

8/8/2013				
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Database Score values (in order of highest to lowest) :		Note: Each Domain's questions/scores are in ORDER of importance. Ex: Family Planning - if question #1 is answered "don't know", the Score is 'Unknown' and you don't have to check any more answers. If question#1 has an answer other than "don't know or refused", then you ask the question for Moderate score. Once you have a Score, skip checking the rest of the answers for that domain.		
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Domain	DB Value	Score	Question	Responses
Family Planning				
FAMILY_PLANNING_DOMAIN_SCORE	3	UNKNOWN	How do you feel about becoming pregnant?	•Don't Know •Refused
	1	MODERATE	How do you feel about becoming pregnant? OR At the time when you became pregnant were you using any birth control?	•Not want to be pregnant now or at anytime in the future .Don't know
	0	LOW	How do you feel about becoming pregnant? OR At the time when you became pregnant were you using any birth control?	•Want to be pregnant later .Not using birth control at time of getting pregnant
	4	NO RISK		Any other responses
Hypertension	1	MODERATE	Do you have Hypertension? AND Are you currently under care for this condition? AND Have you been in the hospital or ER for this condition?	Yes Yes Yes
HYPERTENSION_DOMAIN_SCORE			OR Do you have Hypertension? AND Are you currently under care for this condition?	YES No

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Domain	DB Value	Score	Question	Responses
	0	LOW	Do you have Hypertension?	Yes
			AND	
			Are you currently under care for this condition?	Yes
			AND	
			Have you been in the hospital or ER for this condition?	No
	4	NO RISK		•Any other responses
Diabetes	1	MODERATE	Do you have Diabetes?	Yes
			AND	
DIABETES_DOMAIN_SCORE			Are you currently under care for this condition?	Yes
			AND	
			Have you been in the hospital or ER for this condition?	Yes
			OR	
			Do you have Diabetes?	YES
			AND	
			Are you currently under care for this condition?	No
			OR	
			Are you Insulin dependant?	Yes
	0	LOW	Do you have Diabetes?	Yes
			AND	
			Are you currently under care for this condition?	Yes
			AND	
			Have you been in the hospital or ER for this condition?	No

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	4	NO RISK		•Any other responses
Asthma	1	MODERATE	Do you have Asthma?	Yes
			AND	
ASTHMA_DOMAIN_SCORE			Are you currently under care for this condition?	Yes
			AND	
			Have you been in the hospital or ER for this condition?	Yes
			OR	
			Do you have Asthma?	YES
			AND	
			Are you currently under care for this condition?	No
	0	LOW	Do you have Asthma?	Yes
			AND	
			Are you currently under care for this condition?	Yes
			AND	
			Have you been in the hospital or ER for this condition?	No
	4	NO RISK		•Any other responses
Health History Pregnancy & Prenatal	3	UNKNOWN	How many months pregnant were you when you had your first visit for prenatal care?	I don't know
PREGNANCY_HEALTH_DOMAIN_SCORE	2	HIGH	How many months pregnant were you when you had your first visit for prenatal care?	•I haven't gone for prenatal care
			AND	
			Do you have an appt scheduled?	.I don't have an appointment scheduled

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Domain	DB Value	Score	Question	Responses
			OR	
			Have you had trouble getting prenatal care you want or need?	Yes, OB refused to schedule an appt because pregnancy is advanced
	1	MODERATE	Have you had any trouble getting the prenatal care you want or need?	•Yes
			AND	
			. OB won't schedule an appt until end of 1st trimester	At least one of these was chosen
			. I couldn't get an appt when I wanted one	
			. I couldn't find a Dr. or clinic that accepted medicaid	
			. It is hard to communicate with the Dr. or clinic staff	
			. It is hard to understand the info the Dr. or clinic gives me	
			. I haven't had enough money or insurance to pay for my visits	
			. I haven't had my Medicaid card or Guarantee of payment letter	
			. I couldn't take time off work	
			. I had no one to take care of my children	
			. I have had too many other things going on in my life	
			. I didn't want anyone to know I was pregnant	
			. Other	
			OR	
			Miscarriage in the 4th month of pregnancy or later?	•Yes
			OR	
			Stillbirth	.Yes
			OR	
			•Baby weighing less than 5.5 pounds at birth	.Yes
			OR	
			•Baby born more than 3 weeks early	. Yes

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Domain	DB Value	Score	Question	Responses
			<i>OR</i>	
			.Infant weighed 9lbs or more	. Yes
			<i>OR</i>	
			.Did baby stay in hospital after you went home	.Yes
			<i>OR</i>	
			.Was baby born with congenital defects?	.Yes
			<i>OR</i>	
			.Baby died before one year of age	.Yes
	4	NO RISK		•Any other responses.
Smoking	3	UNKNOWN	Which of the following statements would you say best describes your cigarette smoking?	•Refused
SMOKING_DOMAIN_SCORE	1	MODERATE	Which of the following statements would you say best describes your cigarette smoking?	•I smoke regularly now-about the same amount as before finding out I was pregnant •I smoke regularly now, but I've cut down since I found out I was pregnant.
			<i>OR</i>	•I smoke every once in a while.
			Do you use Smokeless tobacco?	Yes
	4	NO RISK		•Any other responses.
Alcohol	3	UNKNOWN	Which of the following statements would you say best describes your alcohol consumption?	•Refused
ALCOHOL_DOMAIN_SCORE			<i>OR</i>	
(Based on T-ACE scores)			Which of the following statements would you say best describes your alcohol consumption?	•I have quit drinking alcohol since finding out I was pregnant.

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			AND (1 of the following)	
			How many drinks does it/did it take to make you feel high?	• Refused
			OR	
			Have people annoyed you by criticizing your drinking?	• Refused
			OR	
			Have you ever felt you ought to cut down on your drinking?	• Refused
			OR	
			Have you ever had a drink first thing in the morning	• Refused
	2	HIGH	Which of the following statements would you say best describes your alcohol consumption?	<ul style="list-style-type: none"> • I drink alcohol regularly now-about the same amount as before finding out I was pregnant • I drink alcohol regularly now, but I've cut down since I found out I was pregnant. • I drink alcohol every once in a while.
	1	MODERATE	(Which of the following statements would you say best describes your alcohol consumption?	• I have quit drinking alcohol since finding out I was pregnant.
		Points >=2	AND	
			How many drinks does it/did it take to make you feel high?	• 3 or more (2 points)
			OR	
			(Which of the following statements would you say best describes your alcohol consumption?	• I have quit drinking alcohol since finding out I was pregnant.
			AND	
			Two of the following questions were answered as 'Yes'.	
			(Have people annoyed you by criticizing your drinking?	• Yes (1 point)
			OR	
			Have you ever felt you ought to cut down on your drinking?	• Yes (1 point)
			OR	

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Domain	DB Value	Score	Question	Responses
			Have you ever had a drink first thing in the morning?)	•Yes (1 point)
	4	NO RISK		•Any other responses.
Drug Use	3	UNKNOWN	In the month before you knew you were pregnant, did you use any street drugs, diet pills or drugs not prescribed by a physician?	•Refused
DRUG_USE_DOMAIN_SCORE			OR	
			Since learning you are pregnant have you used any drug not prescribed by a physician?	.Refused
	2	HIGH	Since learning you are pregnant have you used any drug not prescribed by a physician?	Yes - for scoring code purposes if the answer is YES, you don't have to do the following check because we an edit that forces this.
			What drugs have you used since becoming pregnant?	•At least one response was chosen
			.Marijuana	
			.Crack	
			.Heroin	
			.Downers/Barbiturates/Quaaludes/Tranquilizers	
			.Diet Pills	
			.PCP	
			.Cocaine	
			.Uppers/Crank/Meth/Speed	
			.LSD/Mushrooms	
			.Prescription drugs not prescribed for you	
			.Methadone/Subutex/Suboxone	
	1	MODERATE	In the month before you knew you were pregnant, did you use any street drugs, diet pills or drugs not prescribed by a physician?	Yes - for scoring code purposes if the answer is YES, you don't have to do the following check because we an edit that forces this.
			What drugs did you use?	•At least one response was chosen.
			.Marijuana	

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Domain	DB Value	Score	Question	Responses
			.Crack	
			.Heroin	
			.Downers/Barbiturates/Quaaludes/Tranquilizers	
			.Diet Pills	
			.PCP	
			.Cocaine	
			.Uppers/Crank/Meth/Speed	
			.LSD/Mushrooms	
			.Prescription drugs not prescribed for you	
			.Methadone/Subutex/Suboxone	
	4	NO RISK		•Any other responses.
Stress/Depression				
STRESS_DEPR_DOMAIN_SCORE	3	UNKNOWN	Have you ever been treated for or told that you have depression, bipolar disorder, etc.?	REFUSED
	2	HIGH Edinburg score >= 13	Depression Follow Up Screening: The thought of harming myself has occurred to me.	•Yes, quite often •Sometimes
			OR	
			Depression Follow UP Screening:	•Responses to the 10 questions related to depression result in a High Score based on the (Edinburg) scoring >=13
			. I have been able to laugh and see the funny side of things	0-as much as I always could, 1-not quite so much now, 2-definitely not so much now, 3-not at all
			. I have looked forward with enjoyment to things	0-as much as I ever did, 1-rather less than I used to, 2-definitely less than I used to, 3-hardly at all

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Domain	DB Value	Score	Question	Responses
			. I have blamed myself unnecessarily when things went wrong	3=yes most of the time, 2=yes some of the time, 1-not very often, 0-no never
			. I have been anxious or worried for no good reason	0-no not at all, 1-hardly ever, 2=yes sometimes, 3=yes, most of the time
			. I have felt scared or panicky for no very good reason	3=yes quite a lot, 2=yes sometimes, 1-no not much, 0-no not at all
			. Things have been getting the best of me	3=yes most of the time, 2=yes sometimes, 1-no most of the time I cope well, 0-no I have been coping well
			. I have been so unhappy that I have had difficulty sleeping	3=yes most of the time, 2=yes sometimes, 1-not very often, 0-not at all
			. I have felt sad or miserable	3=yes most of the time, 2=yes quite often, 1-not very often, 0-no not at all
			. I have been so unhappy that I have been crying	3=yes most of the time, 2=yes quite often, 1-only occasionally, 0-no never
			. The thought of harming myself has occurred to me	3=yes quite often, 2-sometimes, 1-hardly ever, 0-no never
	1	MODERATE	•Responses to the 10 questions related to depression result in a Moderate	
		Edinburgh score of >=9 <= 12	. I have been able to laugh and see the funny side of things	0-as much as I always could, 1-not quite so much now, 2-definitely not so much now, 3-not at all
			. I have looked forward with enjoyment to things	0-as much as I ever did, 1-rather less than I used to, 2-definitely less than I used to, 3-hardly at all
			. I have blamed myself unnecessarily when things went wrong	3=yes most of the time, 2=yes some of the time, 1-not very often, 0-no never
			. I have been anxious or worried for no good reason	0-no not at all, 1-hardly ever, 2=yes sometimes, 3=yes, most of the time
			. I have felt scared or panicky for no very good reason	3=yes quite a lot, 2=yes sometimes, 1-no not much, 0-no not at all

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Domain	DB Value	Score	Question	Responses
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			. I have been so unhappy that I have had difficulty sleeping	3=yes most of the time, 2=yes sometimes, 1-not very often, 0-no not at all
			. I have felt sad or miserable	3=yes most of the time, 2=yes quite often, 1-not very often, 0-no not at all
			. I have been so unhappy that I have been crying	3=yes most of the time, 2=yes quite often, 1-only occasionally, 0-no never
			. The thought of harming myself has occurred to me	3=yes quite often, 2-sometimes, 1-hardly ever, 0-no never
		or	OR	
			Have you ever been treated for or told that you have depression, bipolar disorder, etc.	.Yes
		or		
		Perceived Stress score >=9 score <=16	OR (Perceived Stress Scale)	
			Responses to the 4 questions related to stress result in a Score based on the (Perceived Stress Scale) scoring	•Perceived Stress Score >=9 and score <= 16
			. In the last month, how often have you felt that you were unable to control the important things in your life?	0=never, 1=almost never, 2=sometimes,3=fairly often, 4=very often
			. In the last month, how often have you felt confident about your ability to handle your personal problems?	4=never, 3=almost never, 2=sometimes,1=fairly often, 0=very often
			. In the last month, how often have you felt that things were going your way?	4=never, 3=almost never, 2=sometimes,1=fairly often, 0=very often
			.In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0=never, 1=almost never, 2=sometimes,3=fairly often, 4=very often

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	4	NO RISK		. Any other reponses
Social Support	1	MODERATE	Is there someone in your life who you can count on to help you during this pregnancy and with your new baby?	•No
SOCIAL_SUPPORT_DOMAIN_SCORE	4	NO RISK		•Any other response.
Abuse/Violence	3	UNKNOWN	Do you feel safe in your present relationship?	Refused
ABUSE_VIOLENCE_DOMAIN_SCORE			OR	
			Within the last year, have you been hit, kicked, slapped, or otherwise physically hurt by someone?	Refused
			OR	
			As a child, were you ever involved with CPS?	Refused
			OR	
			Have you ever been involved with CPS with any of your children?	Refused
			OR	
			. Has your partner or someone else now in your life: Called you names, humiliated you, or made you feel that you don't count?	Refused
			OR	
			. Has your partner or someone else now in your life:Kept you from seeing or talking to your family, friends, or other people?	Refused
			OR	

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Domain	DB Value	Score	Question	Responses
			. Has your partner or someone else now in your life:Thrown away or destroyed your belongings, threatened pets, or done other things to bully or scare you?	Refused
			OR	
			.Has your partner or someone else now in your life:Controlled your use of money, your access to money or your ability to work?	Refused
			OR	
			Have you ever been emotionally or physically abused by your partner or someone important to you?	Refused
	2	HIGH	Do you feel safe in your present relationship?	•No
			OR	
			Since you have been pregnant, have you been hit, slapped, kicked or otherwise physically hurt by someone?	•Yes
			OR	
		Moved here from Mod	Within the last year, has anyone forced you to have sexual activities?	.Yes
			OR	
			Have you ever been involved with CPS with any of your children?	Yes
	1	MODERATE	. Has your partner or someone else now in your life: Called you names, humiliated you, or made you feel that you don't count?	Yes
			OR	
			. Has your partner or someone else now in your life:Kept you from seeing or talking to your family, friends, or other people?	Yes
			OR	

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Domain	DB Value	Score	Question	Responses
			. Has your partner or someone else now in your life:Thrown away or destroyed your belongings, threatened pets, or done other things to bully or scare you?	Yes
			OR	
			.Has your partner or someone else now in your life:Controlled your use of money, your access to money or your ability to work?	Yes
			OR	
			Within the last year, have you been hit, kicked, slapped, or otherwise physically hurt by someone?	•Yes
			OR	
			Have you ever been emotionally or physically abused by your partner or someone important to you?	.Yes
			OR	
			As a child were you ever involved with CPS?	Yes
	4	NO RISK		•Any other responses.
Basic Needs Housing	2	HIGH	Do you currently have any concerns or worries about your housing situation?	•Yes
BASIC_NEEDS_HOUSE_DOMAIN_SCORE			AND	
			Are you homeless?	.Yes
	1	MODERATE	Instability: (Do you currently have any concerns or worries about your housing situation?)	•Yes
			AND	
			Answer 'yes' to one of the following:	Yes

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Domain	DB Value	Score	Question	Responses
			.Eviction or being forced to move out	
			.House or apartment is too crowded	
			.Safety of neighborhood	
			.Safety of house/apartment	
			.Sanitation/wast removal	
			.Affordability of current house or apartment	
			.Strained relations with others in household	
			.Lack of continuous functioning basic utility service	
			.Code violations	
			.Pest control)	
			OR	
			(Do you live in an old house with ongoing renovations that generate a lot of dust?)	Yes
	4	NO RISK		•Any other responses.
Basic Needs Food Score	1	MODERATE	In the last 12 months, did you ever cut the size of your meals or skip meals?	•Yes
BASIC_NEEDS_FOOD_DOMAIN_SCORE			AND	
			How often did this happen?	•Almost every month
	4	NO RISK		•Any other responses.
Basic Needs Transportation	1	MODERATE	Do you have access to routine transportation?	NO
BASIC_NEEDS_TRANS_DOMAIN_SCORE			OR	
			Prenatal question - I have no way to get to the clinic or Dr.'s office	yes
	4	NO RISK		•Any other responses.

8/8/2013				
			MRI Rewrite Project Scoring Algorithm	
Database column name		The following Scoring algorithm details need to be incorporated into ALL of the appropriate screens. Scores are based on answers to numerous questions. The 'NEW' screening and 'NOT COMPLETE' processes will need to use this.		
Database Score values (in order of highest to lowest) :		Note: Each Domain's questions/scores are in ORDER of importance. Ex: Family Planning - if question #1 is answered "don't know", the Score is 'Unknown' and you don't have to check any more answers. If question#1 has an answer other than "don't know or refused", then you ask the question for Moderate score. Once you have a Score, skip checking the rest of the answers for that domain.		
3 = Unknown risk				
2 = High risk				
1 = Moderate risk				
0 = Low risk				
4 = No risk				
Domain	DB Value	Score	Question	Responses
Nutrition	3	UNKNOWN	Have you ever had an eating disorder?	Refused
	2	HIGH	Do you regularly eat non-food items (ashes, carpet fibers, cigarettes or cigarette butts, clay, dust foam rubber, paint chips, soil, laundry or corn starch)	Yes
	1	MODERATE	Have you ever had an eating disorder? OR For this pregnancy had one of the following	Yes
			.Some weight loss during pregnancy	
			.Severe Nausea and Vomiting	
			.Gestational Diabetes Mellitus	
			.Expecting to deliver twins or more	
			.Fetal Growth Restriction	
			.High blood pressure due to pregnancy	
		0	LOW	Do you eat or drink MOST days any of the following?
			.Energy drinks	
			.Coffee/tea	
			.Artificial Sweeteners	
			.Raw juice or milk	
			.Soft cheese	
			.Raw or undercooked meat, fish poultry or eggs	
			.Raw sprouts	
			.Raw or undercooked tofu	
			.Refrigerated pate or meat spreads or refrigerated smoked seafood	
			.Hot dogs, lunchmeats, and other deli meats not reheated to steaming hot	
			.Michigan fish	
NUTRITION_DOMAIN_SCORE				

8/8/2013				
			MRI Rewrite Project Scoring Algorithm	
Database column name		The following Scoring algorithm details need to be incorporated into ALL of the appropriate screens. Scores are based on answers to numerous questions. The 'NEW' screening and 'NOT COMPLETE' processes will need to use this.		
Database Score values (in order of highest to lowest) :		Note: Each Domain's questions/scores are in ORDER of importance. Ex: Family Planning - if question #1 is answered "don't know", the Score is 'Unknown' and you don't have to check any more answers. If question#1 has an answer other than "don't know or refused", then you ask the question for Moderate score. Once you have a Score, skip checking the rest of the answers for that domain.		
3 = Unknown risk				
2 = High risk				
1 = Moderate risk				
0 = Low risk				
4 = No risk				
Domain	DB Value	Score	Question	Responses
Overall Risk Score	3	UNKNOWN	No domain score out as High and at least one domain scored out as Unknown.	
OVERALL_RISK_SCORE	2	HIGH	At least one domain scored out as High	
	1	MODERATE	No domain scored out as High or Unknown and at least one domain scored out as Moderate.	
	0	LOW	No domain scored out as High or Unknown or Moderate and at least one domain scored out as Low.	
	4	NO RISK	All domains scored out as No Risk.	