

Appendix A: Online Risk Assessment Tool

Healthcare and programs

#	Question	Prereq	Options	Script	Programming Notes
1	Do you have health insurance?		Yes		
			No	Health Insurance	skip to 3
2	Do you think your health insurance gets you the health care you need?	"Yes" to 1	Yes		
			No	Inadequate health insurance	
3	Do you have a primary care provider (PCP)? This is a general doctor that you would see once a year for check-ups and if you get sick.		Yes		
			No	Access to Care, No PCP	
4	When you need medical care, do you usually go to your PCP or to the Emergency Room?		PCP		
			Emergency Room	Access to Care, No PCP	
			Other		
5	Have you been to the dentist in the past year?		Yes		
			No	Periodontal Disease	
6	Is it difficult to pay bills, like rent, water, heat, or electricity?		Yes	Inadequate financial resources	
			No		
7	Do you use any of these assistance programs?		Medicaid (including Mass Health)	Inadequate financial resources	
			Health Safety Net or Free Care	Inadequate financial resources	
			Temporary assistance to needy families (TANF or welfare)	Inadequate financial resources	
			Food stamps	Inadequate financial resources	
			Housing assistance	Inadequate financial resources	
			Energy assistance	Inadequate financial resources	
			Women Infants and Children (WIC)	Inadequate financial resources	
8	Do you have trouble getting to places you need to go, like work or appointments?		Yes	Inadequate financial resources	
			No		

Source: Adapted from Jack BW, Culpepper L, Babcock J, Kogan MD, Weismiller D. Addressing Preconception Risks Identified at the Time of a Negative Pregnancy Test. A Randomized Trial. J Fam Pract. 1998;47(1)33-38.. Reviewed by Merry-K Moos, BSN, FNP, MPH.

Relationships

#	Question	Prereq	Options	Script	Programming Notes
1	Are you dating someone or in any kind of sexual relationship?		Yes		Continue
			No		Skip to 4
2	Can you discuss concerns you have about health with your partner?		Yes		Go to 3
			No		The only partner-specific questions we should ask would be from Infectious Disease domain. Skip to 4 below.
3	Are your current partner(s) male, female, or both?	"Yes" to 2	Male		Ask all partner questions
			Female		Only partner questions from Infectious Disease domain
			Both		Ask all partner questions
4	Have you ever been hit, slapped, kicked, or physically hurt in any way?		Yes	Physical/sexual abuse	
			No		
5	Has anyone ever made you do something sexual that you didn't want to do?		Yes	Physical/sexual abuse	
			No		
6	Have you ever felt nervous or scared because of the things that someone said to you?		Yes	Emotional (Verbal) abuse	
			No		
7	Has anyone ever told you that you are a bad person, that you are useless or that you are worth nothing?		Yes	Emotional (Verbal) abuse	
			No		
8	Are you afraid that someone you know may hurt you?		Yes	Does not feel safe	
			No		
9	Are you ever afraid or nervous to go home?		Yes	Does not feel safe	
			No		

Sexual and reproductive health

#	Question	Prereq	Sub-Question	Options	Script(s)	Programming Notes
1	Have you ever had sex, like vaginal intercourse, oral sex, or anal sex?			Yes		
				No		Regardless of answers to #2 and 3, does not get Questions 2, 3, 4 in Infectious Disease domain. In this section, only ask Questions 3, 8, 9 below
2	Do you use birth control on a regular basis?	"Yes" to 1		Yes		Go to 4a
				No	No Birth Control	Go to 5
2a	If so, what kind? Check all the types that you use now.	"Yes" to 2		Birth control pills	Birth Control pill	multiple select (provide all scripts - could divide between interactions)
				Birth control patch	Birth Control patch	
				Birth control ring	Birth Control ring	
				Birth control shot	Birth Control shot (depo)	
				Male Condom	Male Condoms	
				Female Condom	Female Condoms	
				Withdrawal	Withdrawal	
				Diaphragm	Diaphragm	
				Tubes tied	Tubal ligation	
				IUD	IUD	
				Abstinence	Abstinence	
				Implant	Implant	
				Vasectomy	Vasectomy	
				Spermicide	Spermicide	
				Spermicide with Condom	Spermicide with Condom	
				Morning after pill	Plan B (morning after pill)	
				Rhythm/natural family planning	Rhythm method (natural family planning)	
				Other	General Birth Control Recommendations	

Sexual and reproductive health (continued)

#	Question	Prereq	Sub-Question	Options	Script(s)	Programming Notes
3	Do you want to have a baby in the next year?			Yes		
				No		intro should not stress pregnancy/ baby
				Don't know		
4	Have you ever been pregnant?			Yes		Continue to 1a-1f
				No		Skip to next domain
4a	How many times have you been pregnant? This includes all miscarriages and abortions.	"Yes" to 4		open-ended number		
4b	How many live births have you had?	"Yes" to 4		open-ended number		
4c	How many stillbirths have you had?	"Yes" to 4		open-ended number	Stillbirth	If >0
4d	How many miscarriages have you had?	"Yes" to 4		open-ended number	Miscarriage (1 or 2) OR Miscarriage (3 or more)	Give appropriate script based on number entered
4d.1		Only if entered 2 or more to 1d	How many times have you had a miscarriage after 14 weeks of pregnancy?	open-ended number	Two second trimester miscarriages	Give script if enter 2 or more
4e	How many abortions (elective termination of pregnancy) have you had?	"Yes" to 4		open-ended number	Abortion	
4f	How many cesarean sections (c-sections) have you had?	"Yes" to 4		open-ended number	Cesarean Section	
5	Have you ever had a child who died after he or she was born?	"Yes" to 4		Yes	Infant or Child Death	
				No		
6	Have you ever had:	"Yes" to 4	An baby weighing more than 9 pounds (or 4000 grams) at birth?	Yes	HBW infant	
				No		
				Don't know	HBW infant	
		"Yes" to 4	An baby weighing 5 1/2 pounds or less (or less than 2500 grams) at birth?	Yes	LBW infant	
				No		
				Don't know	LBW infant	

Sexual and reproductive health (continued)

#	Question	Prereq	Sub-Question	Options	Script(s)	Programming Notes			
6	Have you ever had:	"Yes" to 4	A premature or preterm baby (born at least 3 weeks early)?	Yes	Prior premature birth				
				No					
				Don't know					
				"Yes" to 4			A baby with a birth defect?	Yes	Birth defect
								No	
								Don't know	
"Yes" to 4	A baby that had to stay in an intensive care nursery (NICU)?	Yes	NICU						
		No							
		"Yes" to 4		Vaginal bleeding late in pregnancy?	Yes	Vaginal bleeding			
No									
"Yes" to 4	A problem with your uterus (womb)?		Yes		Uterine anomalies				
		No							
		Don't know							
7	Have you ever gotten pregnant less than 3 months after the end of another pregnancy?	"Yes" to 4		Yes	Short time between pregnancies				
				No					
				Don't know					
8	When you were born very early or very small?			Yes	Born low birth weight or preterm				
				No					
				Don't know					
9	When your mother was born, was she born very early or very small?			Yes	Mother born low birth weight or preterm				
				No					
				Don't know					

Source: Adapted from Jack BW, Culpepper L, Babcock J, Kogan MD, Weismiller D. Addressing Preconception Risks Identified at the Time of a Negative Pregnancy Test. A Randomized Trial. *J Fam Pract.* 1998;47(1):33-38. References: Norton M. New evidence on birth spacing: Promising findings for improving newborn, infant, child, and maternal health. *International Journal of Gynecology and Obstetrics* (2005) 89, S1—S6. Zhu BP. Effect of interpregnancy interval on birth outcomes: Findings from three recent US studies. *International Journal of Gynecology and Obstetrics.* 2005. 89:S25—S33. Zhu BP, Rolfs RT, Nangle BE, Horan, JM. Effect of the interval between pregnancies on perinatal outcomes. *NEJM.* 2005; 340(8):589-594. Reviewed by Dean V. Coonrod, MD; Karla Damus, RN, MSPH, PhD.

Chronic medical and meds

#	Question	Prereq	Options	Script(s)	Programming Notes
1	Do you have any chronic health conditions, like diabetes, asthma or HIV?		Yes	Tb high risk	Plug in "because you have been diagnosed with a chronic health condition"
			No		
2	Have you been told by a doctor that you have any of these health issues? Check all that apply:		Diabetes	Diabetes	
			Pre-Diabetes	Pre-Diabetes	
			Gestational Diabetes (diabetes during pregnancy)	Gestational Diabetes (diabetes during pregnancy)	
			Thyroid Disease (Overactive)	Thyroid Disease overactive	
			Thyroid Disease (Underactive)	Thyroid Disease underactive	
			Phenylketonuria (PKU)	PKU	
			Hypertension (high blood pressure)	Hypertension	
			Rheumatoid Arthritis	Rheumatoid Arthritis	
			Lupus	SLE	
			Kidney Problems	Chronic Renal Disease	
			Cardiovascular Disease (heart disease)	Cardiovascular	
			Blood Clots	Thrombophilia	
			Asthma	Asthma	
Seizures (Epilepsy)	Seizures				
	None of the above				
3	Do you have a disability?		Yes	Women with Disabilities	
			No		
4	Have you ever had cancer?		Yes	Cancer	
			No		
5	Do you take any medicines prescribed by a doctor?		Yes	Prescriptions	Continue to 3
			No		Skip to 4

Chronic medical and meds (continued)

#	Question	Prereq	Options	Script(s)	Programming Notes
6	Do you take any prescriptions for the following health issues? Check all that apply:	"Yes" to 5	Diabetes	Prescriptions	Plug condition into script
			Seizures (Epilepsy)	Prescriptions	Plug condition into script
			Hypertension (high blood pressure)	Prescriptions	Plug condition into script
			Thyroid Disease	Prescriptions	Plug condition into script
			Lupus	Prescriptions	Plug condition into script
			Rheumatoid Arthritis	Prescriptions	Plug condition into script
			Asthma	Prescriptions	Plug condition into script
			Kidney Problems	Prescriptions	Plug condition into script
			Cardiovascular Disease (heart disease)	Prescriptions	Plug condition into script
			Blood Clots	Prescriptions	Plug condition into script
			Chronic Pain	Prescriptions	Plug condition into script
			For another health issue	Prescriptions	Plug condition into script
7	Do you take any "over the counter" medications?		Yes	OTC's	
			No		
8	Have you <u>ever</u> taken herbs (like chamomile or ginseng), herbal teas, home remedies, or weight loss products for your health?		Yes	Herbal Supplements and weight loss products	
			No		

Source: Adapted from Jack BW, Culpepper L, Babcock J, Kogan MD, Weismiller D. Addressing Preconception Risks Identified at the Time of a Negative Pregnancy Test. A Randomized Trial. J Fam Pract. 1998;47(1)33-38. Reviewed by Anne L. Dunlop, MD, MPH; Benjamin D. Solomon, MD; Cynthia S. Shellhaas, MD, MPH; Joseph N. Bottalico, DO; Melissa A. McDiarmid, MD, MPH; Mona R. Prasad, DO, MPH; Paula M. Gardiner, MD, MPH; Catherine Ruhl, CNM, MS.

Family and genetic history

#	Question	Prereq	Options	Script(s)	Programming Notes
1	Have you or your partner ever had any of the following conditions? Check all that apply:	Add "or your partner" if chose "Male" or "Both" to Question 3 in Health Promotion	Chromosomal disorders	Personal History	
			Deafness	Personal History	
			Facial Clefts (Cleft Palate)	Personal History	
			Sickle Cell disease or trait	Personal History	
			Thalassemia	Personal History	
			Developmental Delay/Mental Retardation	Personal History	
			Blood Clots	Personal History	
			Cancer	Personal History	
			Clotting disorders	Personal History	
			Neural Tube Defects (Spina Bifida)	Personal History	
			Heart Disease	Personal History	
			Vision loss, inherited from family member	Personal History	
			Family history of other congenital malformations or birth defects	Personal History	
			Other	Personal History	
			Don't know	Don't know about genetic history	
			None of the above		
2	Has anyone in your family or your partner's family ever had (including parents, grandparents, siblings, aunts, uncles, cousins) and of the following?:	Add "or your partner's family" if chose "Male" or "Both" to Question 3 in Health Promotion	Chromosomal disorders	Family History	
			Deafness	Family History	
			Facial Clefts (Cleft Palate)	Family History	
			Sickle Cell Disease or trait	Family History	
			Thalassemia	Family History	
			Developmental Delay/Mental Retardation	Family History	
			Blood Clots	Family History	
			Cancer	Family History	

Family and genetic history (continued)

#	Question	Prereq	Options	Script(s)	Programming Notes
2	Has anyone in your family or your partner's family ever had (including parents, grandparents, siblings, aunts, uncles, cousins) and of the following?:	Add "or your partner's family" if chose "Male" or "Both" to Question 3 in Health Promotion	Clotting disorders	Family History	
			Neural Tube Defects (ex: Spina Bifida)	Family History	
			Heart Disease	Family History	
			Vision loss, inherited from family member	Family History	
			Sudden Infant Death Syndrome (SIDS)	Family History	
			Early infant death	Family History	
			Muscular Dystrophy	Family History	
			Cystic Fibrosis	Family History	
			Family history of other congenital malformations or birth defects	Family History	
			Don't know	Don't know about genetic history	
			None of the above		
3	What is your blood ancestors' ethnic/racial/geographic background? Please check all that apply:		White	Ethnicity-Based	
			European	Ethnicity-Based	
			Ashkenazi Jewish	Ethnicity-Based	
			French-Canadian	Ethnicity-Based	
			Cajun	Ethnicity-Based	
			African	Ethnicity-Based	
			Mediterranean	Ethnicity-Based	
			Asian	Ethnicity-Based	
			None of the above		

Adapted from Jack BW, Culpepper L, Babcock J, Kogan MD, Weismiller D. Addressing Preconception Risks Identified at the Time of a Negative Pregnancy Test. A Randomized Trial. J. Fam Pract. 1998;47(1)33-38. Reviewed by Benjamin D. Solomon, MD; W. Gregory Feero, MD, PhD; Karla Damas, RN, MSPH, PhD.

Psychiatric

#	Question	Prereq	Sub-Question	Options	Points	Script(s)	Programming Notes
1	Have you been diagnosed with any of the following conditions? Check all that apply:			Depression		Depression	
				Anxiety		Anxiety	
				Bipolar Disorder		Bipolar Disorder	
				Schizophrenia		Schizophrenia	
				None of the above			
2	Do you take medications for any of the following conditions? Check all that apply:			Depression		Prescriptions	
				Anxiety		Prescriptions	
				Bipolar Disorder		Prescriptions	
				Schizophrenia		Prescriptions	
				Other mental health condition		Prescriptions	
				None of the above			
3	Has anyone in your family or your partner's family been diagnosed with any of the following conditions? Check all that apply:			Depression		Family History of psychiatric condition	
				Anxiety		Family History of psychiatric condition	
				Bipolar Disorder		Family History of psychiatric condition	
				Schizophrenia		Family History of psychiatric condition	
				None of the above			
4	In the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?		Little interest or pleasure in doing things	Not at all	0	Depression= positive from screening tool, but not diagnosed	Positive Score >5 when 4-4i are combined
				Several days	1		
				More than half the days	2		
				Nearly every day	3		

Psychiatric (continued)

#	Question	Prereq	Sub-Question	Options	Points	Script(s)	Programming Notes
4a	In the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?		Feeling down, depressed, or hopeless.	Not at all	0		If patient answers "more than half the days or nearly every day to either of the first two, continue to rest of screening. Or STOP if answers "not at all" or "several days" to BOTH.
				Several days	1		
				More than half the days	2		
				Nearly every day	3		
5	In the <u>last month</u> , how often have you felt that you were unable to control the important things in your life?		Never	0			For 5-8, a score of 8 or more would lead to the stress script
			Almost never	1			
			Sometimes	2			
			Fairly often	3			
			Very often	4			
6	In the <u>last month</u> , how often have you felt confident about your ability to handle your personal problems?		Never	4			
			Almost never	3			
			Sometimes	2			
			Fairly often	1			
			Very often	0			
7	In the <u>last month</u> , how often have you felt that things were going your way?		Never	4			
			Almost never	3			
			Sometimes	2			
			Fairly often	1			
			Very often	0			
8	In the <u>last month</u> , how often have you felt difficulties were piling up so high that you could not overcome them?		Never	0			
			Almost never	1			
			Sometimes	2			
			Fairly often	3			
			Very often	4			

Sources: Adapted from Jack BW, Culpepper L, Babcock J, Kogan MD, Weismiller D. Addressing Preconception Risks Identified at the Time of a Negative Pregnancy Test. A Randomized Trial. J Fam Pract. 1998;47(1)33-38. PHQ-9 Depression Scale: Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. J Gen Intern Med. 2001 Sep;16(9):606-13. Perceived Stress Scale: Cohen S. Retrieved from: <http://www.psy.cmu.edu/~scohen/>. Reviewed by Ariela Friedler, MD; Peter S. Bernstein, MD, MPH

Immunizations

#	Question	Prereq	Sub-Question	Options	Script(s)	Programming Notes
1	The next questions are about immunizations, like HPV, tetanus, the flu and more. Do you know about any of the immunizations you have gotten in the past?			Yes		Continue to 1a-1g
				No	General Immunizations	
1a		"Yes" to 1	Measles, Mumps and Rubella (MMR) vaccine (in childhood)	Yes		
				No	MMR	
				Don't know	MMR	
1b			Tdap - tetanus, diphtheria and pertusis - vaccine (once when you were 11-12 years and/or another after you turned 18)	Yes		
				No	Tdap	
				Don't know	Tdap	
1c			Tetanus booster shot (within the past 10 years)	Yes		
				No	Td	
				Don't know	Td	
1d			HPV vaccine - 3 doses (ever)	Yes		
				No	HPV	
				Don't know	HPV	
1e			Varicella vaccine (2 doses), or ever had the chicken pox	Yes		
				No	Varicella	
				Don't know	Varicella	
1f			Influenza (flu) vaccine (this year)	Yes		If flu season (October - April?)
				No	Influenza	
				Don't know	Influenza	
1g			Hepatitis B vaccine (ever)	Yes		
1g				No	Hep B at risk	if no / don't know assess for risk of contracting hepatitis B (question 2)
1g				Don't know	Hep B at risk	if no / don't know assess for risk of contracting hepatitis B (question 2)

Immunizations (continued)

#	Question	Prereq	Sub-Question	Options	Script(s)	Programming Notes
2	Please answer "Yes," "No," or "Don't know" to the following questions:	"No" or "Don't know" to Hep B vaccine question above	Have you ever lived with someone who has Hepatitis B?	Yes		Hep B at risk script - have VPA hold paper with list of risks (if more than one is selected)
				No		
				Don't know		Hep B at risk script - have VPA hold paper with list of risks (if more than one is selected)
2a		If "Male" or "Both" to Question 3 in Health Promotion	Does your partner have Hepatitis B?	Yes		Hep B at risk script - have VPA hold paper with list of risks (if more than one is selected)
				No		
				Don't know		Hep B at risk script - have VPA hold paper with list of risks (if more than one is selected)
2b		"Yes" to 1 of Health Promotion	Have you had sex with more than one person during the past 6 months?	Yes	at risk for STI	Hep B at risk script - have VPA hold paper with list of risks (if more than one is selected)
				No		
				Don't know	at risk for STI	Hep B at risk script - have VPA hold paper with list of risks (if more than one is selected)
2c			Are you being treated with hemodialysis?	Yes	at risk for STI	Hep B at risk script - have VPA hold paper with list of risks (if more than one is selected)
				No		
				Don't know	at risk for STI	Hep B at risk script - have VPA hold paper with list of risks (if more than one is selected)
2e			Have you ever worked or do you live in an institution for the developmentally disabled?	Yes	Hep B at risk	Hep B at risk script - have VPA hold paper with list of risks (if more than one is selected)
				No		
2g			Have you traveled to Haiti, Dominican Republic, Africa, Southeast Asia, the Middle East (except Israel), South Pacific Islands, West Pacific Islands, or the Amazon River Basin in the last year?	Yes	Hep B at risk	Hep B at risk script - have VPA hold paper with list of risks (if more than one is selected)
				No		

Source: Adapted from Jack BW, Culpepper L, Babcock J, Kogan MD, Weismiller D. Addressing Preconception Risks Identified at the Time of a Negative Pregnancy Test. A Randomized Trial. J Fam Pract. 1998;47(1)33-38. Reviewed by Dean V. Coonrod, MD, MPH; Richard Long, MD; Shanna N. Cox, MSPH.

Infectious disease

#	Question	Prereq	Sub-Question	Options	Script(s)	Programming Notes
1	Check all that apply		Have you received blood products or organs before 1992?	Yes	Hep C (at risk)	Also, if yes to question and girl has not had hepatitis B vaccine then use Hep B at risk
			Have you received blood products or organs before 1992?	No		
1a			Are you a healthcare worker?	Yes	Hep C (at risk), Tb high risk	
				No		
			Are you a public safety worker, like a police officer or firefighter?	Yes	Hep B at risk	
				No		
1b			Do you work in a correctional institution, like a jail? Or have you ever stayed overnight in a jail?	Yes	Tb high risk, at risk for STI, HepC (at risk)	Also, if yes to question and girl has not had hepatitis B vaccine then use Hep B at risk
				No		
1c			Do you work in a daycare, nursery school, or kindergarten? Or are you often in contact with children under 6 years old?	Yes	Cytomegalovirus	
				No		
1d			Were you born in a country other than the United States?	Yes	Immigrant or Refugee	
				No		
1e		"Yes" to 1c	Were you born in Latin America, Carribean, Africa, Asia, Eastern Europe, or Russia?	Yes	Tb high risk	
				No		
1f			Have you traveled to Central America, South America, Africa, Asia, Eastern Europe, the South Pacific or the Caribbean in the last year?	Yes	Malaria	
				No		
1g			Have you been in contact with someone who has tuberculosis (Tb)?	Yes	Tb high risk	Plug in "because you have been in contact with someone who has tuberculosis"
				No		
				Don't know	Tb high risk	

Infectious disease (continued)

#	Question	Prereq	Sub-Question	Options	Script(s)	Programming Notes
1h			Do you have a tattoo or body piercing that you got in your home or someone else's home?	Yes	Hep C (at risk)	Plug in "because you have a tattoo or piercing that was done at home"
				No		
2	Has a doctor or nurse ever told you that you have any of the following? Select all that apply.			Chlamydia	Chlamydia	Also, if yes to any and girl has not had hepatitis B vaccine then use "Hep B at risk" script
				Syphilis	Syphilis	Also, if yes to any and girl has not had hepatitis B vaccine then use "Hep B at risk" script
				Gonorrhea	Gonorrhea, At risk for STI	Also, if yes to any and girl has not had hepatitis B vaccine then use "Hep B at risk" script
				HIV	HIV	Also, if yes to any and girl has not had hepatitis B vaccine then use "Hep B at risk" script
				Genital Herpes	HSV	Also, if yes to any and girl has not had hepatitis B vaccine then use "Hep B at risk" script
				Hepatitis C	HepC (has infection)	Also, if yes to any and girl has not had hepatitis B vaccine then use "Hep B at risk" script
				Tuberculosis (TB)	TB (has infection)	Also, if yes to any and girl has not had hepatitis B vaccine then use "Hep B at risk" script
				None of the above		
3	When you went to see your doctor or nurse in the past, he or she may have tested you for a sexually transmitted infection, or STI. Have you ever been tested for an STI? This would include Chlamydia, Syphilis, HIV and others.	"Yes" to Question 1 Health Promotion		Yes		Continue 3a-3d below
				No	Not tested for an STI and is sexually active	only use if not receiving "at risk for STI" script. Skip 3a-3d

Infectious disease (continued)

#	Question	Prereq	Sub-Question	Options	Script(s)	Programming Notes
3a	Please check "Yes," "No" or "Don't know" to each test.	"Yes" to 3	Have you been tested for Chlamydia in the past year?	Yes		
				No	Not tested for an STI and is sexually active	only use if not receiving "at risk for STI" script
				Don't know	Not tested for an STI and is sexually active	only use if not receiving "at risk for STI" script
3b			Have you been tested for syphilis <i><in the last year></i> ?	Yes		
				No	Not tested for an STI and is sexually active	only use if not receiving "at risk for STI" script
				Don't know	Not tested for an STI and is sexually active	only use if not receiving "at risk for STI" script
3c			Have you been tested for HIV <i><in the past year></i> ?	Yes		add "in the past year" if they answer yes to any of the STIs in question 3
				No	Not tested for an STI and is sexually active	only use if not receiving "at risk for STI" script
				Don't know	Not tested for an STI and is sexually active	only use if not receiving "at risk for STI" script
4			Have you had your ppd test in the past 2 years? This is the skin test where they insert a bubble of fluid under the skin of your forearm.	Yes		
				No	Not tested for an STI and is sexually active	only use if not receiving "at risk for STI" script
				Don't know	Not tested for an STI and is sexually active	only use if not receiving "at risk for STI" script
5	Please choose either "Yes," "No" or "Don't know" for the next set of questions.	"Yes" to Question 1 Health Promotion	Have you ever had unprotected sex? (This means vaginal intercourse without a condom, oral sex without a condom, or anal sex without a condom.)	Yes	At risk for STI	Plug in "have had unprotected sex."
				No		
				Don't know	At risk for STI	Plug in "may have had unprotected sex."
5a			Have you ever been paid for sex, or had sex for drugs?	Yes	At risk for STI	Plug in "have been paid for sex or had sex for drugs."
				No		

Infectious disease (continued)

#	Question	Prereq	Sub-Question	Options	Script(s)	Programming Notes
5b			Have any of your sexual partners been diagnosed with a STI?	Yes	At risk for STI	Plug in "have had a sexual partner that had an STI."
				No		
				Don't know	At risk for STI	Plug in "may have had a sexual partner that had an STI."
5c			Have any of your sexual partners had syphilis or herpes?	Yes	At risk for STI	Plug in "had a sexual partner who had syphilis or herpes."
				No		
				Don't know	At risk for STI	Plug in "had a sexual partner who had syphilis or herpes."
5d		"Male" or "Both" to Question 3 in Health Promotion	Have any of your male sexual partners had sex with men?	Yes	At risk for STI	Plug in "have had male sexual partner who has had sex with men." Also, if yes to question and girl has not had hepatitis B vaccine then use Hep B at risk. (Partner Question)
				No		
				Don't know	At risk for STI	Plug in "may have had male sexual partner who has had sex with men." Also, if yes to question and girl has not had hepatitis B vaccine then use Hep B at risk. (Partner Question)
5e		"Male" or "Both" to Question 3 in Health Promotion	Have any of your sexual partners had Hepatitis C?	Yes	Hep C (at risk)	Plug in "may have had a sexual partner who had hepatitis c."
				No		
				Don't know	Hep C (at risk)	Plug in "have had a sexual partner who had hepatitis c."
5f			Have you ever used illicit drugs (street drugs)? This includes marijuana.	Yes	At risk for STI	Plug in "have used street drugs." Also, if yes to question and girl has not had hepatitis B vaccine then use Hep B at risk.
				No	Skip to 4i	

Source: Adapted from Jack BW, Culpepper L, Babcock J, Kogan MD, Weismiller D. Addressing Preconception Risks Identified at the Time of a Negative Pregnancy Test. A Randomized Trial. J Fam Pract. 1998;47(1)33-38. Reviewed by Dean V. Coonrod, MD, MPH; Mona R. Prasad, DO, MPH; Shanna N. Cox, MSPH.

Parental exposures

#	Question	Prereq	Options	Script(s)	Programming Notes	Text for Info Button
1	During the last 12 months, what was the LARGEST number of alcoholic drinks that you drank in a single day?		open-ended number	Alcohol	4 or more leads to script	One drink is equal to: a 12 ounce can of beer, OR a 5 ounce glass of wine, OR a shot of liquor/hard alcohol.
2	Which of the following best describes your tobacco use?		I smoke, or use tobacco, regularly now	Tobacco		Tobacco includes cigarettes, chew, snuff, cigars, etc.
			I smoke, or use tobacco, regularly now, but I've cut down	Tobacco		
			I smoke, or use tobacco, every once in awhile	Tobacco		
			I don't smoke or use tobacco at all			
3	How many cigarettes do you smoke on a normal day?	If chose one of first three options for 4	open-ended number			
4	How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?		open-ended number	Illicit Drugs	Answer of 1 or more leads to script	
5	Have you ever used intravenous (IV) drugs?	1 or more to question 4	Yes	At risk for STI, HepC	Plug in "because you use IV drugs" to both scripts.	
			No			
6	Do you use cocaine?		Yes	Hep C (at risk)	Plug in "because you use cocaine."	
			No			

Sources: Alcohol Question: Dawson, DA, Pulay, AJ, Grant, BF. A comparison of two single-item screeners for hazardous drinking and alcohol use disorder. Alcohol Clin Exp Res. Vol 34, No 2, 2010; pp 364-374. DAST-10: Skinner, HA. The Drug Abuse Screening Test. Addictive Behaviors. 1982;7,363-371. Reviewed by R. Louise Floyd, DSN, RN.

Nutrition and activity

#	Question	Prereq	Sub-Question	Options	Script(s)	Programming Notes
1	How many servings do you eat per day of:		Fruits	open-ended number value	Healthy Eating	at risk if fruits and veggies add up to less than 5. Plug in "do not eat enough fruits and vegetables" to Healthy Eating script.
			Vegetables	open-ended number value	Healthy Eating	at risk if fruits and veggies add up to less than 5. Plug in "do not eat enough fruits and vegetables" to Healthy Eating script
2	Do you eat fish more than twice a week?			Yes	Mercury	
				No		
3	Do you eat any of the following? Check all that apply:			Raw or very undercooked meats or fish	Toxoplasmosis	If selected, provide script
				Unpasteurized dairy products or cheese	Listeriosis	If selected, provide script
				Soft cheeses like feta, blue cheese, brie, goat cheese or queso fresco	Listeriosis	If selected, provide script
				Hot dogs or deli meat	Listeriosis	If selected, provide script
				Walnuts, olive oil or fatty fish (salmon, mackerel, lake trout, sardines, albacore tuna)	Omega-3 Fatty Acids	Provide script if NOT selected
4	Do you tend to snack on junk food (chips, soda, candy, desserts) most days?			Yes	Healthy Eating	Plug in "eat a lot of junk food" to Healthy Eating script
				No		
5	Do you think you might have an eating disorder, like anorexia or bulimia?			Yes	Eating Disorder	
				No		
6	Select the way(s) you get folic acid:			Multivitamin with 400 mcg folic acid		
				Folic acid pill		
				None	Multivitamin with folic acid (doesn't take one)	
				Don't know	Multivitamin with folic acid (doesn't take one)	

Nutrition and activity (continued)

#	Question	Prereq	Sub-Question	Options	Script(s)	Programming Notes
7	Do you take any of the following vitamins or minerals? Check all that apply:			Calcium	Calcium	Provide script if they DO NOT select
				Vitamin D	Vitamin D	Provide script if they DO NOT select
				Iron	Iron	Provide script if they DO NOT select
				Vitamin A	Vitamin A	Provide script if they DO select
				None of the above	Calcium, Vitamin D and Iron	
8	Do you drink caffeinated drinks like coffee, tea, soda, or energy drinks?			Yes	Caffeine	
				No		
9	What is your height and weight?			2 open-ended values	See BMI chart	Calculate BMI [weight/(height in inches x height in inches)] x 703= BMI Underweight= <18.5 Use underweight script
						Underweight= <18.5 Use underweight script
						Normal weight= 18.5-24.9 no script
						Overweight= 25-29.9 use overweight script
						Obesity= 30 or greater use overweight script
10	Do you exercise or take part in regular activity, like walking or biking, 5 days a week for at least 30 minutes?			Yes		
				No	Exercise - does not exercise	

Source: Adapted from Jack BW, Culpepper L, Babcock J, Kogan MD, Weismiller D. Addressing Preconception Risks Identified at the Time of a Negative Pregnancy Test. A Randomized Trial. J Fam Prac 1998;47(1)33-38. Reviewed by Anne L. Dunlop, MD, MPH; Cynthia S. Shellhaas, MD, MPH; Paula M. Gardiner, MD, MPH; Richard Long, MD.

Environmental exposures

#	Question	Prereq	Options	Script(s)	Programming Notes
1	Do you have well water at your home?		Yes		Go to Question 1a
			No		Skip to Question 2
			Don't know		Skip to Question 2
1a	Has it been tested?	If "Yes" to 1	Yes		
			No	Water Hazard, Well Water	
			Don't know	Water Hazard, Well Water	
2	Have you been exposed to lead?		Yes	Lead	
			No		
			Don't know	Lead	
3	Do you live near a toxic waste site or 'superfund site'?		Yes	Soil Hazards	
			No		
4	Do you frequently drink water from plastic bottles?		Yes	Water Hazard, Plastic Bottles	
			No		
5	Do you frequently eat foods that come from metal cans that have a white plastic lining, like canned soup or vegetables?		Yes	Environmental Hazard, Plastic Lining	
			No		
			Don't know	Environmental Hazard, Plastic Lining	
6	Do you ever clean a cat's litter box?		Yes	Toxoplasmosis	
			No		
7	Does your job or your partner's job fall into any of the following categories? Check all that apply:		Lab and clinical healthcare work	Workplace Exposures	
			Printing	Workplace Exposures	
			Dry-cleaning	Workplace Exposures	
			Jewelry making or metal tempering	Workplace Exposures	
			Jobs that use: pesticides, herbicides, rodenticides, solvents (oil-based paints), heavy metals (lead), paint stripping agents, lead-based paints or non-latex-based paints that are solvent based and contain metals for pigments	Workplace Exposures	
			None of the above		
			Don't know		

Environmental exposures (continued)

#	Question	Prereq	Options	Script(s)	Programming Notes
8	In your home(s), have you or your partner been exposed to any of the following? Check all that apply:		Solvents (oil based paints)	Household Exposures	
			Heavy metals (lead)	Household Exposures	
			Paint stripping chemicals (with methylene chloride)	Household Exposures	
			Jewelry making or metal tempering	Household Exposures	
			Pesticides	Household Exposures	
			Herbicides	Household Exposures	
			Rodenticides	Household Exposures	
			Removal of old paint or wall paper from walls containing lead-based paint.	Household Exposures	
			Non-latex-based paints that are solvent based and contain metals for pigments and antifoulant agents	Household Exposures	
			None of the above		
			Don't know		

Source: Adapted from Jack BW, Culpepper L, Babcock J, Kogan MD, Weismiller D. Addressing Preconception Risks Identified at the Time of a Negative Pregnancy Test. A Randomized Trial. J Fam Pract. 1998;47(1)33-38. Reviewed by Melissa A. McDiarmid, MD, MPH; Paula M. Gardiner, MD, MPH.

Men

#	Question	Sub-Question	Options	Script(s)	Programming Notes
1	Has your partner been to the doctor in the past year?		Yes		
			No	Partner has not been to doctor in last year	
			Don't Know	Partner has not been to doctor in last year	
2	Has your partner been counseled on his reproductive life plan (plan about birth control and when he wants to have children in the future)?		Yes		
			No	Partner has not been counseled on reproductive life plan	
			Don't Know	Partner has not been counseled on reproductive life plan	
3	Does your partner have a primary care doctor (PCP), which is a doctor he would see for check-ups or if he was sick?		Yes		
			No	Partner does not have a doctor	
			Don't Know	Partner does not have a doctor	

Source: Adapted from Jack BW, Culpepper L, Babcock J, Kogan MD, Weismiller D. Addressing Preconception Risks Identified at the Time of a Negative Pregnancy Test. A Randomized Trial. J Fam Pract. 1998;47(1)33-38. Reviewed by Keith A. Frey, MD, MBA.