



PQCNC AIM cLOUDi Prenatal Pilot Patient Data Dictionary

The purpose of the Data Dictionary is for consistency in data entry. This Data Dictionary refers to all elements on the AIM cLOUDi Prenatal Pilot Patient Data Collection Form.

Inclusion criteria

- **July 2021 through December 2021:** All prenatal patients seen on the one day per month designated by the clinic as the PQCNC Data Collection Day.

Prenatal Pilot Patient Data Collection Form questions

1. **Month/Year:** Enter the month/year of the patient's visit.
2. **Patient Number:** Enter a unique identifier based on the system you develop locally. This ID **should not** be the medical record number or a date.
3. **Patient race/ethnicity:** Select one of the options below.

Q3 Response Options:

- **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 - **Black or African American** – A person having origins in any of the Black racial groups of Africa.
 - **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America).
 - **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, China, Japan, India and Pakistan.
 - **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.
4. **Payor:** The entity paying for prenatal services.

Q4 Response Options:

- **Medicaid**
- **BCBS/State**
- **Uninsured**
- **Other**
- **Refused/don't know**



5. Was patient screened at a prenatal visit for substance use disorder (SUD) using a validated verbal or written screening tool?

Substance use disorder screening tools that have been validated for use in pregnancy include:

- NIDA Quick Screen
- Integrated 5 Ps Screening Tool
- Substance Use Risk Profile Pregnancy Scale
- 4 Ps Plus
- Community Care of North Carolina (CCNC) Pregnancy Home Risk Screening Form

Q5 Response Options:

- **Yes:** If patient was screened with one of the above tools, administered verbally or in writing, choose “Yes”.
- **No:** If patient was not screened with one of the above tools, choose “No.”
- **Patient previously identified as having SUD, and/or in a treatment program:** If the patient is previously known to have a SUD and/or is currently in a treatment program, select this response.
- **Unknown:** If screening status is unknown or not readily available, choose “Unknown.”

6. Did patient screen positive for any substance use disorder using a validated verbal or written screening tool?

Q6 Response Options:

- **Yes:** If patient had a positive screening result on one of the above validated tools (see Q 5), choose “Yes.”
- **No:** If patient screened negative using a validated tool, OR if patient was not screened using a validated tool, choose “No.”
- **Patient previously identified as having SUD, and/or in a treatment program:** If the patient is previously known to have a SUD and/or is currently in a treatment program, choose this response.
- **Unknown:** If screening status is unknown or not readily available, choose “Unknown.”

7. Did patient screen positive for SUD using any other means (NOT a validated verbal or written screening tool, e.g., urine drug screen, clinical observation, unvalidated verbal/written questions)?

Q7 Response Options:

- **Yes:** If patient had a positive screening result from any other means of SUD assessment [*any assessment method EXCEPT the validated screening tools listed in Q5*], choose “Yes.”
- **No:** Choose “No” if patient screened negative using any other means of SUD assessment, OR if patient was not screened using another means of SUD assessment.

- **Patient previously identified as having SUD, and/or in a treatment program:** If the patient is previously known to have a SUD and/or is currently in a treatment program, select this response.
- **Unknown:** If screening status using any other means is unknown or not readily available, choose “Unknown.”

8. Was patient referred for further substance use assessment and/or care?

Q8 Response Options:

- **Yes:** If patient was referred for further substance use assessment and/or care to either a social worker/case manager at your clinic, or to an appropriate external resource, choose “Yes.”
- **No:** If patient was not referred for further substance abuse assessment and/or care, choose “No.”
- **Unknown:** If unknown OR not readily available choose ‘Unknown’.