

Hi Brea! Please print these sheets and jot down "notes" directly on the page as you might if you were using this form during an MPI. And just a few casual notes would be great - it doesn't need to be as extensive as though you were doing a formal MPI. When you're done, please send me a photo of each page. Thank you!

MEET THE PERSON INTERVIEW

CLIENT ID 001

CONTACT INFORMATION

Before we get started, do you mind if I confirm your contact info?

1. Name: Stacy McCalister
2. What would you like me to call you? Stacy
3. Phone number: 867-5309
4. Address: 2468 Weekend drive, Cloudland Mississippi 42712
5. If I can't get you by phone is it ok for me to stop by this address? yes
6. Emergency contact person/relationship and phone number: Leslie Robinson - mom - 423-728-1126
7. Support person contact/relationship and phone number: Dean Seuss - Best Friend - 423-867-1128
8. If I am trying to get in touch with you and someone else answers the phone, would it be OK to introduce myself as a Community Health Worker who is working with you? If not, what would you like me to say? I want to make sure to respect your privacy. No - please just say you are a friend looking for Stacy.

LIFE STORY

Great, now that we got that out of the way, let's talk. I'd like to get to know you so that I can support you better.

9. Tell me a little about your life story. Let's start at the beginning.

- Where were you born? Cloudland MISSISSIPPI
- Who all lived in the house with you and how were those relationships? mom, 2 sisters + 3 Brothers
- Can you tell me one of your happiest childhood memories? When my dad was alive - picnics
- What were some of the biggest challenges you faced in your childhood? Dad passed at 33 - she was 6
- Sometimes people go through traumatic experiences during childhood, like being separated from a loved one, being abused, bullied or incarcerated. How has that been for you? My dad passing - mom got on drugs.
- How was school for you? Struggled, but loved being with friends.
- Then what happened [keep going till you get the timeline of major life events]
I did good until I got pregnant in 8th grade w/oldest.
I still finished school but life was difficult.

- Tell me about your life now. *4 Kids, Single mom, in Recovery, Full-time pregnant.*
 - Where do you live now? *Cloudland, in government Housing.*
 - How do you spend your time? *Working - Helping Kids with Homework*
 - Who are the important people in your life? *My Kids - my mom - my Best Friend.*
 - What in your life brings you joy? *My Kids - our fur babies*
 - What are your worries? *My Kids making good choices - getting bills paid.*
- while out for Maternity Leave.*
- [Reflect the client's Snapshot along the way]

Pregnancy - related questions (ask these questions if your client is pregnant)

- How are you feeling about this pregnancy? Not just physically, but emotionally? *overwhelmed*
 - Have you told anyone about your pregnancy? How did they react? *yes... worried*
 - What worries do you have about the pregnancy? *My Husband left - It will be too hard*
 - What are you hoping your life will look like after having this baby? *I hope we can find support.*
- and a way to have income while on maternity leave*

10. Thank you so much for sharing all of that. Now I just want to ask about a few specific things to make sure we haven't missed anything.

For this section please mark by hand the answers in the box and jot down any notes as you might with a real client :)

Domain	Question	Answers
Mood	Let's talk about your mood. Do you feel like you might be depressed or anxious?	<input checked="" type="radio"/> Yes <input type="radio"/> I don't know <input type="radio"/> No
Sleep	Sleep can really affect our health. Do you have trouble with sleep?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Substances	Can you tell me a little about your habits? Are you someone who smokes cigarettes? Drink alcohol or beer regularly? Any recreational drugs? Would you be interested in options to help change these habits?	<input checked="" type="checkbox"/> I smoke <input type="checkbox"/> I drink <input type="checkbox"/> I drugs <input type="checkbox"/> I change <input type="checkbox"/> No
Resources A	A lot of people I talk to are having trouble paying for things like food, housing, utilities, transportation, or childcare. Is that a concern for you?	<input checked="" type="radio"/> Yes <input type="radio"/> No