ **Zip Code:** _____

County of Residence: _____

Phone No:_____

Email: _____

Preferred Method of Contact: (check all that apply)

- ☐ Phone call
- ☐ Text
- ☐ Email
- ☐ Mail
- ☐ Do Not Contact

Program: (select one)

- ☐ Becoming A Mom
- ☐ Family Planning
  - ☐ Is this FP Visit Confidential?
    - ☐ Yes
    - ☐ No
- ☐ Maternal Child Health (MCH/M&I)
- ☐ Pregnancy Maintenance (PMI)
- ☐ Teen Pregnancy (TPTCM)

For Family Planning visits: Do you want to talk about contraception or pregnancy prevention during your visit today? (Select one)

- ☐ I'm here for something else
- ☐ This question does not apply to me
- ☐ I prefer not to answer
- ☐ I'm already using contraception
- ☐ I'm unsure or don't want to use contraception
- ☐ I'm hoping to become pregnant in the near future
- ☐ Yes
- ☐ No - I do not want to talk about contraception today because I am here for something else
- ☐ No - This question does not apply to me/I prefer not to answer
- ☐ No - I am already using contraception
- ☐ No - I am unsure or don't want to use contraception
- ☐ No - I am hoping to become pregnant in the near future

Primary Healthcare Coverage: (select one)

- ☐ None/Self Pay
- ☐ Private Insurance
- ☐ Tricare
- ☐ KanCare/Medicaid
- ☐ CHIP (Formerly HealthWave)
- ☐ Medicare (client is on disability)
- ☐ Unknown/Not Reported

Secondary Healthcare Coverage: (select one)

- ☐ None
- ☐ Private Insurance
- ☐ Tricare
- ☐ KanCare/Medicaid
- ☐ CHIP (Formerly HealthWave)
- ☐ Medicare (client is on disability)
- ☐ Unknown/Not Reported

Have you had a well visit during the last 12 months? (With any provider, not just within the program)

- ☐ Yes
- ☐ No
- ☐ Client is unsure
- ☐ Appointment is scheduled

Do you have a special health care need or disability? (Has a medical diagnosis or requires care beyond general preventive care)

- ☐ Yes
- ☐ No

Do you care for any children who have special health care needs or disabilities? (Cares for a child who has a medical diagnosis or requires care beyond general preventive care)

- ☐ Yes
- ☐ No

Household Size: _____ (number of people)

Annual Household Income: $_____

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Annual Household Income: (select range)

- ☐ Less than $10,000
- ☐ $10,000 to $14,999
- ☐ $15,000 to $19,999
- ☐ $20,000 to $24,999
- ☐ $25,000 to $34,999
- ☐ $35,000 to $49,999
- ☐ $50,000 or more
- ☐ Don't Know
- ☐ Refused

Education Level:

- ☐ < 12 Years
- ☐ High School Diploma or GED
- ☐ Vocational Certification/License
- ☐ College-no Degree
- ☐ Associates Degree
- ☐ Bachelor Degree or higher

Current Student:

- ☐ Yes
- ☐ No

Employment:

- ☐ Unemployed
- ☐ Occasional/Seasonal Employment
- ☐ Part-Time
- ☐ Full-Time

Marital Status:

- ☐ Single
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

Health Care Enrollment Assistance - ACA (Marketplace)

- ☐ On-Site assistance
- ☐ Off-site assistance
- ☐ Assistance was not provided

Health Care Enrollment Assistance - Medicaid (KanCare)

- ☐ On-Site assistance
- ☐ Off-site assistance
- ☐ Assistance was not provided

Health Care Enrollment Assistance - Third party (Private insurance)

- ☐ On-Site assistance
- ☐ Off-site assistance
- ☐ Assistance was not provided

Visit In-Person or Virtual?

- ☐ In person
- ☐ Virtual, phone call only
- ☐ Virtual, video chat (Skype, Zoom, FaceTime, etc.)

Would you (and/or your partner) like to become pregnant in the next year?

- ☐ Yes
- ☐ No
- ☐ Client is Unsure
- ☐ Client is okay either way
- ☐ Client is currently pregnant

In the past year, how often have you used:

Alcohol? (For men, 5 or more drinks a day. For women, 4 or more drinks a day)

- ☐ Never
- ☐ Once or Twice
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or Almost Daily

Tobacco, Nicotine, and/or Vaping Products?

- ☐ Never
- ☐ Once or Twice
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or Almost Daily

Prescription Drugs for Non-Medical Reasons?

- ☐ Never
- ☐ Once or Twice
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or Almost Daily

Illegal Drugs? (Including marijuana)

- ☐ Never
- ☐ Once or Twice
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or Almost Daily

If you are currently pregnant, how often have you used the following substances since you found out that you are pregnant:

- ☐ I am not currently pregnant. Skip this question.

Alcohol?

- ☐ I am using alcohol more
- ☐ My alcohol use is about the same
- ☐ I have reduced the amount or frequency of alcohol use
- ☐ I have stopped using alcohol
- ☐ I have never used alcohol

Tobacco, Nicotine, and/or Vaping Products?

- ☐ I am using tobacco, nicotine, and/or vaping more
- ☐ My tobacco, nicotine, and/or vaping use is about the same
- ☐ I have reduced the amount or frequency of tobacco, nicotine and/or vaping use
- ☐ I have stopped using tobacco, nicotine, and/or vaping products
- ☐ I have never used tobacco, nicotine, and/or vaping products

Prescription Drugs for Non-Medical Reasons?

- ☐ I am using prescription drugs more
- ☐ My prescription drug use is about the same
- ☐ I have reduced the amount or frequency of prescription drug use
- ☐ I have stopped using prescription drugs
- ☐ I have never used prescription drugs

Illegal Drugs? (Including marijuana)

- ☐ I am using illegal drugs more
- ☐ My illegal drug use is about the same
- ☐ I have reduced the amount or frequency of illegal drug use
- ☐ I have stopped using illegal drugs
- ☐ I have never used illegal drugs

Does anyone in the household smoke or use vaping devices containing tobacco, nicotine, or other substances?

- ☐ Yes
- ☐ No

Over the last 2 weeks, how often have you been bothered by the following problems?

Little interest or pleasure in doing things

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Feeling down, depressed, or hopeless

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Feeling nervous, anxious, or on edge

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Not being able to stop or control worrying

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day