

Infant Risk Identifier (IRI) Algorithm

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 #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.

Domain	Score	Question	Response
Family and Social Support	UNKNOWN	Would you describe the father of this baby as:	REFUSED
	MODERATE	Do you have any problems finding or paying for reliable child care?	YES
		OR	
		Would you describe the father of this baby as:	Any response other than "Involved in the baby's life and supportive of the baby"
		OR	
		Is there someone in your life who you can count on to help you with your baby?	NO
	NO RISK		ANY OTHER RESPONSE
Birth Health Status	UNKNOWN	How much did your baby weigh at birth?	DON'T KNOW
	HIGH	What was your baby's gestational age at birth?	< 37 weeks
		AND	
		How much did your baby weigh at birth?	< 5.5 lb.
		NO RISK	
Infant Health Care	UNKNOWN	How old was your baby when he/she was first seen by their family doctor (Sometimes called a medical home)?	REFUSED
	HIGH	How old was your baby when he/she was first seen by their family doctor (sometimes called a medical home)?	My baby hasn't been seen by a family doctor and we don't have an appointment
		OR	
		Is your baby currently enrolled in Children's Special Health Care Services (CSHCS)?	YES
	MODERATE	How old was your baby when he/she was first seen by their family doctor (Sometimes called a medical home)?	My baby hasn't been seen by a doctor and we have an appointment.
		OR	
	Here is a list of problems some women can have getting health care for their infants	ANY OTHER RESPONSE	
	OR		

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Domain	Score	Question	Response
		Is your baby up to date on immunizations?	NO or DON'T KNOW
	LOW	Has your baby been seen by a healthcare provider other than the family doctor (medical home) mentioned above?	YES
	NO RISK		ANY OTHER RESPONSE
Infant Safety	UNKNOWN	Are you afraid that you or anyone in your household may hurt your baby?	REFUSED
	HIGH	Does your partner or anyone in your household use street drugs?	YES
		OR	
		Where does your baby usually sleep?	Any response other than crib or bassinet
		OR	
		How often does your newborn sleep in the same bed with you or someone else?	Any response other than "Never"
		OR	
		In what position do you usually lie your infant down to sleep?	Any response other than "Back"
		OR	
		Do you have a car seat for the baby?	NO
		OR	
		Do you smoke around the baby (in the same room, same house, same car)?	YES
		OR	
		Is there a smoker in the home or someone that regularly visits that smokes?	YES
		OR	
		Is there someone in the home or someone who regularly visits that gets drunk around your baby?	YES
		OR	
		Are you afraid that you or anyone in the household may hurt your baby?	YES
	NO RISK		ANY OTHER RESPONSE
Infant Feeding & Nutrition	HIGH	Does your baby receive anything else in the bottle besides formula or breast milk?	YES

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Domain	Score	Question	Response
	MODERATE	Is your baby currently enrolled in WIC?	NO
		OR	
		In the past month, how often has your child gone to bed with a bottle of juice, formula, milk or any liquid besides water?	Often or Sometimes
		OR	
		Do you hold your baby while you feed him/her a bottle?	NO
	NO RISK		ANY OTHER RESPONSE
Infant Development	MODERATE	Bright Futures (BF) 0	2 or more "not yet" responses
		OR	
		BF1	2 or more "not yet" responses
		OR	
		BF2	2 or more "not yet" responses
		OR	
		BF4	2 or more "not yet" responses
		OR	
		BF6	2 or more "not yet" responses
		OR	
		BF9	2 or more "not yet" responses
		OR	
		BF12	2 or more "not yet" responses
		OR	
		BF15	2 or more "not yet" responses
Family Planning	MODERATE	Are you or your husband or partner doing anything now to keep from getting pregnant?	NO
	LOW	Are you or your husband or partner doing anything now to keep from getting pregnant?	YES
		AND	
		What kind of birth control are you or your husband or partner using now to keep from getting pregnant?	Rhythm method or Natural Family Planning

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Domain	Score	Question	Response
			Withdrawal (pulling out)
			Not having sex
	NO RISK		ANY OTHER RESPONSE
Smoking	UNKNOWN	Which of the following statements would you say best describes your cigarette smoking?	REFUSED
	MODERATE	Which of the following statements would you say best describes your cigarette smoking?	I smoke regularly now-about the same amount as before I was pregnant
			I smoke regularly now, but I've cut down during my pregnancy or since my baby was born
			I smoke every once in a while
			I quit smoking during my pregnancy but have started smoking again since my baby was born
	NO RISK		ANY OTHER RESPONSE
Alcohol	UNKNOWN	Which of the following statements would you say best describes your alcohol consumption, including beer and wine coolers?	REFUSED
		OR	
		If drinking alcohol, approximately how many alcoholic drinks do you have in an average week?	REFUSED
		OR	
		Since delivery, how many times did you drink 5 alcoholic drinks or more in one sitting?	REFUSED
	HIGH	If drinking alcohol, approximately how many alcoholic drinks do you have in an average week?	4 to 6 drinks a week
			7 to 13 drinks a week
			14 drinks or more a weekly
		OR	
		Since delivery, how many times did you drink 5 alcoholic drinks or more in one sitting?	2 to 3 times
			4 to 5 times
			6 or more

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Domain	Score	Question	Response
	MODERATE	If drinking alcohol, approximately how many alcoholic drinks do you have in an average week?	1 to 3 drinks a week
		OR	
		Since delivery, how many times did you drink 5 alcoholic drinks or more in one sitting?	1 time
	NO RISK		ANY OTHER RESPONSE
Drug Use	UNKNOWN	During your pregnancy did you even once used any street drugs, diet pills, or drugs not prescribed by a physician?	REFUSED
		OR	
		Since your baby was born, have you used any street drugs, diet pills, or drugs not prescribed by a physician?	REFUSED
	HIGH	During your pregnancy, did you even once use any street drugs, diet pills or drugs not prescribed by your physician?	YES
	MODERATE	Since your baby was born, have you used any street drugs, diet pills, or drugs not prescribed by a physician?	YES
	NO RISK		ANY OTHER RESPONSE
Stress/Depression	UNKNOWN	Have you ever been treated for or told that you have depression, bipolar disorder, etc.?	REFUSED
	HIGH Edinburg score >=13	Depression Follow Up Screening:	
		The thought of harming myself has occurred to me.	YES, quite often or sometimes
		OR	
		Depression Follow Up Screening:	
		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 lever 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-hardley ever, 2-yes sometimes, 3-yes, most of the time

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Domain	Score	Question	Response
		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 - 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 not at all
		The thought of harming myself has occurred to me.	3-yes quite often, 2-sometimes, 1-hardly ever, 0-no never
	MODERATE Edinburg score >=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 as 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 blammed 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 - 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 sometimes, 1 - only occasionally, 0 - no never
		The thought of harming myself has occurred to me	3 - yes quite often, 2 - sometimes, 1 - only occasionally, 0 - no never
		OR	
		Have you ever been treated for or told that you have depression, bipolar disorder, etc?	YES
	Edinburg score >=9 <=12	OR (Perceived Stress Scale)	
			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

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Domain	Score	Question	Response
		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
	NO RISK		ANY OTHER RESPONSE
Abuse/Violence	UNKNOWN	Do you feel safe in your present relationship?	REFUSED
		OR	
		Within the last year, have you been hit, kicked, slapped, or otherwise physically hurt by someone?	REFUSED
		OR	
		Since your baby was born, have you been hit, kicked, slapped, or otherwise physically hurt by someone?	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	
		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	
		Has anyone forced you to have sexual activities?	REFUSED
		OR	
		Have you ever been emotionally or physically abused by your partner or someone important to you?	REFUSED
		OR	
		Are you afraid of your partner or anyone listed above?	REFUSED
		OR	
		Have you ever been involved with CPS with any of your children?	REFUSED

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Domain	Score	Question	Response
	HIGH	Do you feel safe in your present relationship?	NO
		OR	
		Within the last year have you been hit, slapped, kicked or otherwise physically hurt by someone?	YES
		OR	
		Since your baby was born, have you been hit, kicked, slapped, or otherwise physically hurt by someone?	YES
		OR	
		Has your partner or someone in your life:	
		Called you names, humiliated you, or made you feel that you don't count?	YES
		OR	
		Kept you from seeing or talking to your family or friends, or other people?	YES
		OR	
		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	
		Controlled your use of money, access to money or your ability to work?	YES
		OR	
		Has anyone forced you to have sexual activities?	YES
		OR	
		Have you ever been emotionally or physically abused, or sexually abused by your partner or someone important to you?	YES
		OR	
		Are you afraid of your partner or anyone listed above?	YES
		OR	
		Have you even been involved with Children's Protective Services with any of your children?	YES
		OR	
		As a child were you ever involved with Children's Protective Services?	REFUSED
		ELSE	
	MODERATE	As a child were you ever involved with Children's Protective Services?	YES
	NO RISK		ANY OTHER RESPONSE

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Domain	Score	Question	Response
Housing	HIGH	Do you currently have any concerns or worries about your housing situation?	YES
		AND	
		If yes, check all that apply	No place to live, no regular nighttime residence
	MODERATE	Do you currently have any concerns or worries about your housing situation?	YES
		If yes, check all that apply	
		Strained relations with others in household	
		Safety of neighborhood	
		Pest Control	
		Lack of continuous functioning basic utility service, (e.g., heat, electricity)	
		Eviction or being forced to move out	
		House or apartment is too crowded	
		Ventilation/air conditioning	
		Affordability of current house or apartment	
		Safety of house or apartment	
		Code violations	
NO RISK	Ease of access into home	NO	
Basic Needs Food	MODERATE	In the past 12 months, did you (or other adults in your household) ever cut the size of your meals or skip meals because there was not enough money for food?	YES
		AND	
		If Yes, how often did this happen?	Almost every month
	NO RISK		ANY OTHER RESPONSE
Overall Risk Score	UNKNOWN	No domain scored out as HIGH and at least one domain scored out as UNKNOWN	
	HIGH	At least one domain scored out as High	
	MODERATE	No domain scored out as High or Unknown and at least one domain scored out as Moderate	
	LOW	No domain scored out as High or Unknown or Moderate and at least one domain scored out as Low	
	NO RISK	All domains scored out as No Risk	