Core Data Elements 2015-20

- FOR OFFICE USE ONLY -

Intake Staff: _______ Date: ______/_______/_______

Data Entry Staff: ______ Date: _____/______/______

Persimmony Family ID: ________________________

CORE DATA ELEMENTS - COMPLETE AT INTAKE AND EVERY 6 MONTHS THEREAFTER

Child's First AND Last Name			
Date *(mm/dd/yyyy)*	/ /	/ /	/ /
Which occurrence is this?	❍ Initial ❍ 2 Years ❍ 6 Month ❍ 2 ½ Years ❍ 1 Year ❍ 3 Years ❍ 1 ½ Year ❍ Other:______	❍ Initial ❍ 2 Years ❍ 6 Month ❍ 2 ½ Years ❍ 1 Year ❍ 3 Years ❍ 1 ½ Year ❍ Other:______	❍ Initial ❍ 2 Years ❍ 6 Month ❍ 2 ½ Years ❍ 1 Year ❍ 3 Years ❍ 1 ½ Year ❍ Other:______
Directions:	***Answer all questions below for this child.***	❍ ***ALL responses are the same as child in first column***	❍ ***ALL responses are the same as child in first column***
1) Is this child covered by **medical insurance**?	❍ Yes ❍ No ❍ Unknown	❍ Yes ❍ No ❍ Unknown	❍ Yes ❍ No ❍ Unknown
2) In past 12 months, did this child receive a **well-child checkup** (i.e., a general checkup when he/she was **not sick or injured)**?	❍ Yes ❍ No ❍ Unknown	❍ Yes ❍ No ❍ Unknown	❍ Yes ❍ No ❍ Unknown
3) In past 12 months, did this child see a **dentist or dental hygienist** for dental care?	❍ Yes ❍ No ❍ Unknown	❍ Yes ❍ No ❍ Unknown	❍ Yes ❍ No ❍ Unknown
4) What is the status of this child's **immunizations**?	❍ Received no shots ❍ Received some shots ❍ Received all shots recommended by a doctor ❍ Unknown	❍ Received no shots ❍ Received some shots ❍ Received all shots recommended by a doctor ❍ Unknown	❍ Received no shots ❍ Received some shots ❍ Received all shots recommended by a doctor ❍ Unknown
5) Since the child's 3rd birthday, has he/she attended preschool or a childcare center on a **regular basis**?	❍ Yes ❍ No ❍ Unknown	❍ Yes ❍ No ❍ Unknown	❍ Yes ❍ No ❍ Unknown
6) During the last week, how often did you **read** to this child?	❍ None ❍ Once ❍ 2 – 4 times ❍ 5 or more times	❍ None ❍ Once ❍ 2 – 4 times ❍ 5 or more times	❍ None ❍ Once ❍ 2 – 4 times ❍ 5 or more times
7) Please select the barrier(s) that **prevent** this child from receiving regular medical care. *(check all that apply)*	❍ Childcare ❍ Costs of co-pays or premiums ❍ Do not have health insurance ❍ Finding a doctor of the gender/age/ethnicity that is comfortable for you ❍ Finding a doctor who accepts your insurance ❍ Immigration status ❍ Language ❍ None ❍ Number of days to next available appointment ❍ Operating hours ❍ Transportation ❍ Other:______________________	❍ Childcare ❍ Costs of co-pays or premiums ❍ Do not have health insurance ❍ Finding a doctor of the gender/age/ethnicity that is comfortable for you ❍ Finding a doctor who accepts your insurance ❍ Immigration status ❍ Language ❍ None ❍ Number of days to next available appointment ❍ Operating hours ❍ Transportation ❍ Other:______________________	❍ Childcare ❍ Costs of co-pays or premiums ❍ Do not have health insurance ❍ Finding a doctor of the gender/age/ethnicity that is comfortable for you ❍ Finding a doctor who accepts your insurance ❍ Immigration status ❍ Language ❍ None ❍ Number of days to next available appointment ❍ Operating hours ❍ Transportation ❍ Other:______________________

***Please use extra form(s) for additional child(ren).*