Black Infant Health
Role of Men
Data Forms

Name: _____

Local Case #: _____ **BIH-MIS Case #/Participant's Code:** _____

Forms	**Pg**	**Date Data Collected/ Revised Initials**	**Date MIS Entry Initials**	**Date Data Collected/ Revised Initials**	**Date MIS Entry Initials**	**Date Data Collected/ Revised Initials**	**Date MIS Entry Initials**	**Date Data Collected /Revised Initials**	**Date MIS Entry Initials**
Role of Men Care Plan	1								
Current Status	2								
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Questionnaires		**Entry**		**Post-Training**		**Follow-up**			
Educational/Vocational									
Fathering Skills									

Role of Men Care Plan

Local Case #:	BIH/MIS Case #/Participant's Code:	
Last Name	First Name	M.I.

Questionnaires:	Entry	Post-Training	Follow-Up
Education/Vocational	_____	_____	_____
Fathering Skills	_____	_____	_____
Parenting Stress Index:			
1. Parental Distress	_____	_____	_____
2. Parental-Child Dysfunctional Interaction	_____	_____	_____
3. Difficult Child	_____	_____	_____
Stress Total	_____	_____	_____

Skills Training Program

1. **Parent Training** Dates:
   - Session 1 _____/_____/_____
   - Session 2 _____/_____/_____
   - Session 3 _____/_____/_____

2. **Personal - Legal Issues** Dates:
   - Session 1 _____/_____/_____
   - Session 2 _____/_____/_____
   - Session 3 _____/_____/_____

3. **Educational** Dates:
   - Session 1 _____/_____/_____
   - Session 2 _____/_____/_____
   - Session 3 _____/_____/_____

4. **Jobs - Vocational** Dates:
   - Session 1 _____/_____/_____
   - Session 2 _____/_____/_____
   - Session 3 _____/_____/_____

Program Start Date: _____/_____/_____ Program Completion Date: _____/_____/_____

Did Not Complete Training: ☐ Reason:_____

Re-entry Date: _____/_____/_____

Prenatal Classes ☐ Site:_____ Parenting Classes ☐ Site:_____

Number of Prenatal Visits Attended with Mother 1 2 3 4 5 6 7 8 9 (Circle one)

Number of Well Baby Visits Attended with Baby 1 2 3 4 5 6 7 8 9 (Circle one)

Mother BIH Client ☐ Yes ☐ No

Comments/Observations:

Local Case # : _____ BIH/MIS Case #/Participant's Code: _____

Participant's Current Status

Things To Do:

Date
MM/DD/YY

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Positive Reinforcement Words & Statements:

Summary/Comment:

Local Case # : _____ BIH/MIS Case #/Participant's Code: _____

Participant's Information - Part 1

Last Name	First Name	M.I.

Street Address	Apt #	City	State	Zip	Home phone	Message/work phone

Mother's Local Case #	Mother's Last Name	Mother's BIH-MIS #	DOB	Father of Baby: Yes __ No __

a. **Primary Income Source**
1. ☐ Employed
2. ☐ Self-employed
3. ☐ Unemployment Ins.
4. ☐ Partner
5. ☐ Parents
6. ☐ AFDC
7. ☐ SSI/Disability
8. ☐ County/Court support
9. ☐ Disability
10. ☐ General relief
11. ☐ Other
12. ☐ Unknown

b. **Financial Support to**
1. ☐ Mother
2. ☐ Child
3. ☐ Both
4. ☐ Unknown
5. ☐ None

c. **Employment Status**
1. ☐ Not employed
2. ☐ Part-time
3. ☐ Full-time
4. ☐ Seasonal
5. ☐ Unknown
6. ☐ Volunteer

d. **Type of Work**
1. ☐ Construction
2. ☐ Technical
3. ☐ Professional
4. ☐ Unskilled
5. ☐ Laborer
6. ☐ Unknown

e. **Education Status**
1. ☐ None
2. ☐ Elementary School (1-6)
3. ☐ Middle/Jr High School (7-9)
4. ☐ High School (10-12)- Did not graduate
5. ☐ High School Graduate/GED
6. ☐ Attended College-No degree
7. ☐ Associate Degree
8. ☐ Bachelor's Degree
9. ☐ Master's Degree
10. ☐ Vocational School
11. ☐ Unknown

f. **School Attendance**
1. ☐ Not Attending
2. ☐ Full Time-HS
3. ☐ Part Time-HS
4. ☐ Full Time-College
5. ☐ Part Time-College
6. ☐ Vocational
7. ☐ Other
8. ☐ Unknown

g. **General Health**
1. ☐ Excellent
2. ☐ Good
3. ☐ Fair
4. ☐ Poor
5. ☐ Unknown

h. **Judicial Problems**
1. ☐ None
2. ☐ Pending
3. ☐ Incarcerated
4. ☐ Probation
5. ☐ Parole
6. ☐ Unknown

i. **Marital Status**
1. ☐ Married to Client
2. ☐ Married to Other
3. ☐ Single
4. ☐ Divorced
5. ☐ Separated
6. ☐ Widowed
7. ☐ Unknown

j. **Reaction To Pregnancy**
1. ☐ Wants Child
2. ☐ Does not Want Child
3. ☐ Ambivalent
4. ☐ Denies paternity
5. ☐ Other
6. ☐ Unknown

k. **Infant Contact**
1. ☐ Daily
2. ☐ 2 to 6 per week
3. ☐ 1 per week
4. ☐ 2 to 3 per month
5. ☐ 1 per month
6. ☐ None
7. ☐ Other
8. ☐ Unknown

l. **Parenting/Skills**
1. ☐ Active Care Giving
2. ☐ Occasional Care Giving
3. ☐ Visits-Without Care Giving
4. ☐ No Contact
5. ☐ Unknown

m. **Preferred Language**
1. ☐ English
2. ☐ Spanish
3. ☐ French
4. ☐ Chinese
5. ☐ Arabic
6. ☐ Vietnamese
7. ☐ Unknown
8. ☐ Other

Vocational Training Site: _____

Local Case #:_____ BIH-MIS Case #/Participant's Code:_____

Participant's Information - Part 2

Cigarette Use

1. ☐ Never/None
2. ☐ Less Than 1/2 Pack/Day
3. ☐ Less Than 1 Pack /Day
4. ☐ One Pack/Day
5. ☐ More Than One Pack/Day
6. ☐ Unknown
7. ☐ Decline to Respond

Daily Exposure to Second Hand Smoke

☐ Yes-At Work
☐ Yes-At Home

Alcohol Use

1. ☐ Never/None
2. ☐ One Drink
3. ☐ Two Drinks
4. ☐ Three Drinks
5. ☐ Four Drinks
6. ☐ Intoxication
7. ☐ Occasional Intoxication
8. ☐ Binge/Episodic
9. ☐ Denied but Suspected
10. ☐ Unknown
11. ☐ Decline to Respond

Frequency

1. ☐ Everyday
2. ☐ Twice a Week
3. ☐ Weekend
4. ☐ Once a Month
5. ☐ Occasionally
6. ☐ Unknown

☐ Rehab Date: ___/___/___ Completed ☐

Site/Agency:_____

Participant's Children

	Sex	Age	Name
1.			
2.			
3.			

Total # of Children: _____

Total # of Children Living with Participant: _____

Local Case # : _____ BIH/MIS Case #/Participant's Code: _____

Participant's Referral Tracking

Counseling & Education	Date Referred MM/DD/YY	Referral Provider/Agency	Referral Result (Choose # from list below)	Barriers	# Times Referred	Follow Up Date MM/DD/YY
1. Family Violence	__/__/__	_____	_____	_____	_____	__/___/__
2. Grief Counseling	__/__/__	_____	_____	_____	_____	__/___/__
3. Crisis Counseling	__/__/__	_____	_____	_____	_____	__/___/__
4. Substance Abuse	__/__/__	_____	_____	_____	_____	__/___/__
5. Parenting Education	__/__/__	_____	_____	_____	_____	__/___/__
6. GED	__/__/__	_____	_____	_____	_____	__/___/__
7. Adult Education	__/__/__	_____	_____	_____	_____	__/___/__
8. Vocational Jobs	__/__/__	_____	_____	_____	_____	__/___/__
9. Legal Services	__/__/__	_____	_____	_____	_____	__/___/__
10. Health Services	__/__/__	_____	_____	_____	_____	__/___/__
11. Social Services	__/__/__	_____	_____	_____	_____	__/___/__
12. Other Services						
_____	__/__/__	_____	_____	_____	_____	__/___/__
_____	__/__/__	_____	_____	_____	_____	__/___/__

Lists:

Referral Results

1. Received Service
2. Referred, But Didn't Go
3. Referred, But Service not Accessible
4. Referred, Service Not Available
5. Referral Refused
6. Not Eligible for Service
7. Referred, Unknown Outcome
8. Unknown

Barriers to Keeping Referral

1. Child Care
2. Transportation
3. Forgot Appointment
4. Unavailable Appointment
5. Unable to Locate Agency
6. Lack of Support from Partner
7. Lack of Money/Insurance for Care
8. Negative Experience with Previous Treatment
9. Unknown
10. Other : _____

Local Case #:_____ BIH-MIS Case #/Participant's Code #:_____

Birth Outcome

First Infant

Delivery

Delivery Date: ____/____/____ Weeks Gestation: _____ Delivery Site: _____

Outcome

1. ☐ Live Birth
2. ☐ Death After Birth
3. ☐ Death During Pregnancy
4. ☐ Spontaneous Abortion
5. ☐ Other

Infant Discharged to:

1. ☐ Natural Parent
2. ☐ Mother Only
3. ☐ Father Only
4. ☐ Foster Care
5. ☐ Grandparents
6. ☐ Other Family Member
7. ☐ Adoption
8. ☐ Unknown

Pediatric Care Provider: _____ **Provider's Title:** _____

Infant Name: _____ ☐ Female ☐ Male

Birth Weight (lbs)_____ (grams)_____ **Length** (inches) _____ (cm)_____

Breastfeeding ☐ Yes ☐ No **Supplemented** ☐ Yes ☐ No **Bottle Feeding** ☐ Yes ☐ No

Second Infant (Twin)

Delivery

Delivery Date: ____/____/____ Weeks Gestation: _____ Delivery Site: _____

Outcome

1. ☐ Live Birth
2. ☐ Death After Birth
3. ☐ Death During Pregnancy
4. ☐ Spontaneous Abortion
5. ☐ Other

Infant Discharged to:

1. ☐ Natural Parent
2. ☐ Mother Only
3. ☐ Father Only
4. ☐ Foster Care
5. ☐ Grandparents
6. ☐ Other Family Member
7. ☐ Adoption
8. ☐ Unknown

Pediatric Care Provider: _____ **Provider's Title:** _____

Infant Name: _____ ☐ Female ☐ Male

Birth Weight (lbs)_____ (grams)_____ **Length** (inches) _____ (cm)_____

Breastfeeding ☐ Yes ☐ No **Supplemented** ☐ Yes ☐ No **Bottle Feeding** ☐ Yes ☐ No

Third Infant (Triplet)

Delivery

Delivery Date: ____/____/____ Weeks Gestation: _____ Delivery Site: _____

Outcome

1. ☐ Live Birth
2. ☐ Death After Birth
3. ☐ Death During Pregnancy
4. ☐ Spontaneous Abortion
5. ☐ Other

Infant Discharged to:

1. ☐ Natural Parent
2. ☐ Mother Only
3. ☐ Father Only
4. ☐ Foster Care
5. ☐ Grandparents
6. ☐ Other Family Member
7. ☐ Adoption
8. ☐ Unknown

Pediatric Care Provider: _____ **Provider's Title:** _____

Infant Name: _____ ☐ Female ☐ Male

Birth Weight (lbs)_____ (grams)_____ **Length** (inches) _____ (cm)_____

Breastfeeding ☐ Yes ☐ No **Supplemented** ☐ Yes ☐ No **Bottle Feeding** ☐ Yes ☐ No

Local Case # : _____ BIH/MIS Case #/Participant's Code: _____

Well Baby Visits-Part I

Immunizations-First Infant

Infant Name _____ ☐ Female ☐ Male

6 Months

Polio	DTP	HIB	HEP B
___/___/___	___/___/___	___/___/___	___/___/___
___/___/___	___/___/___	___/___/___	___/___/___
	___/___/___	___/___/___	
☐ Age Appropriate	☐ Age Appropriate	☐ Age Appropriate	☐ Age Appropriate

12 Months

Polio	DTP	HIB	HEP B	MMR
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
___/___/___	___/___/___	___/___/___	___/___/___	
	___/___/___	___/___/___	___/___/___	
☐ Age Appropriate	☐ Age Appropriate	☐ Age Appropriate	☐ Age Appropriate	☐ Age Appropriate

Immunizations-Second Infant-Twin

Infant Name _____ ☐ Female ☐ Male

6 Months

Polio	DTP	HIB	HEP B
___/___/___	___/___/___	___/___/___	___/___/___
___/___/___	___/___/___	___/___/___	___/___/___
	___/___/___	___/___/___	
☐ Age Appropriate	☐ Age Appropriate	☐ Age Appropriate	☐ Age Appropriate

12 Months

Polio	DTP	HIB	HEP B	MMR
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
___/___/___	___/___/___	___/___/___	___/___/___	
	___/___/___	___/___/___	___/___/___	
☐ Age Appropriate	☐ Age Appropriate	☐ Age Appropriate	☐ Age Appropriate	☐ Age Appropriate

Local Case #: _____ BIH/MIS Case #/Participant's Code: _____

Well Baby Visits-Part II

Immunizations-Third Infant-Triplet

Infant Name _____ ☐ Female ☐ Male

6 Months

Polio	DTP	HIB	HEP B
___/___/___	___/___/___	___/___/___	___/___/___
___/___/___	___/___/___	___/___/___	___/___/___
	___/___/___	___/___/___	
☐ Age Appropriate	☐ Age Appropriate	☐ Age Appropriate	☐ Age Appropriate

12 Months

Polio	DTP	HIB	HEP B	MMR
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
___/___/___	___/___/___	___/___/___	___/___/___	
	___/___/___	___/___/___	___/___/___	
☐ Age Appropriate	☐ Age Appropriate	☐ Age Appropriate	☐ Age Appropriate	☐ Age Appropriate

Local Case #: _____ BIH/MIS Case #/Participant's Code:_____

Notes

Local Case #: _____ BIH/MIS Case #/Participant's Code: _____

Notes

Local Case #: _____ BIH/MIS Case #/Participant's Code: _____

Notes

Local Case #: _____ BIH/MIS Case #/Participant's Code: _____

Notes

Local Case #: _____ BIH/MIS Case #/Participant's Code: _____

Entry
Post-training
Follow-up

ROLE OF MEN
Fathering Skills Questionnaire

Local Case #:	BIH-MIS Case #/Participant's code_____	Form Completed on: / /
Last Name	First Name	M.I.

1. What age did you first become a father?
   1 Before age 21 2 Age 21-30

2. How important is it to you to be a father?
   1 Not important at all 2 Somewhat important 3 Very important

3. "Being a father is the most important event that can happen to a man." How do you feel about this statement?
   1 Disagree 2 Somewhat agree 3 Agree

4. Since you've become a father, would you say your life has:
   1 Become much worse 2 Become worse 3 Remained basically the same
   4 Improved 5 Greatly improved

5. How much time do you spend with your child per week?
   1 Less than 5 hours 2 5-15 hours 3 16- 20 hours 4 21-24 hours 5 25 hours or more 8 N/A

6. How much of your child(ren)'s expenses do you provide?
   (Expenses include food, diapers, clothes, child care, education, etc.)
   1 None 2 Less than half 3 Half 4 More than half 5 All 8 N/A

7. How often do you give money for your child(ren)'s needs?
   1 Never 2 Once a year 3 Occasionally, but less than monthly 4 1-3 times a month
   5 At least once a week 6 Daily 8 N/A

8. How often do you feed or prepare food for your child(ren)?
   1 Never 2 Once a year 3 Occasionally, but less than monthly 4 1-3 times a month
   5 At least once a week 6 Daily 8 N/A

9. How often do you or did you ever change your child(ren)'s diapers?
   1 Never 2 Once a year 3 Occasionally, but less than monthly 4 1-3 times a month
   5 At least once a week 6 Daily 8 N/A

10. How often do you take care of your child(ren) when he/she/they are sick?
    1 Never 2 Once a year 3 Occasionally, but less than monthly 4 1-3 times a month
    5 At least once a week 6 Daily 8 N/A

11. How often do you discipline your child(ren)?

Never 1 | Once a year 2 | Occasionally, but less than monthly 3 | 1-3 times a month 4

At least once a week 5 | Daily 6 | N/A 8

12. How often do you play with your child(ren)? (Play includes holding, hugging, etc.)

Never 1 | Once a year 2 | Occasionally, but less than monthly 3 | 1-3 times a month 4

At least once a week 5 | Daily 6 | N/A 8

13. If your child is involved in organized activities (school activities, sports, Girls' and Boy's club, etc.) How often do you attend/participate in these activities?

Never 1 | Once a year 2 | Occasionally, but less than monthly 3 | 1-3 times a month 4

At least once a week 5 | Daily 6 | N/A 8

14. How would you describe your relationship with the mother of your child(ren)?
(Not ranked, No value judgment)

Very distant | Distant | Cordial | Close | Very close

15. Please indicate how often you come into contact with each of the following individuals and agencies for help or assistance in your role as a parent.

	Never (1)	**Sometimes (2)**	**Often (3)**
1. Friends	_____	_____	_____
2. Co-workers	_____	_____	_____
3. Church members	_____	_____	_____
4. Neighbors	_____	_____	_____
5. Family members	_____	_____	_____
6. Day care / school	_____	_____	_____
7. Counseling agency	_____	_____	_____
8. Doctor or health clinic	_____	_____	_____
9. Social service dept.	_____	_____	_____
10. Other agency	_____	_____	_____
11. (Please specify)	_____	_____	_____

Entry
Post-training
Follow-up

ROLE OF MEN
Health Services Participation & Educational/Vocational Questionnaire

Local Case #:	BIH/MIS Case #/Participant's Code:	
Last Name	First Name	M.I.

1. Form completed on _____ .
   Date

2. By _____ .
   Initials of Staff Completing Form

3. Male participant's code _____ .

4. Male participant's age _____ .

5. Birth weight of infant delivered _____ .

6. Please circle number of prenatal visits by mother during each trimester of pregnancy:

   1st Trimester- 1 2 3 **2nd Trimester-** 1 2 3 **3rd Trimester-** 1 2 3 4 5 6 7 8

7. Please circle number of prenatal visits by mother which were accompanied by father:

   1st Trimester- 1 2 3 **2nd Trimester-** 1 2 3 **3rd Trimester-** 1 2 3 4 5 6 7 8

8. Are child's immunizations current for age level?

   6 months 1 No 2 Yes 8 N/A 12 months 1 No 2 Yes 8 N/A

9. Please circle highest grade level completed by male parent:

   1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Graduate or Professional School

Comments

10. Male parent enrolled in high school / G.E.D. program? _____

1 No 2 Yes 3 Completed high school/G.E.D. school

11. Male parent enrolled in college/grad or professional school? _____

1 No 2 Yes 3 Graduated

12. Male parent enrolled in job training? _____

1 No 2 Yes 3 Completed program

13. Male parent in apprenticeship program? _____

1 No 2 Yes 3 Completed program

14. Male parent employed? _____

1 No 2 Yes 3 New job since last report 4 On career track

15. Describes use of conflict resolution skills on at least one occasion during 30-day period prior to this report.

1 No 2 Yes

16. Participation in follow-up activities since last report:

1 No follow-up group partici-pation 2 Attended 1-3 follow-up meetings 3 Attended more than 3 follow-up meetings 4 Participated in a special event 5 Worked on a special project 8 N/A

17. Other comments and observations: