

	A	B	C	D	E	F	G	H	I	J	K	L
1	2	Benchmarks			REDCap			Children's First			OCAP	
3	4	Maternal and newborn health	Measure	Item #	Question	Measure	Item #	Question	Measure	Item #	Question	
5	6	Prenatal Care	Prenatal and Postnatal Medical Care		Did you get prenatal care as early as you wanted?	Maternal Health Assessment	HA7	How many weeks pregnant were you when you began getting prenatal care for this pregnancy?	Primary Caregiver Enrollment Form	23	How many weeks pregnant were you when you began getting prenatal care for this pregnancy?	
7	8				How many weeks pregnant were you when you began getting prenatal care for this pregnancy?	Pregnancy & Birth Summary	PB3	How many prenatal care visits did you have during your pregnancy?	Pregnancy & Identified Child Form	12	How many prenatal care visits did the mother have during pregnancy?	
9	10	Parental alcohol, tobacco, drug use	Alcohol Use Disorders Identification Test (AUDIT) Drug Abuse Screening Test, 10 Item version (DAST-10) Cigarette Usage Questionnaire (CUQ)			Health Habits	HH5	Do you now smoke cigarettes every day, some days, or not at all?	Primary Caregiver Wellness Form	2	Do you know smoke cigarettes every day, some days, or not at all?	
11	12						HH6	In the last 48 hours, how many cigarettes have you smoked?		3	In the last 48 hours, how many cigarettes have you smoked?	
13	14				In the last 48 hours, how many cigarettes have you smoked?		HH9	Considering all types of alcoholic beverages, how many times during the past 30 days did you have four or more drinks on one occasion?		5	How many alcoholic drinks do you have in an average week?	
15	16						HH10	Over the past 14 days, on how many different days did you use alcohol?		6	How often do you use marijuana, cocaine, narcotics, or other recreational drugs?	
17	18				Currently, how many days per week do you smoke?		HH11	Over the past 14 days, when you used alcohol, how many drinks did you usually have per day?				
19	20				On the days that you do smoke, how many cigarettes do you consume?		HH12	Over the past 14 days, on how many different days did you use marijuana?				
21	22						HH13	Over the past 14 days, when you used marijuana, how many pipes or joints did you usually smoke per day?				
23	24						HH14	Over the past 14 days, on how many different days did you use cocaine?				
25	26						HH15	Over the past 14 days, when you used cocaine how many times per day did you usually use it?				
27	28						HH16	Over the past 14 days, on how many different days did you use methamphetamine?				
29	30						HH17	Over the past 14 days, when you used methamphetamine, how many times per day did you usually use it?				
31	32						HH18	Have you ever used methamphetamine?				
33	34						HH19	Over the past 14 days, on how many different days did you use other street drugs?				
35	36						HH20	Over the past 14 days, when you used street drugs, how many times per day did you usually use it?				
37	38						HH21	How many times in the last year have you used an illegal drug or used a prescription medication for nonmedical reasons?				
39	40	Pre-conception care	Prenatal and Postnatal Medical Care		Have you received education on pre-pregnancy/in-between pregnancy care topics such as the importance of folic acid?	Demographics Update	DM26	Have you received education on preconception/inter-conception care topics, such as the importance of folic acid; the harmful effects of alcohol, smoking, and illegal drugs; medical check-ups?	Primary Caregiver Renewal Form	19	Have you received education on preconception/inter-conception care topics, such as the importance of folic acid; the harmful effects of alcohol, smoking, and illegal drugs; medical check-ups?	
41	42				Have you received education on pre-pregnancy/in-between pregnancy care topics such as the harmful effects of alcohol, smoking, and illegal drugs, or medical check-ups?							
43	44	Interbirth intervals	Demographics		Date of birth of your youngest child-10th child	Demographics Update	DM30	Have you been pregnant since you had (index child)?	Primary Caregiver Renewal Form	22	Have you been pregnant since you had (identified) child?	
45	46	Maternal depressive symptoms	Center for Epidemiology Studies Depression Short-Form (CESD-SF) Edinburgh Postnatal Depression Scale Healthcare Questions			Edinburgh Postnatal Depression Scale	All	Total Score	Edinburgh Postnatal Depression Scale	All	Total Score	
47	48	Breastfeeding			Has your child ever had breast milk?	Infant Health Care	HC14	Have you ever breastfed or pumped breast milk for your baby?	Identified Child Health Form	9	Did you ever breastfeed or pump breast milk to feed the baby after delivery?	
49	50				Does your child continue to get breast milk?		HC15	Does your baby currently get breast milk?				
51	52				How old was your baby when s/he stopped getting breast milk?		HC16	How old was your baby when s/he stopped getting breast milk?				
53	54	Well-child visits	Healthcare Questions		Until what age was our baby fed exclusively breast milk?	Well Child Summary	WC17	Until what age was our baby fed exclusively breast milk?	Home Visitation Form	HV15	Immunizations currently up to date?	
55	56				What is your child's immunization (shots) status?		WC18	Were immunizations up to date at this well-child visit?		HV16	Most recent medical well child check-up?	
57	58				Do you take your child to get recommended routine check-ups, well-child care, even when he or she is not sick?		WC19	Are the immunizations for this child up to date?				
59	60				Most of the time, where does your child go for care when he or she is sick?		WC20	Has this child had the recommended number of well-child visits?	Identified Child Health Form	3	Where do you usually take your child for routine check-ups?	
61	62	Maternal and child insurance status	Healthcare Questions		Does your child currently have any type of health insurance (for example, private insurance from your employer or purchased directly, government programs like Medicaid/SoonerCare, or programs that help pay medical bills)?	Infant Health Care Demographics Update Form	HC2 DM35	Where do you usually take your child for routine check-ups? Do you currently have health insurance that covers your health expenses (other than Medicaid)?	Identified Child Health Form	1	Does your child currently have health insurance?	
63	64				What type of insurance do you have?		DM36	Does your child currently have health insurance?	Primary Caregiver Renewal Form	12	Do you have health care insurance that covers your health expenses?	
65	66					Infant Health Care	HC1	Does your child currently have health insurance?				
67	68	Child injuries, child abuse, neglect or maltreatment										
69	70	ER visits child	Injuries and Violence		In the past 6 months, how many times have you taken your child to the hospital emergency room/urgent care center?	Infant Health Care: 6, 12, & 18 months	HC10a	At 6 months: Since your baby was born, how many times have you taken your baby to a hospital emergency room/urgent care center for an injury or because you were concerned the baby swallowed something harmful?	Identified Child Health Form	22	In the past 6 months, how many times have you taken your child to the hospital emergency room/urgent care center?	
71	72						HC10b	At 12 months: Since your baby was 6 months old, how many times have you taken your baby to a hospital emergency room/urgent care center for an injury or because you were concerned the baby swallowed something harmful?				
73	74						HC10c	At 18 months: Since your baby was 12 months old, how many times have you taken your baby to a hospital emergency room/urgent care center for an injury or because you were concerned the baby swallowed something harmful?				
75	76	ER visits mom	Injuries and Violence		In the past 6 months, how many times have you visited a hospital emergency room/urgent care center to receive care/treatment for yourself?	Demographics Update Form	DM37	In the past 6 months, have you obtained care at the hospital emergency room for any reason?	Primary Caregiver Wellness Form	14	In the past six months, how many times have you visited a hospital emergency room/urgent care center to receive care/treatment for yourself?	
77	78						DM38	In the past 6 months, have you obtained care at an urgent care center for any reason?				
79	80	Training in prevention of child injuries	Injuries and Violence		Has information or training been provided to you on how to prevent child injuries?	Home Visit Encounter Form	HV10	Was parental education provided regarding prevention of child injuries?	Home Visitation Log	HV7	Was parental education provided regarding prevention of child injuries?	
81	82	Incidence of child injuries requiring medical treatment	Injuries and Violence		In the past 6 months, how many times have you taken your child to the hospital emergency room/urgent care center?	Infant Health Care: 6, 12, & 18 months	HC10a	At 6 months: Since your baby was born, how many times have you taken your baby to a hospital emergency room/urgent care center for an injury or because you were concerned the baby swallowed something harmful?	Identified Child Health Form	22	How many of those visits were for injuries or accidents?	
83	84						HC10b	At 12 months: Since your baby was 6 months old, how many times have you taken your baby to a hospital emergency room/urgent care center for an injury or because you were concerned the baby swallowed something harmful?				
85	86						HC10c	At 18 months: Since your baby was 12 months old, how many times have you taken your baby to a hospital emergency room/urgent care center for an injury or because you were concerned the baby swallowed something harmful?				
87	88											
89	90											

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120				Numeracy Scale								
121				Cognitive Reflection Test								
122				Rational/Experiential Multimodal Inventory								
123				Child Abuse and Neglect Prototype Vignettes								
124												
125		Autism		The Modified Checklist for Autism in Toddlers (M-CHAT)								
126				Autism Spectrum Rating Scales (ASRS) Short Form (2-5 years)								
127				Communication and Symbolic Behavior Scales-Developmental Profile (CSBS)								
128												
129		Service Utilization		Service Utilization Questionnaire								