

# **Guide to Completing The Perinatal Care Record Demographic Worksheet**

**Ohio Department of Health**

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## **Introduction**

The purpose of the following guide is to assist the clinician/data entry operator in the process of filling out the demographic worksheet. The definitions of each field for the demographic worksheet (#1-26) are provided. Further, the instructions for how to enter that data into the worksheet and the sources where these fields can be found are also provided. The last column includes any keywords or abbreviations associated with those definitions.

## Demographic Worksheet

<b>Date Completed</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key words/Abbreviations</b>
Encounter date dd/mm/yyyy when a physician or other health care professional examined and/or counseled the pregnant woman for the pregnancy.	Record the month, day and year of the prenatal encounter.	Demographic worksheet.	

<b>1. Client's Current Legal First Name</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key words/Abbreviations</b>
Legal first name of the client.	Record the legal first name of the client.	Perinatal Care Record 1 <sup>st</sup> Demographic information (#1) 2 <sup>nd</sup> also found within perinatal section (field two)	

<b>2. Middle Name</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key words/Abbreviations</b>
Legal middle name of the client.	Record the legal middle name of the client.	Perinatal Care Record 1 <sup>st</sup> Demographic information (#2) 2 <sup>nd</sup> also found within perinatal section (field three)	

<b>3. Last Name</b>			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
Legal last name of the client.	Record the legal last name of the client.	Perinatal Care Record. 1 <sup>st</sup> Demographic information (#3) 2 <sup>nd</sup> also found within perinatal section (field one)	

<b>State</b>			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
State of residence.	Record the client's primary state of residence. Select from the drop down list. Default is Ohio.	Perinatal Care Record. 1 <sup>st</sup> Demographic information.	

<b>4. Residence County</b>			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
County of residence.	Record the client's primary county of residence.	Perinatal Care Record 1 <sup>st</sup> Demographic information.	

<b>5. City, Town, or Township</b>			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
Client's primary address including city, town, or township.	Record the client's primary address including city, town, or township.	Perinatal Care Record. 1 <sup>st</sup> Demographic information.	

<b>6. Address</b>			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
Client's primary address including street name.	Record the client's primary address including street name.	Perinatal Care Record. 1 <sup>st</sup> Demographic information.	

<b>7. Apartment Number</b>			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
Client's apartment number at primary address.	Record the client's primary apartment number.	Perinatal Care Record 1 <sup>st</sup> Demographic information.	

<b>8. Zip code/Postal code</b>			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
Nine (9) digit zip code assigned to the client's place of residence at time of clinic visit.	Record the nine (9) digit zip code assigned to the client's place of residence at time of clinic visit.	Perinatal Care Record 1 <sup>st</sup> Demographic information.	

<b>9. Date of Birth</b>			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
Month, day and year of the client's birth (mm/dd/yyyy).	Record the month, day and last two (2) digits of the year of the client's birth. Optional field.	Perinatal Care Record 1 <sup>st</sup> Demographic information. 2 <sup>nd</sup> also found within perinatal section (field four).	

<b>10. Phone</b>			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p>1- Primary phone number where client can be contacted.</p> <p>2- Secondary phone number where client can be contacted.</p> <p>3- Type of secondary phone location (work, cell phone, or relative).</p> <p>4- No phone number where client can be located.</p> <p>The client's primary and secondary phone number (10 digits) for which they can be contacted. Indicate type of secondary phone location (work, cell phone, or relative).</p>	<p>Enter the client's primary phone number (10 digits) for which they can be contacted. Indicate type of secondary phone location (work, cell phone, or relative).</p>	<p>Perinatal Care Record</p> <p>1<sup>st</sup> Demographic information.</p>	

<b>11. Maiden Name/Surname</b>			
<b><u>Definitions</u></b>	<b><u>Instructions</u></b>	<b><u>Sources</u></b>	<b><u>Key words/Abbreviations</u></b>
<p><b><u>Maiden name of client or of birth mother for child client</u></b> - The maiden name of female family planning or perinatal clients, or the maiden name of the birth mother for the child client. The maiden name is the last name before marriage. This information will be used for linkage with vital statistics records.</p> <p><b><u>Same as above</u></b> – Maiden name is the same as the client’s current legal last name, which is stated in questions 1-3.</p> <p><b><u>Unknown</u></b> – The mother’s maiden name of the child client is unknown or the client has not signed the consent form. Also, use for male family planning clients.</p>	<p>Record the maiden name of female family planning or perinatal clients, or the maiden name of the birth mother for the child client. The maiden name is the last name before first marriage.</p>	<p>Perinatal Care Record 1<sup>st</sup> Demographic information.</p>	

<b>12. Parent or Guardian Last and First Name</b>			
<b><u>Definitions</u></b>	<b><u>Instructions</u></b>	<b><u>Sources</u></b>	<b><u>Key words/Abbreviations</u></b>
<p>The client’s parent or guardian’s last and first name.</p>	<p>Record the client’s parent or guardian’s last and first name.</p>	<p>Perinatal Care Record 1<sup>st</sup> Demographic information.</p>	

<b>13. CFHS Client Number (optional)</b>			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
The unique number, up to 15 digits, assigned to each individual client by the local project.	Record the unique number, up to 15 digits, assigned to each individual client by the local project. Record the CFHS number assigned to the client.	Perinatal Care Record 1 <sup>st</sup> Demographic information. 2 <sup>nd</sup> also found within perinatal section (field six)	CFHS-Child and Family Health Services MATCH-Maternal and Child Health Data

<b>14. Client's Social Security Number</b>			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
Nine-digit number issued to the client by the Federal Social Security Administration.	Record nine-digit number issued to the client by the Federal Social Security Administration.	Perinatal Care Record 1 <sup>st</sup> Demographic information. 2 <sup>nd</sup> also found within perinatal section (field five)	

<b>16. Gender?</b>			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
The gender of the client.	Indicate the gender of the client (enter M for Male or F for Female).	Perinatal Care Record 1 <sup>st</sup> Demographic information.	

<b>17. Are you Spanish/Hispanic/Latina?</b>			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.	If not Spanish/Hispanic/Latina, enter "N" (no). If Spanish/Hispanic/Latina, enter "Y" (yes). If Unknown, enter "U".	Perinatal Care Record 1 <sup>st</sup> Demographic information.	

<b>18. What is your primary language?</b>			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
What language does the client feel most comfortable speaking?	Specify language. Check "English" or check "other" and fill in the language on the blank line.	Perinatal Care Record 1 <sup>st</sup> Demographic information.	

<b>19. What is your race?</b>			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
Indicate the race the client considers herself/himself to be.	Check all categories that apply. At least one option must be checked.	Perinatal Care Record 1 <sup>st</sup> Demographic information.	

<b>19. What is your race?</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key words/Abbreviations</b>
A. <b>White</b> – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.			
B. <b>Black/African American</b> – A person having origins in any of the black racial groups of Africa.  –Any middle or South African country, e.g. Ghana, Ethiopia, Somalia, Tanzania, Liberia, Haiti, Jamaica, Bahamas, West Indies, Haitian.			
C. <b>American Indian/Alaskan Native</b> –A person having origins in any of the original peoples of North and South America (including Central America).  –Any North American tribe, Mayan, Mexican Indian.	Specify (name of enrolled or principal tribe)		
D. <b>Asian Indian</b> - A person having origins in South Asia/India  –Bangladeshi, Pakistani, Sri Lankan, Asian Indian.			
E. <b>Chinese</b> - A person having origins in China (Taiwanese).			
F. <b>Filipino</b> -A person having origins in Phillipines.			
G. <b>Japanese</b> -A person having origins in Japan.			
H. <b>Korean</b> -A person having origins in Korea.			

<b>19. What is your race?</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key words/Abbreviations</b>
I. <b><u>Vietnamese</u></b> -A person having origins in Vietnam.			
J. <b><u>Other Asian</u></b> -A person having origins that do not fit the above Asian categories. -Hmong, Indonesian, Malaysian, Mongolian, Amerasian, Asiatic, Asian, Indo Chinese, Laotian, Thai, Bhutanese, Burmese, Cambodian	Specify		
K. <b><u>Native Hawaiian</u></b> - A person having origins from Hawaii.			
L. <b><u>Guamanian or Chamorro</u></b> - A person having origins from Guam.			
M. <b><u>Samoan</u></b> - A person with Samoan origins. -Samoan, Tahitian, Tongan, Polynesian, Tokelauan.			
N. <b><u>Other Pacific Islander</u></b> - A person with origins of other Pacific Islander. -Okinawan, Mariana Islander, Marshallese, Fijian, Solomon Islander.	Specify		
O. <b><u>Other</u></b> - Individuals who consider themselves to be of races not listed above. Indicate the type of race in the space provided.	Specify		
P. <b>Unknown</b> -Unknown or unidentified race.			

<b>20. Residence-Household Size</b>			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p>The number of individuals in a client's family who are supported by the amount of income listed in item <u>Gross Household Income</u>.</p> <p>"Family" is defined as a social unit composed of one or more person(s) living together as a household including dependents away at school. If the client is a teenager requesting confidential services, she/he is considered to have a household size of one (1). If an individual in the household is paying child support for a child that does not live in the household (e.g., child lives with another relative), that child is not counted as part of the household size. A pregnant woman is counted as two (2). The minimum number in a household is two (2).</p>	Record.	Perinatal Care Record 1 <sup>st</sup> Demographic information.	

<b>21. Gross Household Income</b>			
<b><u>Definitions</u></b>	<b><u>Instructions</u></b>	<b><u>Sources</u></b>	<b><u>Key words/Abbreviations</u></b>
<p>Weekly, monthly, or yearly the total, combined income (before taxes or deductions) of all individuals in the client's family (see definition of "family" in <u>Household Size</u>). If the weekly or monthly income varies during the year, use an average. If the client is a teenager requesting confidential services, use only her/his personal financial resources for determining the weekly income. If a family receives direct payments (cash-in-hand) for child support, include as part of the household income; if a family receives child support payments (indirectly) through CDJFS, do not count the child support separately from the CDJFS payments. If an individual in the household is paying child support for a child that does not live in the household (e.g., child lives with another relative), the amount of child support paid is excluded from the gross amount of the family's income. Do not include the total income for other families living at the same address. Do not include SSI monies, which must be spent for a designated family member. Do not include Metropolitan Housing allowance, Food Stamp vouchers, or the like.</p>	<p>Record only one by week, month or year.</p>	<p>Perinatal Care Record 1<sup>st</sup> Demographic information.</p>	<p>CDJFS-County Department of Job and Family Health Services. SSI-Social Security Disability</p>

<b>22. Income Verified by documentation</b>			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
Answer "Yes" if the client has shown income documentation (e.g. pay stub, employment record). Documentation is a MANDATORY CFHS policy, per the CFHS Administrative Program Standards. A signed self-report can be an acceptable form of income verification.	Record Yes or No.	Perinatal Care Record 1 <sup>st</sup> Demographic information.	CFHS-Child and Family Health Services

<b>23. Highest level of schooling completed</b>			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
Record the highest grade the client has completed. For example, if the client currently is in the 12 <sup>th</sup> grade, the highest grade completed is the 11 <sup>th</sup> grade. If the client has graduated from high school or received the general equivalency diploma (GED), mark 12.	Select one of the choices.	Perinatal Care Record 1 <sup>st</sup> Demographic information.	GED-General Education Diploma.

<b>24. Client currently a student</b>			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
Answer "Yes" if the client currently attends school either on a full or part-time basis.	Check the box if Yes; do not check the box if No.	Perinatal Care Record 1 <sup>st</sup> Demographic information.	

<b>25. Source of initial referral to this agency</b>			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
Indicate the source that referred the client to the clinic.	Select only one source. It is optional to indicate the source of the initial referral in the space provided following "Other." Optional data can be entered.	Perinatal Care Record 1 <sup>st</sup> Demographic information.	

<b>26. Local use only</b>			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
Twenty-five (25) spaces are provided for entering/accessing data that does not appear on this form but is of importance to that project.	Optional field.	Perinatal Care Record 1 <sup>st</sup> Demographic information	