Data Collection Manual
A Guide to Gathering and Recording Clinical and Program Indicator Data for the Nurse-Family Partnership Program

November 2012

Nurse-Family Partnership
National Service Office
1900 Grant Street, Suite 400
Denver, CO. 80203-4304
Phone: 866.864.5226, 303.327.4240
Fax: 303.327.4260
www.nursefamilypartnership.org
Table of Contents

Overview of Data Collection
Why Collect Data? ............................................................................................................................. 6
Data Management Flow-Chart ............................................................................................................. 7
Basic Interviewing Techniques ........................................................................................................... 8

Nurse-Family Partnership Forms and Instruction
Overview of Data Collection Forms Used by Nurse Home Visitors ..................................................... 13
Alternative Encounter ........................................................................................................................ 14
  Instructions for the Alternative Encounter Form .............................................................................. 16
Client Discharge ................................................................................................................................... 18
  Instructions for the Client Discharge Form ......................................................................................... 19
Client Funding Source ........................................................................................................................ 22
  Instructions for Client Funding Source ............................................................................................. 23
Demographics: Pregnancy – Intake ...................................................................................................... 24
  Instructions for the Demographics – Pregnancy Intake Form ............................................................ 29
Demographics Update .......................................................................................................................... 32
  Instructions for the Demographics Update Form .............................................................................. 37
Edinburgh Postnatal Depression Scale (EPDS) .................................................................................. 40
  Instructions for the Edinburgh Postnatal Depression Scale Form ..................................................... 41
Health Habits ....................................................................................................................................... 43
  Instructions for the Health Habits Form ............................................................................................. 45
Home Visit Encounter ........................................................................................................................ 46
  Instructions for the Home Visit Encounter Form .............................................................................. 49
Infant Birth .......................................................................................................................................... 58
  Instructions for the Infant Birth Form ................................................................................................. 59
Infant Health Care ............................................................................................................................... 61
  Instructions for the Infant Health Care Form ....................................................................................... 66
Maternal Health Assessment ................................................................................................................ 70
  Instructions for the Maternal Health Assessment Form .................................................................... 72
Patient Health Questionnaire-9 (PHQ-9) ........................................................................................... 74
  Instructions for the Patient Health Questionnaire-9 Form ................................................................. 75
Referrals to NFP Programs .................................................................................................................. 76
  Instructions for the Referrals to NFP Programs Form ....................................................................... 77
Relationship Assessment: Pregnancy Intake ......................................................................................... 79
Relationship Assessment: Pregnancy 36 Weeks ............................................................................... 81
Relationship Assessment: Infancy-12 months ..................................................................................... 83
  Instructions for the Relationship Assessment Forms ........................................................................ 84
Use of Government & Community Services ...................................................................................... 85
  Instructions for the Use of Government & Community Services Form ........................................... 87
Supervisor Forms
Agency Profile Intake........................................................................................................ 89
  Instructions for the Agency Profile Intake Form................................................................. 90
Agency Profile – Update....................................................................................................... 91
  Instructions for the Agency Profile – Update Form............................................................ 92
New Hire............................................................................................................................. 93
  Instructions for the New Hire Form.................................................................................. 95
Profile of Program Staff....................................................................................................... 96
  Instructions for the Profile of Program Staff Form............................................................ 98
Profile of Program Staff-Update and Change of Status....................................................... 99
  Instructions for the Profile of Program Staff – Update and Change of Status Form......... 101
Team Meetings and Case Conferences............................................................................... 102
  Instructions for the Team Meetings and Case Conferences Form................................. 103
Weekly Supervision Record............................................................................................... 104
  Instructions for the Weekly Supervision Record................................................................. 105

Appendix
Appendix A: Nurse-Family Partnership Objectives ........................................................ 107
Appendix B: Guidance for Developmental Screening......................................................... 110
PART A: Screening, Monitoring and Referral Q and A...................................................... 112
PART B: Using Ages & Stages and Ages & Stages: Social-Emotional.............................. 113
Overview of Data Collection
Why Collect Data?

The information gathered on the data collection forms by nurse home visitors and their supervisors serve several purposes:

- Support clinical practice.
- Provide documentation of services received by clients enrolled in program.
  - Number of completed visits.
  - Mean visit length.
  - Referrals made to government and community services.
  - Time spent on program domains, e.g., personal health, environmental health, life course development, maternal role, and family and friends.
- Assist administrators and program staff in tracking families’ progress in attaining program goals:
  - Positive pregnancy outcomes
    - Change in women’s health habits during pregnancy and following the birth of their child.
    - Mean birth weight and gestational age of children.
  - Healthy infant/toddler growth and development
    - Mean percentage of immunizations completed by children from birth to two years.
    - Percentage of children breastfed following birth and duration of breastfeeding.
    - Number of emergency room visits and hospitalizations for injuries and ingestions for children birth to two years old.
  - Self-sufficient, healthy families
    - Number of subsequent pregnancies.
    - Mean number of months women participated in workforce.
    - Mean number of months families used government assistance (e.g., TANF, Supplemental Nutrition Assistance Program, WIC, and Medicaid).
- Measure Program Effectiveness.
- Monitor Program Performance.
- Assist supervisors in providing feedback to individual nurse home visitors on strengths and areas for improvement in implementing the program model.
- Assist administrators and program staff in planning quality improvements to enhance program implementation and outcomes attained locally.
Data Management Flow-Chart

Information Gathered By Nurse Home Visitor Using the Nurse-Family Partnership Forms

Nurse Home Visitor Reviews Completed Forms for Accuracy

Forms Entered Into Efforts to Outcomes (ETO™) System

Implementing Agency Runs Reports in ETO™ to Monitor Program Implementation

Team Utilizes Reports to Reflect On Practice, Improve Practice and Apply New Learning
Basic Interviewing Techniques

Role of the Nurse Home Visitor

The nurse home visitor has a vital role in gathering information for Nurse-Family Partnership. In addition to maintaining records about the services provided, the nurse home visitor collects information from clients that helps track families’ progress in attaining program goals.

Information gathering for the Nurse-Family Partnership program is similar to the assessment phase of the nursing process, but differs in that it requires a structured format to assure consistency across nurse home visitors. Gathering information that is to be used for program evaluation also involves special skills such as:

- Neutrality
- Knowledge of interviewing techniques, and
- Working understanding of the data collection forms and program goals.

Remaining Neutral

It is important that the facts and opinions clients give are their own. Nurse home visitors must be very careful to avoid behavior, conscious or unconscious, which could affect the way a client answers questions.

- **Attitude:** Approach client with a positive, self-assured and matter-of-fact manner when asking questions. Friendliness (not familiarity) is an asset.

- **Read questions slowly:** Remember that this may be the client’s first exposure to the question. If they do not understand the question, read it again.

- **Ask questions in neutral conversational tone:** Do not use intonation that may change the meaning of the question or bias the response. Only those words underlined should be emphasized. When appropriate, tailor the question to the client.

Timeframes for Completing Forms

The NFP data collection forms should be completed with the client within two months of the designated time frames (6 month, 12 month, etc.); the exception is the Infant Health Care form. The Infant Health Care form must be completed within 1 month of the designated time frame. If too much time has elapsed, the nurse home visitor should skip the missing forms and begin with the form that is appropriate for the client's phase.

The National Service Office advises that all forms be completed by nurse home visitors within 24 hours of a visit, and that those forms be entered into ETO™ within 1 week of the visit. This will help with the accuracy of the data in ETO™ reports.

Required Fields

Across all forms, you will frequently see a black diamond (◇) to the left of specific field or question. This indicates that the field is required; therefore data or a selection must be entered.
Maintain Consistency

The nurse home visitor should make sure that the questions are asked as closely as possible to the phrasing used on the data collection forms. Why is this important? Only when the questions are asked in the same way can there be confidence in the accuracy and reliability of the responses. At times a client with limited education may need help in understanding the question; when rephrasing or paraphrasing the question to promote client understanding, be sure that the intent of the question is not altered.

- **Ask Questions As They Are Written:** Much time and thought has gone into the construction of the data collection forms to make sure that questions collect the information they are intended to gather.

- **Ask Questions in the Order Indicated:** Questions are ordered in a certain way to prevent answers to some questions from influencing answers to others. If the client begins to talk about events related to questions that occur later in the questionnaire, do not skip ahead. Say, “We will be getting to that in a few minutes.” Skipping ahead may cause some questions to be omitted.

- **Be Sure the Client Hears the Entire Question before Answering:** If a client interrupts to answer, politely ask her to wait until the entire question has been read. At times, the question may need to be reread if the client was talking or otherwise interrupted.

- **Do Not Explain A Question Unless You Feel A Client Does Not Understand The Intent Of The Question:** The client may ask for explanation of the question or part of a question. As a general rule, try not to offer your own explanation as this may bias the client’s response (some clients may ask for an explanation in order to try to figure out the “socially desirable” response). Simply repeat the question and encourage the client to answer according to her own situation. If you feel that a client does not understand the question, you may rephrase the question. Be careful not to change the intent of the question.
Follow Designated Skip Patterns

There are many skip instructions throughout the forms. The skip pattern directs you to omit a question or sequence of questions, depending upon the client’s response to a question. **Carefully follow all skip instructions** to avoid asking questions which are not relevant for the client. Failure to follow skip patterns results in data quality problems that will need to be resolved.

Assure Confidentiality of Data

A number of questions asked of clients can be considered sensitive or personal. You will find that clients are willing to answer these questions, and even to offer you information which she would not tell a close friend or relative. It is important for clients to speak honestly. Nurse home visitors must assure clients that all information they provide will be treated confidentially (an exception is mandated reporting of information related to possible child abuse or intimate partner violence). This means:

- Nurse home visitors do not discuss data or personal observations about individual clients with anyone not associated with the program or in the presence of persons not associated with the program (without permission of client).
- Client information is maintained in a locked file when not in use.

Please note that identifiable health and non-health related information will be disclosed to the Nurse-Family Partnership National Service Office for purposes of monitoring the implementation of the program.

Use of Probes

A probe is a general technique used for obtaining more complete information when a respondent does not thoroughly answer a question. A probe should always be neutral and should not suggest answers. There are several neutral probes, which appear as part of a normal conversation that can be used to stimulate a fuller, clearer response.

- **An Expression of Interest & Understanding:** By saying things such as “uh-huh” or “yes” the nurse home visitor indicates that the response has been heard, that it is interesting, and that more is expected.
- **An Expectant Pause:** The simplest way to convey to a client that you know she has begun to answer the question, but has more to say, is to be silent. The pause allows the client to gather their thoughts and can indicate that you would like to hear more.
- **Probes to Clarify:** “What do you mean exactly?” “Could you please explain that a little?” “I don’t think I understand.”
- **Probes to Specify:** “Could you be more specific about that?” “Tell me about that…” (who, what, where, when, why)
- **Probes for Relevance:** “Would you tell me what you mean by that?”
The following are rules of probing that will help you avoid biasing the client’s answers.

- **Don't ask whether a person means this or that.** This suggests only one of two possible answers, even though there may be many possibilities about which the client is thinking.

- **Don't try to sum up in your own words what someone has said.** This may suggest to the client that your idea of their feelings is the “right answer”.

- **Don't ask whether the respondent meant something specific by a certain word.** This suggests one answer, when she might have another one in mind.

**Handling the “I Don’t Know” Response**

When a client responds, “I don’t know,” they may be conveying a number of different things. For instance:

- The client does not understand the question and says, “I don’t know” to avoid saying she doesn’t understand.

- The respondent is thinking the question over, and says, “I don’t know” to fill the silence and give her time to think.

- The respondent may be trying to evade the question because she feels uninformed, is afraid of giving a wrong answer or because the question seems too personal.

- The respondent may not know the information or have an opinion on the question asked.

Try to decide which of the above explanations may be the case. Do not be in a rush to settle for a “don’t know” reply. If you sit quietly, the respondent will usually think of what to say. Silence and waiting are the best probes for a “don’t know” response. If you feel your respondent has answered “I don’t know” out of a fear of admitting ignorance, you may want to reassure the respondent by saying, “There’s really no correct answer.”

Many of the questions ask about recall of events over time. The “I don’t know” response will often mean, “I don’t remember.” You may assist the client with recall by contextualizing the timeframe. For example, when asking a client whose child is six months old, “How many months have you received food stamps since the birth of your child?” you might note that the number of months would have to be six or less.

Always try at least once to obtain a reply to an “I don’t know” response, before accepting it as the final response. Be careful, however, not to force an answer if she states again that she does not know.
Nurse-Family Partnership
Forms and Instruction
# Overview of Data Collection Forms Used by Nurse Home Visitors

<table>
<thead>
<tr>
<th>Phase</th>
<th>Form</th>
<th>Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>Home Visit Encounter</td>
<td>every visit</td>
</tr>
<tr>
<td><strong>Pregnancy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Demographics: Pregnancy – Intake</td>
<td>1st visit</td>
</tr>
<tr>
<td></td>
<td>Maternal Health Assessment</td>
<td>1st visit</td>
</tr>
<tr>
<td></td>
<td>Use of Government &amp; Community Services</td>
<td>1st visit</td>
</tr>
<tr>
<td></td>
<td>Health Habits</td>
<td>3rd or 4th visit</td>
</tr>
<tr>
<td></td>
<td>Relationship Assessment: Pregnancy Intake</td>
<td>3rd or 4th visit</td>
</tr>
<tr>
<td></td>
<td>Health Habits</td>
<td>36 weeks pregnancy</td>
</tr>
<tr>
<td></td>
<td>Relationship Assessment: Pregnancy – 36 Weeks</td>
<td>36 weeks pregnancy</td>
</tr>
<tr>
<td></td>
<td>Edinburgh Postnatal Depression Scale OR Patient Health Questionnaire-9</td>
<td>36 weeks pregnancy</td>
</tr>
<tr>
<td><strong>Infancy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant Birth</td>
<td>1st postpartum visit</td>
<td>1st postpartum visit</td>
</tr>
<tr>
<td>Use of Government &amp; Community Services</td>
<td>1st postpartum visit</td>
<td></td>
</tr>
<tr>
<td>Edinburgh Postnatal Depression Scale OR Patient Health Questionnaire-9</td>
<td>1 – 8 weeks postpartum</td>
<td></td>
</tr>
<tr>
<td>ASQ (ASQ-3)</td>
<td>4 months</td>
<td></td>
</tr>
<tr>
<td>ASQ-SE</td>
<td>6 months</td>
<td></td>
</tr>
<tr>
<td>Edinburgh Postnatal Depression Scale OR Patient Health Questionnaire-9</td>
<td>4 – 6 months</td>
<td></td>
</tr>
<tr>
<td>Infant Health Care</td>
<td>6 months</td>
<td></td>
</tr>
<tr>
<td>Demographics Update</td>
<td>6 months</td>
<td></td>
</tr>
<tr>
<td>Use of Government &amp; Community Services</td>
<td>6 months</td>
<td></td>
</tr>
<tr>
<td>ASQ (ASQ-3)</td>
<td>10 months</td>
<td></td>
</tr>
<tr>
<td>ASQ-SE</td>
<td>12 Months</td>
<td></td>
</tr>
<tr>
<td>Infant Health Care</td>
<td>12 months</td>
<td></td>
</tr>
<tr>
<td>Demographics Update</td>
<td>12 months</td>
<td></td>
</tr>
<tr>
<td>Use of Government &amp; Community Services</td>
<td>12 months</td>
<td></td>
</tr>
<tr>
<td>Health Habits</td>
<td>12 months</td>
<td></td>
</tr>
<tr>
<td>Relationship Assessment: Infancy- 12 Months</td>
<td>12 months</td>
<td></td>
</tr>
<tr>
<td>Edinburgh Postnatal Depression Scale OR Patient Health Questionnaire-9</td>
<td>12 months</td>
<td></td>
</tr>
<tr>
<td><strong>Toddler</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASQ (ASQ-3)</td>
<td>14 months</td>
<td></td>
</tr>
<tr>
<td>ASQ-SE</td>
<td>18 months</td>
<td></td>
</tr>
<tr>
<td>Infant Health Care</td>
<td>18 months</td>
<td></td>
</tr>
<tr>
<td>Demographics Update</td>
<td>18 months</td>
<td></td>
</tr>
<tr>
<td>Use of Government &amp; Community Services</td>
<td>18 months</td>
<td></td>
</tr>
<tr>
<td>ASQ (ASQ-3)</td>
<td>20 months</td>
<td></td>
</tr>
<tr>
<td>ASQ-SE</td>
<td>24 months</td>
<td></td>
</tr>
<tr>
<td>Infant Health Care Form</td>
<td>24 months</td>
<td></td>
</tr>
<tr>
<td>Demographics Update</td>
<td>24 months</td>
<td></td>
</tr>
<tr>
<td>Use of Government &amp; Community Services</td>
<td>24 months</td>
<td></td>
</tr>
</tbody>
</table>

**As needed:**
- Alternative Encounter
- Client Discharge
- Funding Source (required if client should be included in the Affordable Care Act – Maternal, Infant and Early Childhood Home Visiting Program Benchmark Report).

**Optional:**
In addition to the required collection time points, Edinburgh Postnatal Depression Scale or Patient Health Questionnaire-9 may be used as needed.
**Alternative Encounter**

<table>
<thead>
<tr>
<th>Client ID</th>
<th>Client Name</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time From am / pm</th>
<th>To am / pm</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nurse Home Visitor ID</th>
<th>Nurse Home Visitor Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contact Was With:**
- ☐ Client
- ☐ Father of Child (FoC)
- ☐ Current Husband/Partner not FoC
- ☐ Client’s Mother
- ☐ Other Family/Friend
- ☐ Doctor/Clinic
- ☐ School
- ☐ Employer
- ☐ Other Service Provider
- ☐ Other _____________

**Type of Encounter:**
- ☐ Telephone
- ☐ Face-to-face
- ☐ Other __________________

**Percent of Time Spent on Each Program Area:**

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Time Spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Health (Personal Health - Health Maintenance Practices; Nutrition and</td>
<td></td>
</tr>
<tr>
<td>Exercise; Substance Use; Mental Health)</td>
<td></td>
</tr>
<tr>
<td>My Home (Environmental Health - Home; Work; School and Neighborhood)</td>
<td></td>
</tr>
<tr>
<td>My Life (Life Course - Family Planning; Education and Livelihood)</td>
<td></td>
</tr>
<tr>
<td>My Child/ Taking Care of My Child (Maternal Role - Mothering Role; Physical</td>
<td></td>
</tr>
<tr>
<td>Care; Behavioral and Emotional Care of Child)</td>
<td></td>
</tr>
<tr>
<td>My Family &amp; Friends (Personal Network Relationships; Assistance with Childcare)</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Comments:**

© Copyright 2012 Nurse-Family Partnership. All rights reserved
<table>
<thead>
<tr>
<th>Client</th>
<th>Child</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Financial Assistance</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. TANF/Welfare</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Supplemental Nutrition Assistance Program (Food Stamps)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Social Security/Social Security Disability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Unemployment Benefits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Subsidized Child Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Crisis Intervention</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Intimate Partner Violence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Child Protective Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Mental Health</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. Mental health treatment or therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9. Relationship counseling</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Substance Abuse</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>10. Smoking Cessation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11. Alcohol Abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12. Drug Abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Health Care</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>13. Medicaid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14. SCHIP (State Children’s Health Insurance Program)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15. Private insurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16. Military insurance (Tricare)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17. Indian Health Service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18. Children with Special Health Care Needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>19. Primary care provider – sick client</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20. Primary care provider – well client – prenatal care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>21. Primary care provider – well client – postpartum</td>
</tr>
<tr>
<td></td>
<td></td>
<td>22. Primary care provider – well client – well-women care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>23. Primary care provider – sick child</td>
</tr>
<tr>
<td></td>
<td></td>
<td>24. Primary care provider – well child</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>25. Developmental Disabilities (Adult)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>26. Early Childhood Intervention</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>27. WIC</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>28. Child Care Referral Services</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>29. Job Training and Employment</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>30. Housing</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>31. Transportation</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>32. Injury Prevention (car seat, smoke alarms, etc.)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>33. Child birth education classes</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>34. Lactation support</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Educational Programs</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>35. GED/Alternative High School</td>
</tr>
<tr>
<td></td>
<td></td>
<td>36. Further education beyond high school</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>37. Charitable Services (food bank, clothing, furniture, etc.)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>38. Legal Services</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>39. Paternity</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>40. Child Support</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>41. Adoption Services</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>42. Dental Services</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>43. Other, Specify</strong></td>
</tr>
</tbody>
</table>
Instructions for the Alternative Encounter Form

Purpose

This form documents the number, duration and general content of services provided to the client, usually through telephone contacts. This form is also utilized to document calls or visits made on behalf of the client. This form helps your program document services to clients and allows you to demonstrate to funders what services you are providing to families.

General Guidelines

When to complete this form: Every time there is a significant contact by telephone with your client or a member of her family. A significant contact is defined as one in which you have engaged in some professional service, e.g., gathered further data to assess a client’s or child’s health status, provided health teaching, made a referral, etc. In addition, this form can be completed to document calls or visits that have been made to doctors, school, employers or service providers on behalf of the client. Do not use this form to record calls made only to confirm the date and time of home visit or to record calls from clients stating they need to cancel/reschedule a planned home visit.

Item Instructions

<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>Total time of the visit or call.</td>
</tr>
<tr>
<td>Contact Was With</td>
<td>Mark all that apply. Include only those who participated or were included in the visit/call.</td>
</tr>
<tr>
<td>Type of Encounter</td>
<td>• Utilize the “Telephone” option for when you have engaged in some professional service or delivered program content by telephone to a client or her family.</td>
</tr>
<tr>
<td></td>
<td>• The “Telephone” option can also be utilized when you have had calls with doctors, school, employers or service providers on behalf of the client.</td>
</tr>
<tr>
<td></td>
<td>• Utilize the “Face-to-face” option for when you meet in person with doctors, school, employers or service providers on behalf of the client.</td>
</tr>
<tr>
<td></td>
<td>• Utilize the “Other” option for all other contact (email, fax) that you have had with doctors, school, employers or service providers on behalf of the client.</td>
</tr>
<tr>
<td></td>
<td>• Texting with a client is not considered a type of encounter.</td>
</tr>
</tbody>
</table>
### The five content domains are:

- **My Health (Personal Health):** Refers to the client’s health both pre- and postnatal, e.g., nutrition and exercise requirements, fatigue and loss of sleep, physical or emotional symptoms, birth control, pre-term labor, substance abuse, mental health, etc.

- **My Home (Environmental Health):** Refers to factors within the home, work, school, neighborhood or community which have the potential to adversely impact the client or child’s health/safety, e.g., inadequate heating, gun safety, gangs, etc.

- **My Life (Life Course Development):** Client’s plans for the future related to education, job training, employment and decisions about planning further children, etc.

- **My Child/Taking Care of My Child (Maternal Role):** Client’s adjustment to the responsibilities of the maternal role, facilitation of child attachment, child care, immunizations and well-child care, discipline, promotion of child development, physical, behavioral and emotional care of child, etc.

- **My Friends and Family:** Client’s development of social networks and other support systems, changes in relationships with husband/partner or significant other, intimate partner violence, assistance with childcare, etc.

- The “Percent of Time Spent on Each Program Area” is reserved for substantial content that was covered with the client and family. Estimate the relative proportion of time (0 – 100%) during the call spent covering each of the five content domains listed. Make sure that the total amount of time adds up to 100%.

- The “Percent of Time Spent on Each Program Area” is not collected when the alternative contact was with doctors, school, employer, etc. When documenting calls with doctors, school, employers or service providers on behalf of the client, do not fill out the percent of time spent on each program area or referrals.

### Referrals

- Note that in addition to indicating whether you have screened the client for needed services, you also need to indicate if a referral was not needed based on screening.

- A referral to services may be made directly by the nurse who calls a community service agency requesting services for the client/family or indirectly when the nurse gives the client/family a list of resources to call for assistance.
Client Discharge

Client ID  Client Name  DOB  

1. Date the client was discharged from the program:

2. Please check the primary reason the client is leaving the program (check only one):
   - [ ] Client returned to work or school
   - [ ] Client received what she needs from the program or is receiving services from another program
   - [ ] Moved out of service area
   - [ ] Unable to locate
   - [ ] Excessive missed appointments/attempted visits
   - [ ] Refused new nurse
   - [ ] Dissatisfied with program
   - [ ] Pressure from family
   - [ ] Program unable to provide service to client
     - [ ] Nurse resigned and no room in remaining nurses’ caseload
     - [ ] Safety of the nurse
     - [ ] Unable to serve client due to language
     - [ ] Unable to accommodate requested schedule
   - [ ] Miscarried/fetal death/infant death  Date of miscarriage/fetal death/infant death:
   - [ ] Child no longer in family’s custody (parental rights terminated)
     - [ ] Voluntary
     - [ ] Involuntary
     - Date child no longer in family’s custody: 
   - [ ] Maternal death
     Date of client’s death: 
   - [ ] Client incarcerated
     Date of client’s incarceration: 
   - [ ] Child reached second birthday
Instructions for the Client Discharge Form

Purpose

The primary purpose of this form is to record the discharge of the family from the program. This includes graduating from the program or leaving the program prior to the child’s second birthday.

- Given that this is a prevention program, it is important to try to retain families in the program until the child reaches their second birthday in order to attain the targeted program goals.
- However, there may be circumstances that result in discharge from the program prior to the child’s second birthday. The nurse home visitor should not close a case prematurely because a client has missed or canceled a few visits. Many of the clients need time to develop a trusting relationship with the nurse home visitor.
- As a general guideline, the nurse home visitor should be persistent in attempting to engage clients in the program and to consider closing cases only after a few months of consistent effort to establish a working relationship. Check with the supervisor if further clarification is needed on agency policies regarding attempts to engage clients.

General Guidelines

- **When to complete this form:** This form is used only when a client is discharged from the program.
- Only fill out this form after all attempts to re-engage the client have been unsuccessful.
- When closing a case for a particular client, check off the primary reason that the case is being closed.
  - For example, if a client has missed successive appointments and when the nurse home visitor calls her to discuss setting up another appointment, the client states she does not want further visits, note the reason for closure as “Dissatisfied with the program” or choose any other answer that best fits her circumstance. The category “Declined further participation” is not a selection option because the goal is to select most specific reason for discharge as possible.
  - On the other hand, if the client has missed many successive appointments and the nurse home visitor decides with the supervisor to close the case, the nurse home visitor would check “Excessive missed appointments/attempted visits” as the reason for closing the case even though she/he may suspect that the client's missing scheduled visits reflects a lack of commitment or capacity to participate in the program.
### Item Instructions

<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Client returned to work or school</strong></td>
<td>One of the program goals is to have self-sufficient, healthy families. The success of having clients return to school and work may result in a reduction in time clients have available for visits. If all attempts to schedule visits to accommodate the client’s schedule (e.g. visiting at school/work during lunch break, visiting in the evening or weekend, shorter visits) have been unsuccessful, use this option.</td>
</tr>
<tr>
<td><strong>Client received what she needs from the program or is receiving services from another program</strong></td>
<td>As the child grows there will be milestones and challenges that the program will address. If the nurse home visitor has thoroughly informed the client of the goals and objectives of the program and the client still insists that she has received what she needs from the program, use this option.</td>
</tr>
<tr>
<td><strong>Moved out of service area</strong></td>
<td>If a client has moved out of the area that your program serves or is being transferred to another area that is served by NFP, use this option. If a client cannot be located and the nurse is unsure where the client has moved to, use “Unable to locate” instead.</td>
</tr>
<tr>
<td><strong>Unable to locate</strong></td>
<td>If a client cannot be found and all attempts to contact the client have failed (e.g. phone is disconnected, mail returned as undeliverable, contacted family and friends), use this option.</td>
</tr>
<tr>
<td><strong>Excessive missed appointments/attempted visits</strong></td>
<td>If a client has missed many consecutive appointments or has had many consecutive attempted visits, use this option after all attempts to re-engage the client have been unsuccessful. This option is to be used when a nurse is in contact with the client, but the client has failed to keep scheduled visits.</td>
</tr>
</tbody>
</table>
| **Refused new nurse**                                               | • Clients build a strong relationship with their nurse and they may refuse a new nurse. If all attempts to transition the client to a new nurse have been unsuccessful, use this option.  
• Nurse transition planning can help to decrease the likelihood of clients refusing a new nurse. |
<p>| <strong>Dissatisfied with program</strong>                                        | The Nurse-Family Partnership program is not for all clients. If all attempts to re-engage the client (e.g. offering flexible schedule or new nurse) have been unsuccessful, use this option. |
| <strong>Pressure from family</strong>                                            | Take into consideration the circumstances surrounding the situation (e.g. intimate partner violence, drugs) to determine the strategy for addressing this issue. If the client’s family does not support/approve of their participation and attempts to find a solution are not successful, use this option. |
| <strong>Program unable to provide service to client</strong>                     | At times, a program may not be able to provide service to a client. There are four reasons under this broad category from which to choose. Discuss the situation with the Nurse Consultant before selecting a reason under this category. Please note that the nurse home visitor can check the broad category “Program unable to provide service to client” on the paper-based form. However, when entering this data in the ETO system, only the subcategories can be selected. Therefore, please make certain if using the paper-based form to check the box for the broad category and one box from the subcategories in order for this item to be documented correctly. |</p>
<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miscarried/fetal death/infant death</td>
<td>A miscarriage, fetal death or infant death is a traumatic event for a client. If there are no surviving children, this technically signals the end of the program for a client. However, it is appropriate to continue grief visits with a client and her family after the death or miscarriage of her child in accordance with agency policy. Only fill out this form when grief visits have been discontinued.</td>
</tr>
<tr>
<td>Child no longer in family’s custody (parental rights terminated)</td>
<td>Sometimes, success is helping a client decide that the best thing to do is relinquish her parental rights. Use this option only if the family no longer has custody. If only the client loses custody, the program can continue with the child and another family member (e.g. father, grandmother). The nurse home visitor does not file a Client Discharge closing the case. Rather, the nurse home visitor continues to visit the family and fills out the forms as they apply.</td>
</tr>
<tr>
<td>Maternal death</td>
<td>• If a client is deceased and her family has declined continued participation in the program, use this option.</td>
</tr>
<tr>
<td></td>
<td>• If the father or another family member who is caring for the child is interested in continuing with NFP, the nurse home visitor does not file a Client Discharge closing the case. Rather, the nurse home visitor continues to visit the family and fills out the forms as they apply.</td>
</tr>
<tr>
<td>Client incarcerated</td>
<td>• A nurse home visitor can continue to visit with clients who are incarcerated within the service area based on agency policy. Visits may need to be adjusted to accommodate the correctional facility’s visiting hours and the extra time required to enter the facility.</td>
</tr>
<tr>
<td></td>
<td>• If a client is incarcerated outside the service area and the father or another family member who is caring for the child is interested in continuing with NFP, the nurse home visitor does not file a Client Discharge closing the case. Rather, the nurse home visitor continues to visit the family and fills out the forms as they apply.</td>
</tr>
<tr>
<td>Child Reached second birthday</td>
<td>When the child has reached their second birthday, use this option to close the client’s case.</td>
</tr>
</tbody>
</table>

© Copyright 2012 Nurse-Family Partnership. All rights reserved
Client Funding Source

Client ID  Client Name  DOB

Date  Nurse Home Visitor ID  Nurse Home Visitor Name

This form should be completed by the Nurse Supervisor, Nurse Home Visitor or Administrative Assistant to indicate the source of client funding. Entry of this information into ETO™ is necessary for accurate reporting.

Client Funded By:

☐ Maternal, Infant and Early Childhood Home Visiting Program (MIECHVP) - FORMULA

◆ Funding Start Date: MM/DD/YYYY

End Date: MM/DD/YYYY

☐ Maternal, Infant and Early Childhood Home Visiting Program (MIECHVP) - COMPETITIVE

◆ Funding Start Date: MM/DD/YYYY

End Date: MM/DD/YYYY
Instructions for the Client Funding Source Form

Purpose

The purpose of this form is to indicate that services to a client are supported by federal Maternal, Infant and Early Childhood Home Visiting Program (MIECHVP) funds. Once a “Funding Start Date” is entered for a client, their data will be included in the NFP MIECHV Program Benchmark Reports.

General Guidelines

- Only use this form if a client is funded by MIECHVP. Select between the “FORMULA” and “COMPETITIVE” funding options.
- Enter the date when a client started services funded by MIECHVP. This may or may not be the same date as the Program Start Date.
- Revisit this form when the client is no longer funded by MIECHVP and enter the “End Date.”

Guidelines for classification of clients as MIECHVP

Formula or MIECHV Competitive may differ from State to State. It is important that you contact your Supervisor, Agency Administrator or State MIECHV Program Administrator regarding allocation of clients by funding source and to confirm client start and end dates.
Section I - Personal/Family – This section is entered into the Client Demographics screen in ETO

1. ♦ Client’s DOB: _______________

2. ♦ Ethnicity (check one):
   - Hispanic or Latina
   - Not Hispanic or Latina
   - Declined to self-identify

3. ♦ Race (check all that apply)
   - American Indian or Alaska Native
   - Asian
   - Black or African-American
   - Native Hawaiian or other Pacific Islander
   - White
   - Declined to self-identify

4. Client’s Ancestry (check all that apply):
   - Afro-Caribbean, excluding Haitian
   - Anglo-Dutch Caribbean
   - Arab
   - Bangladeshi/Bengali
   - Central American, including Mexican
   - Chinese
   - Cuban
   - Dominican
   - Eritrean
   - Filipino
   - Haitian
   - Hmong
   - Indian (South Asian)
   - Israeli
   - Other (please specify)__________________

5. ♦ Client’s Primary Language (check only one):
   - English
   - Spanish
   - Arabic
   - Cantonese
   - Creole (Haitian)
   - Hindi
   - Mandarin
   - Russian
   - Vietnamese
   - Other (please specify)__________
Section II – Other Demographics - This section is entered into the Demographics: Pregnancy Intake Assessment in ETO

1. ♦ Are you participating in this program voluntarily?
   - [ ] Yes
   - [ ] No

2. ♦ Marital Status:
   - [ ] Married (legal or common law)
   - [ ] Single - never married
   - [ ] Widowed
   - [ ] Divorced
   - [ ] Separated

3. ♦ How often do you usually see or talk to the baby’s biological father?
   - [ ] Not at all
   - [ ] Less than once a week
   - [ ] At least once a week but not daily
   - [ ] Daily

4. ♦ With whom do you live? (check only one from options 1 – 5)
   - [ ] Live with others (check all that apply)
     - [ ] Client’s mother
     - [ ] Father of Child (FoC)
     - [ ] Current husband/partner (not FoC)
     - [ ] Other family members
     - [ ] Infant/child
     - [ ] Other adults
   - [ ] Live alone (or with infant/child)
   - [ ] Live in a group home/shelter
   - [ ] Confined to an institutional facility (residential treatment facility, incarcerated)
   - [ ] Homeless

5. ♦ Which members of your family are in the Military – active or reserve? (check all that apply)
   - [ ] Self (client)
   - [ ] Client’s spouse
   - [ ] Client’s parent(s)
   - [ ] Father of child (FoC)
   - [ ] None

Education and Income

6. ♦ Are you currently enrolled in middle or high school?
   - [ ] Yes – middle school (6th – 8th grades)
   - [ ] Yes – high school or GED program (includes alternative and technical programs)
   - [ ] Not enrolled
7. ♦ Have you completed high school or a GED or vocational/certification program?
   - Yes - completed high school
   - Yes - completed GED
   - Yes – completed vocational/certification program
   - No. If no, what is the last grade you have completed? ______ grade (skip to 11)

8. ♦ If you have completed high school/GED, are you currently enrolled in any kind of school, vocational, certification or educational program?
   - Yes
     - Full Time – 12 semester hours or equivalent
     - Part Time
       - 7-11 semester hours or equivalent
       - 6 or less semester hours or equivalent
   - No (skip to 10)

9. ♦ What type of educational program are you currently enrolled in?
   - Post-high school vocational/certification/technical training
   - College

10. ♦ Have you completed education other than high school/GED (mark the highest level)?
    - Vocational/certification/technical training program (beyond high school)
    - Some college (no degree)
    - Associate’s degree
    - Bachelor’s degree
    - Master’s degree
    - Professional degree (for example: LLB, LD, MD, DDS)
    - Doctorate degree (for example: PhD, EdD)
    - No

11. ♦ Do you plan to enroll in any kind of school, vocational, certification or educational program?
    - Yes
    - No

12. ♦ Are you currently working?
    - Yes
      - Full-time: 37+ hours per week
      - Part time
        - 20 – 36 hours per week
        - 10 – 19 hours per week
        - less than 10 hours per week
    - No
      - Unemployed and seeking employment
      - not employed (student, homemaker, other)
13. Which of the following categories best describes your total yearly household income and types of benefits you receive? Include your income and any other income you may have used. For purpose of this question, the household should include only you and your child. Remember that this information will be kept private and will not affect your access to services (Use public assistance programs that are for low-income families as a marker if the client does not know and she qualifies or receives a public assistance program).

Sources of household income include (please check all that apply)
- Salary/wages from employment
- Social Security/Disability
- TANF
- Alimony
- Child Support
- Rent from tenants
- Cash Assistance from friends/relatives
- Unemployment
- Other income (please specify)_________________

- Less than or equal to $6,000
- $6,001 - $9,000
- $9,001 - $12,000
- $12,001 - $16,000
- $16,001 - $20,000
- $20,001 - $30,000
- Over $30,000
- Client is dependent on parent/guardian

Sources of in-kind benefits include (please check all that apply)
- WIC
- SNAP/Food Stamps
- Energy Assistance
- Housing Vouchers
- Other (please specify)_________________

14. Do you (client) qualify for TANF, Medicaid, WIC or Foodstamps?
- Yes
- No

15. How many hours a week do you devote to providing unpaid childcare to an infant under 12 months old (including your own)?
- more than 30 hours per week
- 20-30 hours per week
- 10-19 hours per week
- less than 10 hours per week
- None
16. ♦ In the past 6 months, have you (client) obtained care at the hospital emergency room for any reason?
   □ Yes, how many times? ______ times
   □ No

17. ♦ In the past 6 months, have you (client) obtained care at the urgent care center for any reason?
   □ Yes, how many times? ______ times
   □ No
Instructions for the Demographics - Pregnancy Intake Form

Purpose
The purpose of this form is to compile information on the social and economic characteristics of the client. This form can provide information that will prompt you to conduct in-depth clinical assessments and interventions or may enhance an assessment you’ve already completed.

General Guidelines
When to complete this form: First home visit.

<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| Ethnicity   | • Client should self-identify ethnicity.  
  • Hispanic is defined as “A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race”. The term, “Spanish origin,” can be used in addition to “Hispanic or Latino.”  
  • Note that the options for ethnicity align with federal data collection guidelines.                                                                                                                                  |
| Race        | • Client should self-identify race.  
  • American Indian or Alaskan Native is defined as “A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment”.  
  • Asian is defined as “A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam”.  
  • Black is defined as “A person having origins in any of the black racial groups of Africa”.  
  • Native Hawaiian or Other Pacific Islander is defined as “A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands”.  
  • White is defined as “A person having origins in any of the original peoples of Europe, the Middle East, or North Africa”.  
  • Clients of Hispanic ethnicity may struggle with identification of race. The nurse home visitor can ask the country of origin of the client's ancestors. This may help the client to select an option for “race”. For example, if a client indicates that her family is from Mexico originally, her race could possibly be either White (Spanish origin) or American Indian (origin in the original peoples of North or South American including Central America) or both.  
  • The client can select one or more races that she identifies with. Clients can also select the “declined to self-identify” option.  
  • Note that the options for race align with federal data collection guidelines.                                                                                                                                                 |
<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| Ancestry                      | • Ancestry refers to a person’s ethnic origin or descent, “roots”, or heritage, or the place of birth of the person or the person’s parents or ancestors before their arrival in the United States. The current list of choices is a combination of specifics groups of interest. This question is being tested at this time. The list may be expanded in the future.  
• Clients may choose as many options as apply. However, given the intent of the ancestry question in this context, it is really meant to be used for clients whose identification with one particular group is strong enough that it could influence client care. NFP is allowing for multiple selections with the understanding that such identification with more than one group is possible but is not expected to be the norm. |
| Client’s Primary Language     | The current list of choices is being tested at this time. The list may be expanded in the future.                                                                                                        |
| Marital Status                | Review your state law on the definition of Common Law marriage. The inclusion of the term “common law” on demographic forms is intended to capture a broader, more inclusive definition of marriage. All NFP forms gather information that clients self-report. The information is not verified by NFP. |
| How often do you usually see or talk to the baby’s biological father? | This question seeks to understand the amount of contact the client has with the baby’s biological father. There may be extenuating circumstances (military deployment, illness, etc.) that prevent contact with the baby’s biological father. Assure the client that there is no judgment to be made based on her answer. |
| Living Situation              | Note this clarification on options 1 and 2: If the client is living in a situation during pregnancy in which she is a part of a household but not the head, then as many individuals as apply should be selected under the first option “Live with Others”. If the client lives independently (alone or with her infant/child after the pregnancy phase), then the second option “Live alone (or with infant/child)” should be selected. (Although the client will not live with her child at intake, this option is on the form because the same language had to be used for both the intake and the updates in the NFP clinical information system). |
| Education                     | • This section on education asks questions on many different educational levels and opportunities clients may experience in order to capture any educational progress made while in the NFP program.  
• Note that the questions related to vocational or certification programs require that a client distinguish between high school or post-high school level.  
• If a client has not completed high school or a GED or vocational/certification program, note the last grade level that the client has completed. For example, if the client reports she is currently enrolled in the 10th grade, report the last grade completed as a 9. (Kindergarten is not included in calculating the years of schooling.) |
• If a client plans to enroll in school then they should answer the question regarding future enrollment plans even if the client is currently enrolled in school (Q11). This question attempts to “measure” aspirations and plans to obtain additional education. For example, if the client is enrolled in high school but plans to enroll in a certified nursing assistant program this question would capture her intent to continue her educational efforts in the future. This intent could be the near or distant future.

<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>• Select the range of hours that most reflects the client’s current work schedule during an average week.</td>
</tr>
<tr>
<td></td>
<td>• If a client’s hours of employment fluctuate from week to week without a guarantee of a certain number of hours per week from her employer, ask her to give you her best estimate on the average number of hours she works on a weekly basis. This may mean working with her to identify if the schedule for the past month is typical and assisting her to calculate the average for those weeks.</td>
</tr>
<tr>
<td>Household income</td>
<td>• Mark the income range that reflects the total income from which the client benefits (e.g. if multiple families live in the household, only consider the income from those who contribute to the client’s support. If the client lives in the household, but has no access to the income of the other individuals in the household, do not consider those individual’s income in estimating the total).</td>
</tr>
<tr>
<td></td>
<td>• For questions #13 or #15, “household” is defined as the client and the infant. There are circumstances where the client may directly benefit from income/benefits from other household members. This portion of income should be included when calculating her income and benefits. For example, if the client is married and benefits from her husband’s income, a portion or all of his income would be attributed to her income. This would be considered “cash assistance from friends/relatives”.</td>
</tr>
<tr>
<td></td>
<td>• If the client is not married but another household member provides her cash assistance for living expenses, etc. then this contribution should be counted as income. All of the examples would be considered “cash assistance from friends/relatives.” Please work with your client to determine the amount of her financial benefit given the nature of her financial support.</td>
</tr>
<tr>
<td></td>
<td>• If the client is eligible for WIC or Medicaid, use this as a marker for her income range. Note that a client may be eligible for WIC or Medicaid but have a lower income level than the upper threshold for those programs. Based on your best knowledge, mark the income category that best reflects the income range for your client.</td>
</tr>
<tr>
<td></td>
<td>• A client caring for her own child can account for that care under the definition of “unpaid childcare” as long as it is within the context of a standard 40 hour work week that might otherwise be spent as employment hours if she was not caring for her child. This applies to infants from birth up to 12 months of age only. There is a cap of 30 hours per week on the unpaid infant care than can be reported.</td>
</tr>
</tbody>
</table>
|                       | • Based on these principles, if the client worked 40 hours per week, the time she spends with her child would not be counted towards
employment efforts but would instead be considered parenting time. In this case, the NHV would mark NONE for this question.

- If the client has any concerns about sharing this information, assure her that income level is confidential and will not be shared with others.
- Income ranges are provided as the specific income amount may not be known. Clients may feel more comfortable providing an income range rather than a specific amount.
- Teen clients may not know this information. If as you work with the teen client it is not possible to obtain this information from the parent(s), use the “Client is dependent on parent/guardian” response.
# Demographics: Update

<table>
<thead>
<tr>
<th>Client ID</th>
<th>Client Name</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Nurse Home Visitor ID</th>
<th>Nurse Home Visitor Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check one:  
- Infancy 6 Months  
- Infancy 12 Months  
- Toddler 18 Months  
- Toddler 24 Months

## Personal/Family

1. ◆ Marital Status:  
   - [ ] Married (legal or common law)  
   - [ ] Single - never married  
   - [ ] Widowed  
   - [ ] Divorced  
   - [ ] Separated

2. ◆ How often do you usually see or talk to the baby’s biological father?  
   - [ ] Not at all  
   - [ ] Less than once a week  
   - [ ] At least once a week but not daily  
   - [ ] Daily

3. ◆ During the past three months, how often did the baby’s biological father spend time taking care of and/or playing with the baby?  
   - [ ] Not at all  
   - [ ] Less than once a week  
   - [ ] At least once a week but not daily  
   - [ ] Daily

4. ◆ With whom do you live? (check only one from options 1 – 5)  
   - [ ] Live with others (check all that apply)  
     - [ ] Client’s mother  
     - [ ] Father of Child (FoC)  
     - [ ] Current husband/partner (not FoC)  
     - [ ] Other family members  
     - [ ] Infant/child  
     - [ ] Other adults  
   - [ ] Live alone (or with infant/child)  
   - [ ] Live in a group home/shelter  
   - [ ] Confined to an institutional facility (residential treatment facility, incarcerated)  
   - [ ] Homeless

5. ◆ Which members of your family are in the Military – active or reserve? (check all that apply)  
   - [ ] Self (client)  
   - [ ] Client’s spouse  
   - [ ] Client’s parent(s)  
   - [ ] Father of child (FoC)  
   - [ ] None
Education and Income

6. ♦ Are you currently enrolled in middle or high school?
   - [ ] Yes – middle school (6th – 8th grade)
   - [ ] Yes – high school or GED program (includes alternative and technical programs)
   - [ ] Not enrolled

7. ♦ Have you completed high school or a GED or vocational/certification program?
   - [ ] Yes - completed high school
   - [ ] Yes - completed GED
   - [ ] Yes - completed vocational/certification program
   - [ ] No. If no, what is the last grade you have completed? __________ grade (skip to 11)

8. ♦ If you have completed high school/GED, are you currently enrolled in any kind of school, vocational, certification or educational program?
   - [ ] Yes
     - [ ] Full Time – 12 semester hours or equivalent
     - [ ] Part Time
       - [ ] 7 – 11 semester hours or equivalent
       - [ ] 6 or less semester hours or equivalent
   - [ ] No (skip to 10)

9. ♦ What type of educational program are you currently enrolled in?
   - [ ] Post-high school vocational/certification/technical training
   - [ ] College

10. ♦ Have you completed education other than high school/GED (mark the highest level)?
    - [ ] Vocational/certification/technical training program (beyond high school)
    - [ ] Some college (no degree)
    - [ ] Associate’s degree
    - [ ] Bachelor’s degree
    - [ ] Master’s degree
    - [ ] Professional degree (e.g.: LLB, LD, MD, DDS)
    - [ ] Doctorate degree (e.g.: PhD, EdD)
    - [ ] No

11. ♦ Do you plan to enroll in any kind of school, vocational, certification or educational program?
    - [ ] Yes
    - [ ] No

12. ♦ Have you worked at all at a paid job since the birth of your infant?
    - [ ] Yes
    - [ ] No (skip to 14)

13. ♦ How many months have you worked since the birth of your infant?
    - _______ months
14. ♦ Are you currently working?

- [ ] Yes
  - [ ] Full-time: 37+ hours per week
  - [ ] Part time
    - [ ] 20 – 36 hours per week
    - [ ] 10 – 19 hours per week
    - [ ] less than 10 hours per week
- [ ] No
  - [ ] Unemployed and seeking employment
  - [ ] Not employed (student, homemaker, other)

15. ♦ Which of the following categories best describes your total yearly household income and types of benefits you receive? Include your income and any other income you may have received. For purpose of this question, the household should include only you and your child. Remember that this information will be kept private and will not affect your access to services (Use public assistance programs that are for low-income families as a marker if the client does not know and she qualifies or receives a public assistance program).

Sources of household income include (please check all that apply)

- [ ] Salary/wages from employment
- [ ] Social Security/Disability
- [ ] TANF
- [ ] Alimony
- [ ] Child Support
- [ ] Rent from tenants
- [ ] Cash Assistance for friends/relatives
- [ ] Unemployment
- [ ] Other income (please specify)__________________

- [ ] Less than or equal to $6,000
- [ ] $6,001 - $9,000
- [ ] $9,001 - $12,000
- [ ] $12,001 - $16,000
- [ ] $16,001 - $20,000
- [ ] $20,001 - $30,000
- [ ] Over $30,000
- [ ] Client is dependent on parent/guardian

Sources of in-kind benefits include (please check all that apply)

- [ ] WIC
- [ ] SNAP/Food Stamps
- [ ] Energy Assistance
- [ ] Housing Vouchers
- [ ] Other (please specify)__________________

16. ♦ Do you (client) qualify for TANF, Medicaid, WIC or Foodstamps?

- [ ] Yes
- [ ] No
17. ♦ How many hours a week do you devote to providing unpaid childcare to an infant under 12 months old (including your own)?
   - [ ] more than 30 hours per week
   - [ ] 20-30 hours per week
   - [ ] 10-19 hours per week
   - [ ] less than 10 hours per week
   - [ ] None

**Birth Control and Additional Pregnancies**

18. ♦ In the last 6 months, have you been using any form of birth control to prevent another pregnancy?
   - [ ] Yes
   - [ ] No. If No, do any of the following apply? (Check all that apply and skip to 19)
     - [ ] Female Partner
     - [ ] Tubal Ligation or hysterectomy
     - [ ] Partner has a vasectomy
     - [ ] Practicing abstinence

19. Thinking about all the times you’ve had sexual intercourse in the last six months, about how often did you use birth control?
   - [ ] Some of the time
   - [ ] About half the time
   - [ ] Most of the time
   - [ ] Every time

20. Please tell me all the different types of birth control you have used in the last six months. Mark all that apply.
   - [ ] Male condom (rubbers)
   - [ ] Natural family planning (rhythm method)
   - [ ] Spermicides/jelly/foam/cream/suppositories/vcf
   - [ ] Diaphragm/Cervical cap/Sponge
   - [ ] Withdrawing (pulling out before coming)
   - [ ] Birth control pills
   - [ ] Patch
   - [ ] Cervical ring
   - [ ] Quarterly birth control shot (Depo-Provera)
   - [ ] Monthly birth control shot (Lunelle)
   - [ ] IUD
   - [ ] Emergency contraception
   - [ ] Female Condom
   - [ ] Birth Control Implant (Implanon)
   - [ ] Other
21. ♦ Since you had [child’s name], have you been pregnant?
   - Yes (Complete table below)
   - No (skip to 23)

<table>
<thead>
<tr>
<th>First Pregnancy after Index Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. When did the pregnancy begin?</td>
</tr>
<tr>
<td>- mo.  yr.</td>
</tr>
<tr>
<td>b. Was this pregnancy planned?</td>
</tr>
<tr>
<td>- Yes  No</td>
</tr>
<tr>
<td>c. What was the outcome?</td>
</tr>
<tr>
<td>- Still pregnant  Miscarriage  Abortion  Stillbirth  Live birth</td>
</tr>
</tbody>
</table>

22. For the live birth reported in 21, please complete the following information:

<table>
<thead>
<tr>
<th>Client’s Second Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. DOB</td>
</tr>
<tr>
<td>b. Gender</td>
</tr>
<tr>
<td>- Male  Female</td>
</tr>
<tr>
<td>c. Birth weight</td>
</tr>
<tr>
<td>- lbs.  oz.</td>
</tr>
<tr>
<td>d. Did (name) have to spend any time in the NICU or a special nursery because of problems?</td>
</tr>
<tr>
<td>- Yes. For how many days prior to being discharged?  days</td>
</tr>
<tr>
<td>- No</td>
</tr>
</tbody>
</table>

23. ♦ In the past 6 months, have you (client) obtained care at the hospital emergency room for any reason?
   - Yes, how many times?  times
   - No

24. ♦ In the past 6 months, have you (client) obtained care at the urgent care center for any reason?
   - Yes, how many times?  times
   - No
Instructions for the Demographics Update Form

Purpose
The purpose of this form is to gather information on the changing social and economic characteristics of the client and to track the client’s life course development relative to subsequent pregnancies, completion of education, and workforce participation.

General Guidelines
When to complete this form: When client’s child is approximately 6, 12, 18 and 24 months old. Be sure to check the box at the top of the form indicating the timeframe for completing the form.

Item Instructions

<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Status</td>
<td>Review your state law on the definition of Common Law marriage. The inclusion of the term “common law” on demographic forms is intended to capture a broader, more inclusive definition of marriage. All NFP forms gather information that clients self-report. The information is not verified by NFP.</td>
</tr>
<tr>
<td>How often do you usually see or talk to the baby’s biological father?</td>
<td>This question seeks to understand the amount of contact the client has with the baby’s biological father. There may be extenuating circumstances (military deployment, illness, etc.) that prevent contact with the baby’s biological father. Assure the client that there is no judgment to be made based on her answer.</td>
</tr>
<tr>
<td>During the past three months, how often did the baby’s biological father spend time taking care of and/or playing with the baby?</td>
<td>As above, this question simply gathers information related to the amount of time the baby interacts with the biological father. There may be extenuating circumstances (military deployment, illness, etc.) that prevent contact with the baby’s biological father. Assure the client that there is no judgment to be made based on her answer.</td>
</tr>
<tr>
<td>Living Situation</td>
<td>Note this clarification on options 1 and 2: If the client is living in a situation in which she is a part of a household but not the head, then as many individuals as apply should be selected under the first option “Live with Others”. If the client lives independently (alone or with her infant/child after the pregnancy phase), then the second option “Live alone (or with infant/child)” should be selected.</td>
</tr>
<tr>
<td>Item</td>
<td>Guidelines</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Employment</td>
<td>• Select the range of hours that most reflects the client’s current work schedule during an average week.</td>
</tr>
<tr>
<td></td>
<td>• If a client’s hours of employment fluctuate from week to week without a guarantee of a certain number of hours per week from her employer, ask her to give you her best estimate on the average number of hours she works on a weekly basis. This may mean working with her to identify if the schedule for the past month is typical and assisting her to calculate the average for those weeks.</td>
</tr>
<tr>
<td>Education</td>
<td>• This section on education asks questions on many different educational levels and opportunities clients may experience in order to capture any educational progress made while in the NFP program.</td>
</tr>
<tr>
<td></td>
<td>• Note that the questions related to vocational or certification programs require that a client distinguish between high school or post-high school level.</td>
</tr>
<tr>
<td></td>
<td>• If a client has not completed high school or a GED or vocational/certification program, note the last grade level that the client has completed. For example, if the client reports she is currently enrolled in the 10th grade, report the last grade completed as a 9. (Kindergarten is not included in calculating the years of schooling.)</td>
</tr>
<tr>
<td></td>
<td>• If a client plans to enroll in school then they should answer the question regarding future enrollment plans even if the client is currently enrolled in school (Q11). This question attempts to “measure” aspirations and plans to obtain additional education. For example, if the client is enrolled in high school but plans to enroll in a certified nursing assistant program this question would capture her intent to continue her educational efforts in the future. This intent could be the near or distant future.</td>
</tr>
</tbody>
</table>
| Household Income | • Mark the income range that reflects the total income from which the client benefits (e.g., if multiple families live in the household, only consider the income from those who contribute to the client’s support; if the client lives in the household, but has no access to the income of other individuals in the household, do not consider those individual’s income in estimating the total).
• For questions #13 or #15, “household” is defined as the client and the infant. There are circumstances where the client may directly benefit from income/benefits from other household members. This portion of income should be included when calculating her income and benefits. For example, if the client is married and benefits from her husband’s income, a portion or all of his income would be attributed to her income. This would be considered “cash assistance from friends/relatives”.
• If the client is not married but another household member provides her cash assistance for living expenses, etc. then this contribution should be counted as income. All of the examples would be considered “cash assistance from friends/relatives.” Please work with your client to determine the amount of her financial benefit given the nature of her financial support.
• If the client is eligible for WIC or Medicaid, use this as a marker for her income range. Note that a client may be eligible for WIC or Medicaid but have a lower income level than the upper threshold for those programs. Based on your best knowledge, mark the income category that best reflects the income range for your client.
• A client caring for her own child can account for that care under the definition of “unpaid childcare” as long as it is within the context of a standard 40 hour work week that might otherwise be spent as employment hours if she was not caring for her child. This applies to infants from birth up to 12 months of age only. There is a cap of 30 hours per week on the unpaid infant care than can be reported.
• Based on these principles, if the client worked 40 hours per week, the time she spends with her child would not be counted towards employment efforts but would instead be considered parenting time. In this case, the NHV would mark NONE for this question.
• If the client has any concerns about sharing this information, assure her that income level is confidential and will not be shared with others.
• Income ranges are provided as the specific income amount may not be known. Clients may feel more comfortable providing an income range rather than a specific amount.
• Teen clients may not know this information. If as you work with the teen client it is not possible to obtain this information from the parent(s), use the “Client is dependent on parent/guardian” response. |

<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>In the last 6 months, have you been using any form of birth control to prevent another pregnancy?</td>
<td>While this question may seem very personal, explain to the client that you are asking this information in order to assist her to protect herself from unsafe sex and an unplanned pregnancy. You can use the question to reinforce the importance of having her male partner use condoms with every sexual encounter so as to protect herself from serious infections, e.g., HIV.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Please tell me all the different types of birth control you have used in the last six month.</td>
<td>Be sure to read the complete list of forms of birth control and check all that client states she has used (reading the list may help client to more accurately recall methods used).</td>
</tr>
</tbody>
</table>
| Subsequent Pregnancy | • The data collection system has been designed to track only the mother’s progress through the pregnancy associated with birth of the first baby.  
• Some mothers may become pregnant while in the program prior to the first child’s second birthday. Continue to implement the program protocols for infancy/toddler with the client, addressing questions/issues that arise related to the second pregnancy as needed.  
• It is not necessary to complete any data collection forms related to the second pregnancy for entry into ETO™. Rather, you should continue to complete the data collection forms that correspond to the infant/toddler life course phases for the first child, e.g., *Infant Health Care*. |
Edinburgh Postnatal Depression Scale (EPDS)

<table>
<thead>
<tr>
<th>Client ID</th>
<th>Client Name</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date | Nurse Home Visitor ID | Nurse Home Visitor Name |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check one: | Intake | Pregnancy 36 Weeks | Infancy 1-8 Weeks | Infancy 4-6 Months | Infancy 12 Months |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As you have recently had a baby, we would like to know how you are feeling. Please choose the answer which comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

1. ♦ I have been able to laugh and see the funny side of things.
   - As much as I always could
   - Not quite so much now
   - Definitely not so much now
   - Not at all

2. ♦ I have looked forward with enjoyment to things.
   - As much as I ever did
   - Rather less than I used to
   - Definitely less than I used to
   - Hardly at all

3. ♦* I have blamed myself unnecessarily when things went wrong.
   - Yes, most of the time
   - Yes, some of the time
   - Not very often
   - No, never

4. ♦ I have been anxious or worried for no good reason.
   - No, not at all
   - Hardly ever
   - Yes, sometimes
   - Yes, very often

5. ♦* I have felt scared or panicky for not very good reason.
   - Yes, quite a lot
   - Yes, sometimes
   - No, not much
   - No, not at all

6. ♦* Things have been getting on top of me.
   - Yes, most of the time I haven't been able to cope at all
   - Yes, sometimes I haven't been coping as well as usual
   - No, most of the time I have coped quite well
   - No, I have been coping as well as ever

7. ♦* I have been so unhappy that I have had difficulty sleeping.
   - Yes, most of the time
   - Yes, sometimes
   - Not very often
   - No, not at all

8. ♦* I have felt sad or miserable.
   - Yes, most of the time
   - Yes, quite often
   - Not very often
   - No, not at all

9. ♦* I have been so unhappy that I have been crying.
   - Yes, most of the time
   - Yes, quite often
   - Only occasionally
   - No, never

10. ♦* The thought of harming myself has occurred to me.
    - Yes, quite often
    - Sometimes
    - Hardly ever
    - Never

Instructions for the Edinburgh Postnatal Depression Scale Form

Purpose
The purpose of this form is to screen for perinatal depression. Agencies may select from the Edinburgh Postnatal Depression Scale or the Patient Health Questionnaire-9.

NFP nurse home visitors may be the first point of contact for women experiencing perinatal depression. The use of a reliable screening instrument is intended to supplement the nurse home visitor’s clinical judgment and assist with decision making about the client’s care. Its use provides women with the opportunity to discuss their feelings and enables the nurse home visitor to discreetly raise the issue of potential perinatal depression with the client. The instrument is easy to administer, and most mothers easily complete the scale in less than 5 minutes.

High scores do not themselves confirm a depressive illness, and similarly, some women who score below a set threshold might be depressed. The EPDS does not provide a clinical diagnosis of depression and should not be used as a substitute for full psychiatric/mental health assessment and clinical judgment. The EPDS cannot be used to predict whether or not a respondent will experience depression in the future- it can only be used to determine current mood- within the past seven days.

General Guidelines

When to complete this form:
• May be collected at Intake within the first few visits.
• 36 weeks pregnancy (required if using Edinburgh).
• 1-8 weeks postpartum (required if using Edinburgh).
• 4-6 months postpartum (required if using Edinburgh).
• 12 months postpartum (required if using Edinburgh).
• Optional at other times as indicated (not collected in ETO, documentation should follow agency policy).

Instructions

1. The client is asked to check the response which comes closest to how she has been feeling in the previous 7 days.
2. All ten items must be completed.
3. Care should be taken to avoid the possibility of the client discussing her answers with others.
4. The client should complete the scale herself, unless she has limited English or has difficulty with reading.
**Scoring**

**Questions 1, 2, & 4:** Response categories are scored 0, 1, 2, and 3 according to increased severity of the symptoms.

**Questions 3, 5-10 (marked with an *):** Are reverse scored (i.e. 3, 2, 1, and 0).

The total score is calculated by adding together the scores for each of the ten items.

Maximum score: 30
Possible Depression: 10 or greater. Always look at item 10 (suicidal thoughts).

Note: For reporting purposes, NFP uses a cut off score of 10.

Nurses should follow their agency policies and procedures regarding referral and coordination of care for clients who screen positive or those who are in need of mental health evaluation/assessment based on the nurse’s clinical judgment.
I have some questions about smoking cigarettes. Many people smoke at least some time in their life. Sometimes women who are pregnant will smoke cigarettes before they know they are pregnant, or they may find it very hard to change a pattern of smoking once they start. These are questions about regular, nicotine cigarettes only. Joints or Marijuana will be asked about later.

**Questions 1 and 2 are asked only at intake**

1. During the 3 months before you became pregnant, how many cigarettes did you usually smoke in a day?
   - cigarettes

2. Did you smoke cigarettes at all during your pregnancy, including before you found out you were pregnant?
   - Yes
   - No

3. In the last 48 hours, HOW MANY cigarettes have you smoked? By 48 hours, I mean from (TIME AND DAY OF WEEK) to (TODAY AND TIME).
   - cigarettes

Now I am going to ask you some questions about alcohol. Many people drink alcohol at least some time in their life. Sometimes women who are pregnant will drink before they know they are pregnant, or they may find it very hard to change a pattern of drinking once they start. By alcohol, I mean beer, wine, wine coolers, and liquor, such as whiskey, scotch, gin, rum, or other types of drinks with alcohol in them.

4. OVER THE PAST FOURTEEN DAYS, on how many DIFFERENT DAYS did you use alcohol?
   - days (if 0, skip to 6)

5. OVER THE PAST FOURTEEN DAYS, when you used alcohol, how many drinks did you USUALLY have PER DAY?
   - drinks

Now I am going to ask you a series of questions about many other types of drugs. Sometimes women who are pregnant will use drugs before they know they are pregnant, or they may find it very hard to change a pattern of drug use once they start.

These next questions are about marijuana, also called pot or weed.

6. OVER THE PAST FOURTEEN DAYS, on how many DIFFERENT DAYS did you use marijuana?
   - days (if 0, skip to 8)
7. OVER THE PAST FOURTEEN DAYS, when you used marijuana, how many pipes or joints did you USUALLY smoke PER DAY?
   ______ pipes or joints/day

Now I am going to ask some questions about cocaine. This can be either powdered cocaine that you sniff OR crack cocaine that you smoke, or cocaine that you inject.

8. OVER THE PAST FOURTEEN DAYS, on how many DIFFERENT DAYS did you use cocaine?
   ______ days (if 0, skip to 10)

9. OVER THE PAST FOURTEEN DAYS, when you used cocaine, how many times PER DAY did you USUALLY use it?
   ______ times/day

Now I am going to ask you a few questions about other drugs that people use to get high. These include AMPHETAMINES, such as speed, uppers, reds, crystal, or ice; LSD, such as acid, blotter, or trips; other HALLUCINOGENS, such as peyote, ecstasy, mescal, or magic mushroom; PCP; AMYL NITRATE; or HEROIN, also known as smack, junk, speedball, or horse; INHALANTS (things that people sniff or huff in order to get high), such as spray paint, hairspray, gasoline, lighter fluid, glue, or paint thinner.

10. OVER THE PAST FOURTEEN DAYS, on how many DIFFERENT DAYS did you use these other street drugs?
    ______ days (if 0 skip 11)

11. OVER THE PAST FOURTEEN DAYS, when you used street drugs, how many times PER DAY did you USUALLY use them?
    ______ times/day
Instructions for the Health Habits Form

Purpose
The purpose of this form is to track changes in substance use. Responses to these questions provide important clinical information regarding clients in the program and allow demonstration of outcomes for the program (e.g., percentage of clients who quit smoking or using alcohol or other substances during pregnancy).

General Guidelines

- **When to complete this form:**
  - Third or fourth home visit
  - 36 weeks pregnancy
  - Approximately one year postpartum

- Before you begin asking for information on substance use, assure the client of the confidentiality of the data (i.e., use of illicit drugs will not be reported to authorities). Explain that the information will be useful to you in helping her to have the healthiest child possible and that you and she will jointly decide how to use the information.

- **Questions 1 and 2 are asked only at intake.**

- When you are working with your client to complete this form, be aware that you may need to assist her in recalling information over time (such as the past fourteen days). Help her to think of something that was happening in her life fourteen days ago and then consider the question (how much alcohol since a specific life event fourteen days ago?).

- If a client delivers before 36 weeks, the nurse home visitor should complete the Health Habits form shortly after delivery of the infant, rephrasing the questions to assist the client to maintain the focus on health behaviors that occurred during the latter part of the pregnancy.

Item Instructions
Read the instructions/script before each set of questions.

<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>During the three months before you became pregnant, how many cigarettes did you usually smoke in a day?</strong></td>
<td>If the client has difficulty remembering how many cigarettes, it might help to ask the question in terms of how many packs or portions of packs (half-pack) she smoked per day. The nurse home visitor can then convert to number of cigarettes (there are 20 cigarettes per pack).</td>
</tr>
</tbody>
</table>
Client ID:  
Client Name:  
DOB:  
Date:  
Time:  
From: am/pm  
To: am/pm  
Duration:  
Total Miles:  
Nurse Home Visitor ID:  
Nurse Home Visitor Name:  

VISIT:  
- [ ] Completed  
- [ ] Attempted  
- [ ] Client cancelled visit  
- [ ] Nurse home visitor cancelled visit  

VISIT SCHEDULE:  
- [ ] Standard Visit Schedule  
- [ ] Alternate Visit Schedule  

LOCATION OF VISIT:  
- [ ] Client’s Home  
- [ ] Family/Friend’s Home  
- [ ] Doctor/Clinic  
- [ ] School  
- [ ] Employment  
- [ ] Other  

WHO WAS PRESENT AT THE VISIT:  
- [ ] Client  
- [ ] Child  
- [ ] Client’s Mother  
- [ ] Father of Child (FoC)  
- [ ] Current Husband/Partner not FoC  
- [ ] Other Family Member  
- [ ] NFP Supervisor  
- [ ] 2nd NFP Professional  
- [ ] Interpreter  
- [ ] Other Professional  
- [ ] Other_________  

PARTICIPANTS ENGAGED IN VISIT (rate 1 = low to 5 = high):  
- Involvement:  
- Conflict with material:  
- Understanding of material:  

PERCENT OF TIME SPENT ON EACH PROGRAM AREA:  

- My Health (Personal Health - Health Maintenance Practices; Nutrition and Exercise; Substance Use; Mental Health)  
- My Home (Environmental Health - Home; Work; School and Neighborhood)  
- My Life (Life Course - Family Planning; Education and Livelihood)  
- My Child/ Taking Care of My Child (Maternal Role - Mothering Role; Physical Care; Behavioral and Emotional Care of Child)  
- My Family & Friends (Personal Network Relationships; Assistance with Childcare)  

TOTAL: 100%  

PERCENT OF TIME SPENT ON PLAN:  

1. Parental education provided regarding prevention of child injuries including topics such as safe sleeping, shaken baby syndrome or traumatic brain injury, child passenger safety, poisonings, fire safety (including scalds), water safety, playground safety, etc.  
- [ ] Yes  
- [ ] Not Indicated at this visit  

2. Was an Intimate Partner Violence safety plan discussed, completed or reviewed today?  
- [ ] Yes  
- [ ] Not Indicated at this visit  

3. Have you visited a healthcare provider for routine prenatal care since our last visit?  
- [ ] Yes (if yes, please indicate which of these prenatal visits were completed; check all that apply)  
  - [ ] 6-9 weeks  
  - [ ] 10-13 weeks  
  - [ ] 14-17 weeks  
  - [ ] 18-21 weeks  
  - [ ] 22-25 weeks  
  - [ ] 26-29 weeks  
  - [ ] 30-32 weeks  
  - [ ] 33-35 weeks  
  - [ ] 36 weeks  
  - [ ] 37 weeks  
  - [ ] 38 weeks  
  - [ ] 39 weeks  
  - [ ] 40 weeks  
  - [ ] 41 weeks  
- [ ] No  

Client screened for needed services  
- [ ] Yes  
- [ ] No  
- [ ] No referral needed  

Please complete the Referrals to Services form if any referrals were made at this visit.
<table>
<thead>
<tr>
<th>REFERRALS:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Client</strong></td>
</tr>
<tr>
<td>--------------------------------</td>
</tr>
<tr>
<td><strong>Financial Assistance</strong></td>
</tr>
<tr>
<td>1. TANF/Welfare</td>
</tr>
<tr>
<td>2. Supplemental Nutrition</td>
</tr>
<tr>
<td>3. Social Security/Social</td>
</tr>
<tr>
<td>4. Unemployment Benefits</td>
</tr>
<tr>
<td>5. Subsidized Child Care</td>
</tr>
<tr>
<td><strong>Crisis Intervention</strong></td>
</tr>
<tr>
<td>6. Intimate Partner Violence</td>
</tr>
<tr>
<td>7. Child Protective Services</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
</tr>
<tr>
<td>8. Mental health treatment or</td>
</tr>
<tr>
<td>9. Relationship counseling</td>
</tr>
<tr>
<td><strong>Substance Abuse</strong></td>
</tr>
<tr>
<td>10. Smoking Cessation</td>
</tr>
<tr>
<td>11. Alcohol Abuse</td>
</tr>
<tr>
<td>12. Drug Abuse</td>
</tr>
<tr>
<td><strong>Health Care</strong></td>
</tr>
<tr>
<td>13. Medicaid</td>
</tr>
<tr>
<td>14. SCHIP (State Children’s</td>
</tr>
<tr>
<td>15. Private insurance</td>
</tr>
<tr>
<td>16. Military insurance (Tricare)</td>
</tr>
<tr>
<td>17. Indian Health Service</td>
</tr>
<tr>
<td>18. Children with Special</td>
</tr>
<tr>
<td>19. Primary care provider –</td>
</tr>
<tr>
<td>20. Primary care provider –</td>
</tr>
<tr>
<td>21. Primary care provider –</td>
</tr>
<tr>
<td>22. Primary care provider –</td>
</tr>
<tr>
<td>23. Primary care provider –</td>
</tr>
<tr>
<td>24. Primary care provider –</td>
</tr>
<tr>
<td>25. Developmental Disabilities</td>
</tr>
<tr>
<td>26. Early Childhood Intervention</td>
</tr>
<tr>
<td>27. WIC</td>
</tr>
<tr>
<td>28. Child Care Referral Services</td>
</tr>
<tr>
<td>29. Job Training and Employment</td>
</tr>
<tr>
<td>30. Housing</td>
</tr>
<tr>
<td>31. Transportation</td>
</tr>
<tr>
<td>32. Injury Prevention (car</td>
</tr>
<tr>
<td>33. Child birth education</td>
</tr>
<tr>
<td>34. Lactation support</td>
</tr>
<tr>
<td><strong>Educational Programs</strong></td>
</tr>
<tr>
<td>35. GED/Alternative High School</td>
</tr>
<tr>
<td>36. Further education beyond</td>
</tr>
<tr>
<td>37. Charitable Services (food</td>
</tr>
<tr>
<td>38. Legal Services</td>
</tr>
<tr>
<td>39. Paternity</td>
</tr>
<tr>
<td>40. Child Support</td>
</tr>
<tr>
<td>41. Adoption Services</td>
</tr>
<tr>
<td>42. Dental Services</td>
</tr>
<tr>
<td>43. Other, specify:</td>
</tr>
</tbody>
</table>
**Instructions for the Home Visit Encounter Form**

**Purpose**
This form provides information about every visit that a client receives including: the duration and location; participants’ engagement; program content covered; and whether the visit resulted in any referrals to government or community services. This data helps the program document services to clients and allows the agency to demonstrate to funders what services are provided to families. Additionally, this form records the content and length of each visit which will help determine whether clients in the program are receiving similar services to participants in the randomized controlled trials. The May 2012 enhancement of the data collection forms also provides a new opportunity to collect data about client prenatal care visits, once enrolled in the program. This information will be useful for the nurse home visitors as they coordinate care for the client, as well as to potential funders who are interested in understanding client's access to prenatal care services.

**General Guidelines**
- **When to complete this form:** Every time a nurse home visitor meets or attempts to meet with a client or her family.
- Definition of a completed home visit: any direct face-to-face contact in which the home visitor is interacting with the client or someone from her family where significant program material is covered. Although most visits should be at the client's home, visits may take place elsewhere, as long as the nurse home visitor covers program content with the client or her family.
- If a client dies or cannot participate in the program (e.g. incarceration outside the service area) but a family member would like to continue the program with the child, the nurse home visitor should continue to document visits using this form. The nurse home visitor uses the Home Visit Encounter form and simply checks the engagement ratings for the family member on the form which will indicate that the visit was with father/grandmother. The nurse home visitor, however, uses the client’s ID number on the form so that the information continues to be linked with past information when visits did include the mother.

**Item Instructions**

<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>Record total time of the visit in minutes. Include only the time spent with the client or family member during the visit.</td>
</tr>
</tbody>
</table>
| Total Miles| • Mileage information is for supervisors to utilize in considering workload issues and balancing caseload for nurse home visitors.  
            • Enter mileage for travel involved in making home visits with client(s). Miles for the return to the office should be included with the nurse home visitor’s last visit of the day. For example:  
              o Travel from agency/office to Client A = 8 miles; enter 8 miles for Client A’s home visit.  
              o Travel from Client A to Client B = 4 miles; travel from Client B to agency/office = 6 miles; enter 10 (4+6) miles for Client B’s home visit. |
<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| Visit | - A completed visit is when the nurse home visitor actually spends time with a client or her family covering program content.  
- An attempted visit is one where the nurse home visitor tried to make a visit, but for some reason was not able to conduct the visit (e.g., no response at home, client was not at home when the nurse home visitor arrived, client cancels the home visit when the nurse home visitor is in route to the scheduled visit, or client refused visit when the nurse home visitor arrived at the home).  
- Because nurse home visitors encourage clients to call them if they need to reschedule the date or time of visits (to promote client responsibility), canceled or rescheduled visit should not be considered an attempted visit.  
- A client cancelled visit is when a client calls less than 24 hours in advance to reschedule a planned visit.  
- If a client cancels a visit and the nurse home visitor sees another client in that timeframe, the nurse should still count the cancelled visit for the first client. The purpose of the cancelled visits options is to show the effort of the nurses.  
- A nurse home visitor cancelled visit is when the nurse reschedules a planned visit less than 24 hours in advance.  
- If the nurse home visitor did not complete the visit, fill out the top portion of the form and check either attempted or cancelled.  
- Select either the Standard Visit Schedule or the Alternate Visit Schedule, but not both.  
- **Standard Visit Schedule** is defined as follows:  
  - Four weekly visits upon initial enrollment prenatally, then every other week until delivery, then  
  - Six weekly visits after infant birth, followed by visits every other week until the baby is 21 months of age, then  
  - Monthly visits from 21 through 24 months of age.  
- **Alternate Visit Schedule** is defined as any planned visit schedule other than noted in the standard schedule. Alternate visit schedules are provided as one strategy in improving client retention in the program.  
- Select this option when the nurse home visitor and client have had a formal discussion at an earlier time point in which they have intentionally agreed to a modified visit schedule.  
- Alternate visit schedules may include routine visits on a less frequent basis, or more frequent basis and should be based on the client’s needs.  
- Decisions regarding alternate visit schedules for clients should be made in consultation with the NFP supervisor.  
- This option is not intended for minor deviations from the routine visit schedule such as occasional missed visits due to nurse or client related issues. |
<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location of Visit</strong></td>
<td>The client’s home is where the client sleeps at least 4 nights per week.</td>
</tr>
</tbody>
</table>
| **Who Was Present At the Visit** | • Mark all that apply. Include only those who participated or were included in the visit.  
• Mark “child” if the client’s child was present at the visit. In many homes another child may be present, and this may influence the visit; however the purpose of collecting this information is specific to the client’s child.  
• Check “Interpreter” if an interpreter other than the nurse home visitor was utilized.  
• If the nurse home visitor uses “other”, mark the option in ETO™. The nurse home visitor may enter information in the text field for future reference, but the text field is not reported by ETO™. |
| **Involvement Rating Scale**  | Use the following scale to indicate how involved the client, client’s mother and/or husband/partner were in the visit.  
1. The person has little interaction with you other than being present. Eye contact is minimal. This person has no involvement in the visit; they seem to not be listening to you and may even be engaging in another activity (such as watching TV or reading). Attempts at conversation come to a dead end. They may tolerate your presence, but show few signs of interest in the session.  
2. Between 1 and 3  
3. The person shows an average amount of involvement in the visit, keeping eye contact, listening most of the time and speaking up. They may make it through a good part of the program content, but may fade out toward the end of the visit, or they may be "slow to warm up," becoming more engaged towards the end. You may feel that you have to jump-start activities or conversations, but they follow-along and there is some two-way interaction between you and them.  
4. Between 3 and 5  
5. The person is involved in the entire visit. They are very interested in the program content, even if they do not fully understand it. They have taken a very active role in the session, fully maintaining a conversation with you. They are fully invested in spending time with you, whether that means that they are eager and glad to be with you or that they strongly disagree or are in conflict with you. Their enthusiasm or involvement is apparent. |
<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| **Conflict with Material Rating Scale** | Use the following scale to indicate the level of conflict the client, client’s mother and/or husband/partner may have had with the visit.  
1. The person showed absolutely no conflict with the material and was, in fact, supportive of the ideas and suggestions presented.  
2. Between 1 and 3  
3. The person had reservations about what was talked about or the materials presented. There may not have been active disagreement, but you could feel that the person was not in agreement through their silence and very passive attitude toward you. (You may feel that they are agreeing with you just so they won't have to deal with the material.) This score can also be used if: The person had moderate conflict with a small portion of the material presented or if the person expressed some conflict initially, but their opinion changed during the course of the visit.  
4. Between 3 and 5  
5. This person was vocal in their opposition to a significant portion of the material or viewpoint presented. They let you know that they had problems with it. This does not necessarily mean they were angry or hostile to you regarding the material, but they did have strong beliefs about it. Their opinions changed very little during the course of the visit. For a score of "5," they should be fairly up-front in telling you their disagreement. |
| **Understanding of Material Rating Scale** | Use the following scale to indicate the client’s, client’s mother and/or husband/partner’s understanding of the material. This item is to determine if the client, client’s mother and or husband/partner understood what was presented in the way of content during the visit. This item is not meant to be a measure of the appropriateness or adaptation of materials.  
1. The person seemed very confused with a large portion of the material presented. There was difficulty in conveying even relatively basic points to them, and this difficulty forced considerable changes in the planned program content.  
2. Between 1 and 3  
3. The person had mild problems understanding the material. There was little change from the planned program content necessary because of this. This score can also be given if the person showed confusion over only small portions of the material which did not detract from an overall understanding of the "bigger picture."  
4. Between 3 and 5  
5. The person understood the material presented in the visit. Little additional explanation was necessary. The person gave multiple signs of demonstrating understanding, such as rephrasing points in different ways or bringing up aspects related to the material that had not been initially covered. |
<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Time Spent on Each Program Area</td>
<td>The five content domains are:</td>
</tr>
<tr>
<td></td>
<td>• <strong>My Health (Personal Health):</strong> Refers to client’s health both pre- and</td>
</tr>
<tr>
<td></td>
<td>postnatal, e.g., nutrition and exercise requirements, fatigue and loss</td>
</tr>
<tr>
<td></td>
<td>of sleep, physical or emotional symptoms, birth control, pre-term labor,</td>
</tr>
<tr>
<td></td>
<td>substance abuse, mental health, etc.</td>
</tr>
<tr>
<td></td>
<td>• <strong>My Home (Environmental Health):</strong> Refers to factors within the home,</td>
</tr>
<tr>
<td></td>
<td>work, school, neighborhood or community which have the potential to</td>
</tr>
<tr>
<td></td>
<td>adversely impact the client or child’s health/safety, e.g., inadequate</td>
</tr>
<tr>
<td></td>
<td>heating, gun safety, gangs, etc.</td>
</tr>
<tr>
<td></td>
<td>• <strong>My Life (Life Course Development):</strong> Client’s plans for the future</td>
</tr>
<tr>
<td></td>
<td>related to education, job training, employment and decisions about</td>
</tr>
<tr>
<td></td>
<td>planning further children, etc.</td>
</tr>
<tr>
<td></td>
<td>• <strong>My Child/Taking Care of My Child (Maternal Role):</strong> Client’s adjustment</td>
</tr>
<tr>
<td></td>
<td>to the responsibilities of the maternal role, facilitation of child</td>
</tr>
<tr>
<td></td>
<td>attachment, child care, immunizations and well-child care, discipline,</td>
</tr>
<tr>
<td></td>
<td>promotion of child development, physical, behavioral and emotional care</td>
</tr>
<tr>
<td></td>
<td>of child, etc.</td>
</tr>
<tr>
<td></td>
<td>• <strong>My Family and Friends:</strong> Client’s development of social networks and</td>
</tr>
<tr>
<td></td>
<td>other support systems, changes in relationships with husband/partner or</td>
</tr>
<tr>
<td></td>
<td>significant other, intimate partner violence, assistance with childcare,</td>
</tr>
<tr>
<td></td>
<td>etc.</td>
</tr>
<tr>
<td></td>
<td>• Estimate the relative proportion of time (0 – 100%) during the visit</td>
</tr>
<tr>
<td></td>
<td>spent covering each of the five content domains listed.</td>
</tr>
<tr>
<td></td>
<td>• Make sure that the total amount of time adds up to 100%.</td>
</tr>
<tr>
<td></td>
<td>• Given that the emphasis on a particular content domain within the home</td>
</tr>
<tr>
<td></td>
<td>visit guidelines varies from visit to visit, it is not expected that you</td>
</tr>
<tr>
<td></td>
<td>consistently record an equal amount of time spent on each program area.</td>
</tr>
<tr>
<td>Parental Education provided regarding</td>
<td>Anticipatory guidance about safety issues such as those listed as examples</td>
</tr>
<tr>
<td>prevention of child injuries including</td>
<td>(and others not listed) is part of nursing practice and many topics are</td>
</tr>
<tr>
<td>topics such as safe sleeping, shaken</td>
<td>included in the Nurse-Family Partnership <em>Visit to Visit Guidelines</em>.</td>
</tr>
<tr>
<td>baby syndrome or traumatic brain injury,</td>
<td>Although parental education may also be documented in nurse’s notes, this</td>
</tr>
<tr>
<td>child passenger safety, poisonings, fire</td>
<td>data collection point allows the nurse home visitor to document parental</td>
</tr>
<tr>
<td>safety (including scalds), water safety,</td>
<td>education in ETO™. Mark “yes” every time the nurse home visitor provides</td>
</tr>
<tr>
<td>playground safety, etc.</td>
<td>parental education on safety or injury prevention, even if it is related to</td>
</tr>
<tr>
<td></td>
<td>a topic not listed. Choose “not indicated at this visit” if education</td>
</tr>
<tr>
<td></td>
<td>was not necessary at this visit based on nursing assessment.</td>
</tr>
<tr>
<td>Item</td>
<td>Guidelines</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Was an Intimate Partner Violence safety plan discussed, completed or reviewed today? | This question is intended to address safety planning for clients where intimate partner violence (IPV) has been identified. Always follow agency policies and protocols related to disclosure/reporting of IPV. If a safety plan is discussed, completed or reviewed, mark “yes”. If there is no indication of IPV or if there is already a safety plan in place and no revisions are necessary, mark “not indicated at this visit”.

| Percent of Time Spent on Plan | • The purpose of this item is to help determine whether the nurse home visitor was able to cover program material that she/he and the client planned to cover – this planning will have occurred prior to this visit. Estimate the total proportion of the planned content covered during this visit.  
• Each visit in the Visit to Visit Guidelines includes extensive content that nurse home visitors can select from as they are preparing for a visit, based on their nursing judgment and the expressed interests of the client on the previous visit. Time spent on plan is not intended to reflect the entire content listed for the particular visit as noted in the Visit to Visit Guidelines. But rather refers to the targeted, preplanned content that the nurse has shared with the client.  
• The nurse home visitor has the flexibility to move topics included in the Visit to Visit Guidelines from one visit to another.  
• When planned in advance of the visit, reapportioning visit content or covering a topic at a time other than when it appears in the Visit to Visit Guidelines because a client expresses interest in the topic need not be viewed as not following the program plan.  
• During many visits the nurse home visitors may not cover all the planned material. They may find that on some visits clients are so distracted by an immediate crisis that the nurse home visitor has to set aside much of the plans for the visit in order to help the client problem-solve how to handle the crisis. The goal is that planned content does not take a back seat to a crisis the majority of the time, since the planned content is that which is expected to provide the long-term benefits of the program.  
• Planning visits with clients instead of for them is what puts the “partnership” in Nurse-Family Partnership. When clients feel invested in the program through planning visits, it may have a positive effect on the number of completed visits and client retention. |
<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| Prenatal Care Visits      | • A new question has been added to document the number of routine prenatal care visits that clients attend once they have enrolled in the NFP program.  
• At the initial home visit the nurse home visitor should mark “no”. The NFP program is only collecting data on prenatal care visits that the nurse home visitor can influence.  
• At every home visit during the client’s pregnancy, the nurse home visitor will ask the client if they have been to a prenatal care appointment since their last home visit. The nurses will select the appropriate prenatal visit category (s), based on the client’s estimated due date.  
• After the client gives birth, the nurse home visitor should ask the question one more time to ensure that all prenatal care visits have been documented. Thereafter, check the “no” box indicating that the client has not had a prenatal care visit since the last home visit.  
• This question applies to only prenatal care for the first pregnancy and not for subsequent pregnancies that the mother may have while enrolled in the program.  
• Care should be taken to only select the prenatal care appointments attended since the last home visit to prevent any duplicate data entry.  
• Prenatal care visits completed by the client prior to enrollment in the NFP program will not be included in the ETO data system, but can be captured in the nurse’s clinical documentation as noted in the agency’s policies and procedures.                                                                                                                                                                                                 |
| Referrals                 | • New categories have been added to improve data collection regarding nurse’s efforts in screening clients for needed community services and referrals.  
• Complete the referral page by first indicating whether the client was screened for needed services that day.  
• If the client was screened and no services were needed, indicate this by selecting the “no referral needed” option.  
• If the client was screened for needed services and referrals were made for either the client or child, indicate this by checking all the referrals that were made.  
• If the nurse home visitor recommends a community referral but the client refuses, this would be noted in the nurse’s clinical documentation, according to the agency’s policies and procedures and on the subsequent Use of Government and Community Services form.  
• A referral to services may be made directly by the nurse who calls a community service agency requesting services for the client/family or indirectly when the nurse gives the client/family a list of resources to call for assistance  
• Referrals to Children with Special Health Care Needs includes:  
  ○ Education services related to Health Care needs  
  ○ Financial Services related to Health Care needs |
<table>
<thead>
<tr>
<th>Referrals cont.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>o Support/Advocacy</td>
</tr>
<tr>
<td></td>
<td>o Medical/behavior health services</td>
</tr>
<tr>
<td></td>
<td>o Home health – medical supplies/equipment</td>
</tr>
<tr>
<td></td>
<td>o Nutrition</td>
</tr>
<tr>
<td></td>
<td>• Referrals to Developmental Disabilities (Adult) includes:</td>
</tr>
<tr>
<td></td>
<td>o Case Management</td>
</tr>
<tr>
<td></td>
<td>o Development/therapy services/screening programs</td>
</tr>
<tr>
<td></td>
<td>o Education services</td>
</tr>
<tr>
<td></td>
<td>o Financial Services</td>
</tr>
<tr>
<td></td>
<td>o Support/Advocacy</td>
</tr>
<tr>
<td></td>
<td>o Medical/behavior health services</td>
</tr>
<tr>
<td></td>
<td>o Home Health- medical supplies/equipment</td>
</tr>
<tr>
<td></td>
<td>o Disability Benefits Counseling</td>
</tr>
<tr>
<td></td>
<td>• Referrals to Early Childhood Intervention</td>
</tr>
<tr>
<td></td>
<td>o Cognitive, physical, communication, social or emotional, or adaptive delay</td>
</tr>
<tr>
<td></td>
<td>o Early Intervention referral</td>
</tr>
<tr>
<td></td>
<td>o Development/therapy services/screening program</td>
</tr>
<tr>
<td></td>
<td>o Education services related to developmental delay</td>
</tr>
<tr>
<td></td>
<td>o Financial services related to developmental delays</td>
</tr>
<tr>
<td></td>
<td>• As a result of ASQ (ASQ-3) or ASQ:SE score</td>
</tr>
<tr>
<td></td>
<td>• Referrals to Primary Care:</td>
</tr>
<tr>
<td></td>
<td>o The primary care provider category for well client care:</td>
</tr>
<tr>
<td></td>
<td>prenatal, postpartum and well woman care which was previously combined has been further</td>
</tr>
<tr>
<td></td>
<td>delineated to more accurately track referrals to each of these services.</td>
</tr>
</tbody>
</table>

**Frequently Asked Questions:**

**When nurse home visitor sees another nurses’ client does she use her own ID number/name or the client’s nurses ID/name?**

A nurse home visitor should always use their own ID number/name.

**If a nurse home visitor makes a referral for a client on a home visit and find out that she hasn't used the service, should she/he fill out another referral form for the same agency at a later date?**

No, a mother or family may need prompting to follow through with the referral; however, providing such encouragement should not be considered a new referral.

**Is there a way to capture if a client actually follows-up on a referral made to a government or community service by the nurse?**

Yes, the NFP data collection forms capture whether a client is receiving services on the Use of Government & Community Services form at Intake, Infant Birth, and at infant age 6, 12, 18, and 24 months.
Where does a nurse home visitor document efforts when, for example, the nurse home visitor refers the Father of Child for any need he may have or if she/he calls agencies for a service that the Father of Child needs?

There is currently no place to document this. Only information about referrals made on behalf of the client and her child are collected.

If a client lives at a homeless shelter or group facility, which option should be checked for location of visit on the Home Visit Encounter form? Is it "home" or "other"?

Since the client resides at one of these group facilities, mark "Client’s home" on the Home Visit Encounter form. The client’s home is where the client sleeps at least 4 nights per week. The client’s answer to the question on the Demographics forms will make it obvious that she resides in a group home or shelter.

If the visit happens in a jail where the client currently lives, which option should the nurse home visitor choose for location of visit? "Client's home" or "other"?

If the client is currently residing in a correctional facility, mark "Client's home". The client’s home is where the client sleeps at least 4 nights per week. The client’s answer on the Demographics forms will make it obvious that she is living in a correctional facility.
Infant Birth

Infant ID  Infant Name  ♦ Infant DOB
Client ID  Client Name  DOB
Date  Nurse Home Visitor ID  Nurse Home Visitor Name

Multiple births □

1. Child’s Ethnicity (check one):
   □ Hispanic or Latina
   □ Not Hispanic or Latina

2. Child’s Race (check all that apply)
   □ American Indian or Alaska Native
   □ Asian
   □ Black or African-American
   □ Native Hawaiian or other Pacific Islander
   □ White

3. Gender:
   □ Male
   □ Female

4. Birth weight:  grams or  lbs.  oz.

5. ♦ Gestational age at birth:  weeks

6. ♦ Was (child’s name) admitted to the NICU because of problems?
   □ Yes, for how many days prior to being discharged?  days
   □ No. If no, did (child’s name) have to spend any time in the special care nursery because of problems?
   □ Yes, for how many days prior to being discharged?  days
   □ No

7. ♦ What was your overall weight gain during pregnancy?  lbs.

8. ♦ Has your baby ever received breast milk?
   □ Yes
   □ No

9. ♦ Since enrolling in NFP, have you (client) obtained care at the hospital emergency room for any reason?
   □ Yes, for how many times?  times
   □ No

10. ♦ Since enrolling in NFP, have you (client) obtained care at the urgent care center for any reason?
    □ Yes, for how many times?  times
    □ No
Instructions for the Infant Birth

Purpose
This form is designed to provide information about birth outcomes for clients and babies, initiation of breastfeeding, and the client’s use of emergency/urgent care services during pregnancy.

General Guidelines

- When to complete this form: On the first postpartum visit or as soon after as possible.
- If the client gave birth to multiples, use separate forms for each child.

Item Instructions

<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Ethnicity</td>
<td>Hispanic is defined as “A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race”. The term, &quot;Spanish origin,&quot; can be used in addition to &quot;Hispanic or Latino&quot;.</td>
</tr>
</tbody>
</table>
| Child’s Race             | • American Indian or Alaskan Native is defined as “A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment”.
  • Asian is defined as “A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam”.
  • Black is defined as “A person having origins in any of the black racial groups of Africa”.
  • Native Hawaiian or Other Pacific Islander is defined as “A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands”.
  • White is defined as “A person having origins in any of the original peoples of Europe, the Middle East, or North Africa”.
| Birth weight             | • Record the birth weight in grams or pounds and ounces, not both.
  • As a general rule, record birth weight in grams only for low birth weight children (i.e., 2499 grams or less). Otherwise, record as pounds and ounces.
  • When children are reported as weighing 5 lbs. 8 oz. (5.5 lbs.) at birth by the client, we encourage you to check with the hospital or the client’s physician to obtain birth weight in grams, if possible as such children could be mistakenly classified as low birth weight (2500 grams = 5.51 lbs.).
| Gestational age at birth | For children delivered more than 3 weeks prior to client’s EDD, attempt to validate gestational age of the child at birth with the client’s health care provider. Otherwise, record the client’s report of what she was told was the child’s gestational age at birth. |
**Frequently Asked Questions:**

**How does a nurse home visitor enter twins/multiples on the Infant Birth Form?**

Check the box for multiple births and use a separate form (and infant ID) for each child.

**What data collection forms should be filled out if a client delivers early?**

Critical data may be missed when services to clients are disrupted due to preterm births. It is okay to complete the *Health Habits* and *Relationship Assessment* forms shortly after delivery of the infant, rephrasing the questions to assist the client to maintain the focus on health behaviors that occurred during the latter part of the pregnancy. These forms should be completed within 2 months of infant birth.

*Example*

The nurse home visitor might rephrase the question 4: “OVER THE PAST FOURTEEN DAYS, on how many DIFFERENT DAYS did you use alcohol?” to “IN THE TWO WEEKS JUST PRIOR TO DELIVERY OF [CHILD’S NAME], on how many DIFFERENT DAYS did you use alcohol?”

---

<table>
<thead>
<tr>
<th>Special Care Nursery and NICU</th>
<th>The intent of this question is to better understand the levels of neonatal care that sick or premature newborns receive immediately following their birth and prior to discharge.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• NICU is broadly defined as a hospital unit that provides the highest level of care, to newborns with complex/high risk health status such as those needing longer term mechanical ventilation, management of severe prematurity and/or surgical interventions, etc.</td>
</tr>
<tr>
<td></td>
<td>• Special care nursery is defined as a hospital unit that provides care to newborns who are moderately ill and with problems that are expected to resolve rapidly. They may provide care to infants with physiologic immaturity with issues such as apnea, feeding issues, temperature instability, etc. and those who are convalescing after receiving care in the NICU.</td>
</tr>
<tr>
<td></td>
<td>• Designations regarding special care nursery versus the general newborn nursery may be difficult to ascertain from the client, so the nurse home visitor may need to ask additional questions about the infant’s hospital stay to be able to ascertain the level of care that was provided them. With the client’s consent, the nurse home visitor may need to contact the birthing hospital or pediatrician to obtain this information.</td>
</tr>
</tbody>
</table>

Calculation: If this infant was admitted for less than 24 hours and your client gives you a specific number such as two hours, please divide the number of hours by 24 to come up with the portion of the day that the infant was in the NICU or special care nursery. E.g. 2/24 = 0.08 day

Reporting implications: This question is similar to earlier questions about NICU and the special care nursery. With this data collection forms revision in June 2012, the choice of NICU and special care nursery has been separated. Future reports will reflect these changes.
After a child is born, if a physician says that the child was full-term (not preterm as would have been assumed by the original EDD), what gestational age is entered on the Infant Birth form?

Use the updated information provided by the physician. Always validate the infant's gestational age at birth with the health care provider for infants delivered more than three weeks prior to the client's EDD.
Infant Health Care

Infant ID  Infant Name  Infant DOB
Client ID  Client Name  DOB
Date  Nurse Home Visitor ID  Nurse Home Visitor Name

Check one:  □ Infancy 6 Months  □ Infancy 12 Months  □ Toddler 18 Months  □ Toddler 24 Months

1. ✷ Have you taken (child’s name) for a well-child check-up in the last 6 months? (Note to Nurse Home Visitor: Please only report well-child visits completed since the last time this form was completed)
   □ Yes (If yes, please indicate which of these well child visits were completed; check all that apply)
      □ In the nursery
      □ 3-5 days after birth
      □ By 1 month old
      □ 2 months old
      □ 4 months old
      □ 6 months old
      □ 9 months old
      □ 12 months old
      □ 15 months old
      □ 18 months old
      □ 24 months old
      □ 24 month visit scheduled but not yet completed
   □ No

2. ✷ Where do you usually take (child’s name) for routine check-ups (well-child care)?
   □ Health department
   □ Community clinic
   □ Hospital clinic
   □ Private doctor’s office
   □ Other

3. ✷ Based on your local immunization schedule (regardless of vaccine brand or manufacturer) is (child’s name) up to date on all vaccinations?
   □ Yes
   □ No
   □ Unknown

4. ✷ Is the information on child’s immunization status based on written record or mother’s self-report?
   □ Written record
   □ Mother’s self-report
5. ♦ Has (child’s name) had a blood test for lead poisoning? If yes, ask about result of test.
   - No
   - Yes - result was negative
   - Yes - result was positive
   - Don’t know

6. ♦ What is the child’s current weight? (Please weigh child.)
   - □ lbs. □ oz. □%
   - □ Client Report
   - □ Nurse Home Visitor Measurement

7. ♦ What is the child’s current height? (Measure child head to toe.)
   - □ inches □%
   - □ Client Report
   - □ Nurse Home Visitor Measurement

8. ♦ What is the child’s current head circumference? (Measure head circumference)
   - □ centimeters
   - □ Client Report
   - □ Nurse Home Visitor Measurement

**ER Visits and Hospitalizations**

9. ♦ In the past 6 months, have you taken your child to the hospital emergency room/urgent care center for an injury or because you were concerned your child swallowed something harmful?
   - Yes (If yes, please mark the reason and note the date)
   - □ Injury Date: ____/____/____ (month/day/year) □ Treatment Needed
     - □ Emergency Room □ Urgent Care
     - Date: ____/____/____ (month/day/year) □ Treatment Needed
     - □ Emergency Room □ Urgent Care
     - Date: ____/____/____ (month/day/year) □ Treatment Needed
     - □ Emergency Room □ Urgent Care
   - □ Ingestion Date: ____/____/____ (month/day/year) □ Treatment Needed
     - □ Emergency Room □ Urgent Care
     - Date: ____/____/____ (month/day/year) □ Treatment Needed
     - □ Emergency Room □ Urgent Care
     - Date: ____/____/____ (month/day/year) □ Treatment Needed
     - □ Emergency Room □ Urgent Care
   - □ No
10. ♦ In the past 6 months, have you taken your child to the hospital emergency room/urgent care center for any other reason (excluding injury and ingestion)?
   - Yes (If yes, please note the reason and date)
     - Reason: ___________________________  Date: ____/____/____ (month/day/year)
     - Emergency Room  Urgent Care
     - Reason: ___________________________  Date: ____/____/____ (month/day/year)
     - Emergency Room  Urgent Care
     - Reason: ___________________________  Date: ____/____/____ (month/day/year)
     - Emergency Room  Urgent Care
   - No

11. ♦ In the past 6 months, has your child been admitted to the hospital (that is, had to spend at least one night there) for an injury or because you were concerned your child swallowed something harmful?
   - Yes (If yes, please mark the reason and note the date)
     - NOTE: Hospital stays for illness should not be noted
     - Injury       Date: ____/____/____ (month/day/year)
     - Date: ____/____/____ (month/day/year)
     - Date: ____/____/____ (month/day/year)
     - Ingestion Date: ____/____/____ (month/day/year)
     - Date: ____/____/____ (month/day/year)
     - Date: ____/____/____ (month/day/year)
   - No

Breastfeeding:

12. ♦ Has your child ever had breast milk?
   - Yes
   - No (Skip to 16)

13. Does your baby continue to get breast milk?
   - Yes (Skip to 15)
   - No

14. How old was your baby when s/he stopped getting breast milk?
   - Less than one week
   - One week or more; specify number of weeks: __________ weeks

15. Until what age was your baby fed exclusively breast milk (no water, juice, formula, cereal or other solids)?
    __________ weeks
To be completed by the Nurse Home Visitor:

**Developmental Delay**

16. Please provide Ages and Stages scores for the child:

**Fills in on Infant Health Care: 6 month 12 month 18 month 24 month**

<table>
<thead>
<tr>
<th>ASQ (ASQ-3) Questionnaire used: 4 months 10 months 14 months 20 months</th>
<th>Communication</th>
<th>Gross Motor</th>
<th>Fine Motor</th>
<th>Problem Solving</th>
<th>Personal-social</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Child not eligible for screening in this subscale at this time because child is receiving services</td>
<td>☐ Parent declined further screening</td>
<td>☐ Child not eligible for screening in this subscale at this time because child is receiving services</td>
<td>☐ Parent declined further screening</td>
<td>☐ Parent declined further screening</td>
<td>☐ Parent declined further screening</td>
</tr>
</tbody>
</table>

**ASQ:SE Questionnaire used: 6 months 12 months 18 months 24 months**

| ASQ-SE Total | | | | |
|---|---|---|---|
| | | | |
| ☐ Child not eligible for screening in this subscale at this time because child is receiving services | ☐ Parent declined further screening |


**Please complete the following after the home visit:**

17. ♦ Are you aware of any referral of mother/family to social services for abuse or neglect of child since his/her birth?

☐ Yes  
  Date of Referral: ____/____/____ (month/day/year)
  ☐ Abuse  ☐ Neglect

☐ Yes  
  Date of Referral: ____/____/____ (month/day/year)
  ☐ Abuse  ☐ Neglect

☐ Yes  
  Date of Referral: ____/____/____ (month/day/year)
  ☐ Abuse  ☐ Neglect
18. ♦ Did you (nurse home visitor) initiate referral of mother/family to social services for child abuse or neglect since his/her birth?
   - [ ] Yes  Date of Referral: ____/____/____ (month/day/year)
     - [ ] Abuse  [ ] Neglect
   - [ ] No  Date of Referral: ____/____/____ (month/day/year)
     - [ ] Abuse  [ ] Neglect
   - [ ] No

**H.O.M.E. Inventory (to be completed at Infancy 6 months and Toddler 18 months ONLY)**

19. ♦ Please provide the Infant/Toddler H.O.M.E. Inventory scores below:

<table>
<thead>
<tr>
<th>Parental Responsivity</th>
<th>6 months</th>
<th>18 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptance of Child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization of the Environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Involvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variety in Experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL SCORE</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Instructions for the Infant Health Care Form

Purpose
The purpose of this form is to gather information on breastfeeding and the child's general health, developmental milestones, immunization status, visits to emergency room/urgent care centers, and hospitalizations over time. This helps track child health and development outcomes for the children in the program.

General Guidelines
- **When to complete this form:** When the child is approximately 6, 12, 18, and 24 months old.
- Explain to the client that she may have reported previously some of the information you will be asking her about, but that you would like to systematically review with her the child's health and use of health services since the last time this form was completed (give date) to be sure that you have a complete history at this time.

Item Instructions

<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
<th></th>
</tr>
</thead>
</table>
| Well child visits                   | • Indicate all the well child visits that the child has completed since the previous data collection time point.  
• Care should be taken to only select the visits attended since the last data collection time point to prevent any duplicate data entry. | |
| Based on local immunization schedule is (child’s name) up to date on all vaccinations? | • Indicate whether the child is fully immunized based on the child’s age and the local guidelines for immunizations.  
• Immunization information may be collected by mother’s report, though we strongly encourage you to check a written record. There is a question on the Infant Health Care form that asks whether the immunization information collected was from written record or mother’s self-report. | |
| ER Visits and Hospitalizations      | • Injury: Cut/wound, burn, broken bone, concussion, etc. Use this classification also if client went to emergency room to have child checked because of a fall/accident, but was told he/she was okay.  
• Ingestion: Swallowed coin/other small object or potentially harmful substance, i.e., medicine, cleaning fluids, etc. | |
<table>
<thead>
<tr>
<th>ASQ (ASQ-3) and ASQ:SE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• If a child is receiving early intervention services the nurse should use their judgment in this area with input from the parents and supervisor on whether or not to complete any of the developmental screening required by NFP.</td>
</tr>
<tr>
<td>• In the event that the child is receiving early intervention services for a developmental delay and the parent, nurse, and/or supervisor decide that the child is not eligible for further screening, check the box that indicates the child is not eligible for developmental screening. Indicate this option for each of the associated ASQ (ASQ-3) subscales.</td>
</tr>
<tr>
<td>• If the child is not receiving early intervention services, but for other reasons the parent declines all or any portion of the developmental screening, select the box that indicates the client has declined further screening. Indicate this option for each of the associated ASQ (ASQ-3) subscales.</td>
</tr>
<tr>
<td>• Include the ASQ (ASQ-3) and ASQ:SE assessment scores at the appropriate child age. Data will be compared to norms to calculate the percentage of children needing a referral for potential delay.</td>
</tr>
<tr>
<td>• Note that ASQ (ASQ-3) scores will be collected two to four months prior to the completion of the corresponding Infant Health Care form. For example, you will complete the 4-month ASQ (ASQ-3) Questionnaire around the time the child is four months old. The scores from that questionnaire will be added to the Infant Health Care form at 6-months. You will complete 4, 10, 14, and 20 month Ages and Stages Questionnaires, and scores from those questionnaires will be added to the 6, 12, 18 and 24 month Infant Health Care forms, respectively.</td>
</tr>
<tr>
<td>• There is flexibility in when you complete the ASQ (ASQ-3) for each child. The ASQ (ASQ-3) questionnaires are valid for 1 month before and 1 month after the designated age, creating a 2-month window for use. For example, a 12 month ASQ (ASQ-3) questionnaire can be used between the ages of 11 and 12 months 30 days. Once the child reaches 13 months the child would need to be screened using the 14 month ASQ (ASQ-3) questionnaire.</td>
</tr>
<tr>
<td>• The ASQ:SE can be used within 3 months of the targeted age for children 6 through 30 months. For example, the 6 month ASQ:SE can be used with children ages 3 months through 8 months 29 days. Once the child reaches 9 months the child would need to be screened using the 12 month ASQ-SE questionnaire. For more in-depth instructions on completion of the ASQ (ASQ-3) and the ASQ:SE, refer to Appendix B “Guidance for Developmental Screening”.</td>
</tr>
</tbody>
</table>
Abuse and Neglect

Definitions for abuse, neglect and maltreatment vary across jurisdictions. The nurse home visitor should seek guidance for reporting abuse and neglect through agency policies. The purpose of these questions is to indicate:

- A report/referral was made by a nurse home visitor.
- The client or family states that a report was made.
- The date of the report/referral.

H.O.M.E. Inventory

- Be sure that the Infant/Toddler version of the H.O.M.E. Inventory is being used.
- Consult the H.O.M.E. Inventory Administration Manual for guidance specific to the tool.
- Training on the H.O.M.E. Inventory is the responsibility of each implementing agency. The Nurse Family National Service Office has developed an optional online module - “Introduction to the H.O.M.E Inventory”, that is available through Tracker.

Frequently Asked Questions:

What if a client's child was born preterm, how should the nurse home visitor complete and record the ASQ (ASQ-3)? Should she/he complete the questionnaire when baby is 4, 10, 14 or 20 months of age regardless of the extent of prematurity, or should some adjustments be made?

The nurse home visitor should always adjust for prematurity until the child is 24 months old. The nurse would adjust for prematurity by subtracting the number of weeks prematurity from the child’s age. For example, at the 4 month visit, a child who is 4 weeks preterm would still be evaluated using the 4 month ASQ (ASQ-3) because the adjusted age at this visit is 3 months.

A different scenario applies if the child is more than 4 weeks preterm. For example, if the child is 2 months preterm, the nurse would administer the 4 month ASQ (ASQ-3) at 6 months, and include those results on the Infant Health Care at 6 months. Since the 4 month ASQ (ASQ-3) is valid from three through four months, the same should be done in the case of the infant born 10 weeks early. The corrected age for a 10 week preterm infant at 6 months would be 3.5 months, for which the 4 month ASQ (ASQ-3) is valid.

What should be done if a nurse home visitor suspects a child will be taken away from the client? Should the nurse home visitor continue to see the client until the child is removed from the home? What if the child returns and the mother wants to continue with services?

Continue to see the client until the child/infant is permanently removed from the home. Once permanently removed from the home, fill out Client Discharge form (child no longer in family’s custody/parental rights terminated). When or if the child returns, contact NFP Technical Support to reopen the client.

If the baby is in the custody of a family member (e.g., husband/partner, grandmother of the baby) and that family member agrees to continue with the program, continue with visits with
the primary caregiver. In cases such as this, complete forms and data items that would appropriate for the caregiver.

There is no place to indicate whether the nurse home visitor is using ASQ version 2 or 3.

The version does not make a difference for reporting. ASQ has provided the NSO with cut-off scores for monitoring and referring that can be used for either version.

The infant health care update says that if the form is over one month overdue to skip it. Is this the rule for all forms or just the infant health care forms?

The NFP data collection forms should be completed with the client within two months of the designated time frames (6 month, 12 month, etc.); the exception is the Infant Health Care form. The Infant Health Care form must be completed within 1 month of the designated time frame. If too much time has elapsed, the Nurse Home Visitor should skip the missing forms and begin with the form that is appropriate for the client's phase.

The form also states the nurse home visitor must complete it within 1 month – does that mean it can be completed 1 month in advance also?

Yes.

Questions 6 and 7 ask about the infant’s weight and height. They also ask for a percentile. What chart do we use to calculate the percentile?

Use either the Ross or the CDC chart.

What about the ASQ:SE?

The time frame during which the ASQ:SE is valid differs from that of the ASQ (ASQ-3), so adjusting for prematurity will occur less frequently. A child born three months premature can still use the 6 month ASQ:SE at 6 months.

<table>
<thead>
<tr>
<th>ASQ: SE</th>
<th>Valid Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 months</td>
<td>3 months 0 days through 8 months 29 days</td>
</tr>
<tr>
<td>12 months</td>
<td>9 months 0 days through 14 months 29 days</td>
</tr>
<tr>
<td>18 months</td>
<td>15 months 0 days through 20 months 29 days</td>
</tr>
<tr>
<td>24 months</td>
<td>21 months 0 days through 26 months 29 days</td>
</tr>
</tbody>
</table>

Adapted from The ASQ:SE User's Guide page32 ©2003 Ninth printing, October 2010
Maternal Health Assessment

Client ID  Client Name  DOB

Date  Nurse Home Visitor ID  Nurse Home Visitor Name

Obstetrical History

I have some questions about your pregnancy history. You do not need to answer any questions that make you uncomfortable. I think most of these questions are fairly easy to answer and the information will allow me to be more helpful to you.

1. ♦ How many live births have you had?

2. ♦ Are you going to a clinic or doctor during your pregnancy?
   ☐ Yes
   ☐ No (skip to 4)

3. ♦ How many weeks pregnant were you when you first started getting prenatal care for this pregnancy?

4. ♦ What have you been told is your due date (EDD)?

General Health History

Now I am going to ask you some questions about your overall health and problems you may have had since you learned that you are pregnant.

5. Do you have a history of any health concerns? (check all that apply)
   ☐ Heart problems
   ☐ High blood pressure
   ☐ Diabetes
   ☐ Kidney disease
   ☐ Epilepsy
   ☐ Sickle cell disease
   ☐ Chronic gastrointestinal diseases, e.g., Crohn’s Disease, ulcers
   ☐ Asthma/other chronic pulmonary disease
   ☐ Chronic urinary tract infections
   ☐ Chronic vaginal infections (including STI’s)
   ☐ Genetic disease/Congenital anomalies
   ☐ Mental health
   ☐ Other (Identify)

6. ♦ What is your height?

7. ♦ How much did you weigh before you became pregnant?
Personal Beliefs

Now I would like to ask for your opinion about some things. Please listen to each of the following statements and tell me how strongly you agree or disagree with each one. Be as accurate and honest as you can; there are no right or wrong answers.

8. I have little control over the things that happen to me.
   - [ ] Strongly agree
   - [ ] Agree
   - [ ] Disagree
   - [ ] Strongly disagree

9. There is really no way I can solve some of the problems I have.
   - [ ] Strongly agree
   - [ ] Agree
   - [ ] Disagree
   - [ ] Strongly disagree

10. There is little I can do to change many of the important things in my life.
    - [ ] Strongly agree
    - [ ] Agree
    - [ ] Disagree
    - [ ] Strongly disagree

11. I often feel helpless in dealing with the problems of life.
    - [ ] Strongly agree
    - [ ] Agree
    - [ ] Disagree
    - [ ] Strongly disagree

12. Sometimes I feel that I’m being pushed around in life.
    - [ ] Strongly agree
    - [ ] Agree
    - [ ] Disagree
    - [ ] Strongly disagree

13. What happens to me in the future mostly depends on me.
    - [ ] Strongly agree
    - [ ] Agree
    - [ ] Disagree
    - [ ] Strongly disagree

14. I can do just about anything I really set my mind to do.
    - [ ] Strongly agree
    - [ ] Agree
    - [ ] Disagree
    - [ ] Strongly disagree
Instructions for the Maternal Health Assessment Form

Purpose

This form serves a dual purpose in that it: 1) provides nurse home visitors with important clinical information needed to better assist clients with care of themselves during pregnancy; and 2) provides valuable information about the risk characteristics of clients served by the program in different communities. This information helps you to better understand the pregnancy and birth outcomes for your clients.

Assessment data is collected in three categories: obstetrical history; general health history; and client’s personal beliefs regarding the extent to which she was able to impact her own life situation.

General Guidelines

- **When to complete this form:** The first home visit.
- Before asking for information on the client’s health behaviors, assure her of the confidentiality of the data. Explain that the information will be useful in helping her to have the healthiest child possible and that the nurse home visitor and the client jointly will decide how to use the information.

Item Instructions

<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many live births have you had?</td>
<td>Although referral sources are told that the program is designed to serve first-time mothers (women who have had no previous live births), the referring agency may disregard that criteria if they think a woman is high risk and could benefit from the program. If a client is not a first-time mother and she has already enrolled in the program, work with the Nurse Consultant on how to manage this situation.</td>
</tr>
<tr>
<td>How many weeks pregnant were you when you first started getting prenatal care for this pregnancy?</td>
<td>Obtain the client’s “best guess” if she is not certain; however, be clear that this question is about how many weeks pregnant she was at her first visit with a health care provider (physician, nurse, midwife) as opposed to how many weeks pregnant she was when she had a pregnancy test to confirm that she was pregnant.</td>
</tr>
<tr>
<td>What have you been told is your due date (EDD)?</td>
<td>At a subsequent visit, if the client shares that the EDD has been revised based on ultrasound, etc., this information can be edited in ETO™. Note that the EDD should only be changed in ETO™. Nurse home visitors should not go back and change their documentation required for the agency.</td>
</tr>
<tr>
<td>General Health History</td>
<td>Read the entire list in case there is something the client may not consider a health problem until she hears the choices. Inquire if the client has other health problems other than those listed and record them under “other”.</td>
</tr>
<tr>
<td>Item</td>
<td>Guidelines</td>
</tr>
<tr>
<td>------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Personal Beliefs | • This section helps the nurse home visitor to understand the client’s personal beliefs regarding the extent to which she is able to impact her own life situation. The client’s self-efficacy has a strong influence on how she is able to use health information in caring for herself and her child.  
  
  • Question 12 states “Sometimes I feel that I’m being pushed around in life.” Some clients may take this statement literally. The nurse may need to explain that the statement does not refer to being physically pushed, but instead refers to social pressure. |
Patient Health Questionnaire-9 (PHQ-9)

Check one:
- [ ] Intake
- [ ] Pregnancy
  - [ ] 36 Weeks
- [ ] Infancy
  - [ ] 1-8 Weeks
  - [ ] 4-6 Months
  - [ ] 12 Months

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things
   - [ ] Not at all
   - [ ] Several days
   - [ ] More than half the days
   - [ ] Nearly every day

2. Feeling down, depressed or hopeless
   - [ ] Not at all
   - [ ] Several days
   - [ ] More than half the days
   - [ ] Nearly every day

3. Trouble falling or staying asleep, or sleeping too much
   - [ ] Not at all
   - [ ] Several days
   - [ ] More than half the days
   - [ ] Nearly every day

4. Feeling tired or having little energy
   - [ ] Not at all
   - [ ] Several days
   - [ ] More than half the days
   - [ ] Nearly every day

5. Poor appetite or overeating
   - [ ] Not at all
   - [ ] Several days
   - [ ] More than half the days
   - [ ] Nearly every day

6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down
   - [ ] Not at all
   - [ ] Several days
   - [ ] More than half the days
   - [ ] Nearly every day

7. Trouble concentrating on things, such as reading the newspaper or watching television
   - [ ] Not at all
   - [ ] Several days
   - [ ] More than half the days
   - [ ] Nearly every day

8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual
   - [ ] Not at all
   - [ ] Several days
   - [ ] More than half the days
   - [ ] Nearly every day

9. Thoughts that you would be better off dead or of hurting yourself in some way
   - [ ] Not at all
   - [ ] Several days
   - [ ] More than half the days
   - [ ] Nearly every day

For office coding 0 + 0 + 0 + 0 = Total Score:

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
   - [ ] Not difficult at all
   - [ ] Somewhat difficult
   - [ ] Very difficult
   - [ ] Extremely difficult

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc.
No permission required to reproduce, translate, display or distribute.
In the Patient Health Questionnaire-9 (PHQ-9) “is calculated by assigning scores of 0, 1, 2, and 3 to the response categories of ‘not at all’, ‘several days’, ‘more than half the days’, and ‘nearly every day’ respectively. PHQ-9 total score for the nine items ranges from 0 to 27. Scores of 5, 10, 15, and 20 represent cut off points for mild, moderate, moderately severe and severe depression, respectively (p. 5).”

The last question asks clients “to report ‘how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?’ This single patient-rated difficulty item is not used in calculating any PHQ score or diagnosis but rather represents the patient’s global impression of symptom-related impairment. It may be useful in decisions regarding initiation of or adjustments to treatment since it is strongly associated with both psychiatric symptom severity as well as multiple measures of impairment and health-related quality of life (p. 2).”


Purpose

This form is used to screen for depression. Agencies may select from the Patient Health Questionnaire-9 or the Edinburgh Postnatal Depression Scale.

General Guidelines

When to complete this form:

- May be collected at Intake within the first few visits
- 36 weeks pregnancy (required if using PHQ-9)
- 1-8 weeks postpartum (required if using PHQ-9)
- 4-6 months postpartum (required if using PHQ-9)
- 12 months postpartum (required if using PHQ-9)
- Optional at other times as indicated (not collected in ETO, documentation should follow agency policy).

Nurses should follow their agency policies and procedures regarding referral and coordination of care for clients who screen positive or those who are in need of mental health evaluation/assessment based on the nurse’s clinical judgment.
**Referrals to NFP Programs**

**REFERRAL INFORMATION:**

- **First Name**
- **Last Name**
- **Date of Birth**
- **EDD**
- **Primary Language**
- **Address**
- **Zip Code**
- **Email**
- **Phone 1**
- **Phone 2**

**REFERRAL SOURCE:**

- **Date of Referral**
- **Referral Source Code**
- **Primary Source Name**
- **Location & phone**
- **Secondary Source Name**
- **Location & phone**

**FOLLOW-UP NHV**

**CONTACT LOG**

- **[ ] WAITING LIST**

- **[ ] Referral Disposition Code**
  
  **(DISMISSAL REASON)**

**Referral Source Codes**

1 = WIC
2 = Pregnancy Testing Clinic
3 = Healthcare Provider / Clinic
4 = School
5 = NFP Client (current or past)
6 = Other home visiting program
7 = Medicaid
8 = Self
9 = Other (includes other human service agency)

**Disposition Codes**

1 = Enrolled in NFP
2 = Refused participation
3 = Unable to locate
4 = Did not meet NFP criteria
5 = Did not meet local criteria
6 = Program full
7 = Already enrolled in another program
8 = Unable to serve client due to language
Instructions for the Referrals to NFP Program Form

Purpose

This form is used to track the number of eligible pregnant women referred to the program and the disposition of the referrals. This information can help track the number of referrals by referral source, percent of referrals enrolled (to demonstrate need for the program) and, for those enrolled in the program, time from referral to program entry.

General Guidelines

- **When to complete this form:** Whenever a new referral to the program is received.
- **Assign responsibility for maintaining this form:** To a single person (e.g., staff support person) or place the form in a folder in a convenient place accessible to all nurse home visitors.

Item Instructions

<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDD</td>
<td>Estimated date of delivery.</td>
</tr>
<tr>
<td>Primary Language</td>
<td>This is an optional field. Language information is for supervisors to utilize when assigning a referral to a nurse home visitor.</td>
</tr>
<tr>
<td>Date of Referral</td>
<td>The date the referral was received by the implementing agency.</td>
</tr>
<tr>
<td>Referral Source Code</td>
<td>Enter the appropriate referral source code (1 – 9).</td>
</tr>
<tr>
<td>Primary Source Name</td>
<td>This is an optional field. Primary Source name is the actual name of the referral source (e.g. Westside Teen Clinic, Westside Physicians). The name of the referral source is for the supervisor to track the sources of referrals.</td>
</tr>
<tr>
<td>Follow-up NHV</td>
<td>This is an optional field. This can be utilized by the supervisor to track the nurse home visitor assigned to the referral.</td>
</tr>
<tr>
<td>Contact Log</td>
<td>This is an optional field. Utilize this text box to track all attempts to contact a potential client.</td>
</tr>
<tr>
<td>Disposition Codes</td>
<td>Mark the appropriate code indicating whether or not the client entered the program. If she did not, choose the appropriate reason.</td>
</tr>
<tr>
<td>1 = Enrolled in NFP:</td>
<td>Accepted and ready to have first home visit.</td>
</tr>
<tr>
<td>2 = Refused participation:</td>
<td>Referral was contacted and chose not to participate</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>3</td>
<td>Unable to locate:</td>
</tr>
<tr>
<td>4</td>
<td>Did not meet NFP criteria:</td>
</tr>
<tr>
<td>5</td>
<td>Did not meet <strong>local</strong> criteria:</td>
</tr>
<tr>
<td>6</td>
<td>Program full:</td>
</tr>
<tr>
<td>7</td>
<td>Already enrolled in another Program:</td>
</tr>
<tr>
<td>8</td>
<td>Unable to serve</td>
</tr>
</tbody>
</table>
I would like to ask you some questions about family and friend relationships. These questions may or may not describe some of the ways your partner, ex-partner, boyfriend or ex-boyfriend acts or acted toward you.

1. Have you ever been emotionally or physically abused by your partner, ex-partner, boyfriend or ex-boyfriend?
   - Yes
   - No

2. Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by your partner, ex-partner, boyfriend or ex-boyfriend?
   - Yes
   - No (if No go to 9)

3. How many times were you physically hurt in the last year? (Temporary or lasting injuries)
   - None
   - One to two
   - Three to five
   - Six or more

4. In the last year, how many times did your partner, ex-partner, boyfriend or ex-boyfriend slap or push you?
   - None
   - One to two
   - Three to five
   - Six or more

5. In the last year, how many times did your partner, ex-partner, boyfriend or ex-boyfriend punch, kick or cut you?
   - None
   - One to two
   - Three to five
   - Six or more

6. In the last year, how many times did your partner, ex-partner, boyfriend or ex-boyfriend do something that burned you, severely bruised you, or broke a bone?
   - None
   - One to two
   - Three to five
   - Six or more

7. In the last year, how many times did your partner, ex-partner, boyfriend or ex-boyfriend cause you to have a head, internal, or permanent injury?
   - None
   - One to two
   - Three to five
   - Six or more

8. In the last year, how many times did your partner, ex-partner, boyfriend or ex-boyfriend use a weapon to hurt you? (Weapon is client’s perception)
   - None
   - One to two
   - Three to five
   - Six or more

9. Within the last year, has your partner, ex-partner, boyfriend or ex-boyfriend forced you to have sexual relations?
   - Yes
   - No (if No go to 11)

10. How many times were you forced to have sexual relations in the last year?
    - None
    - One to two
    - Three to five
    - Six or more
11. Since your pregnancy began, have you been hit, slapped, kicked, or otherwise physically hurt by your partner, ex-partner, boyfriend or ex-boyfriend?
   ☐ Yes
   ☐ No (if No go to 13)

12. How many times were you physically hurt while pregnant? (Temporary or lasting injuries)
   ☐ None
   ☐ One to two
   ☐ Three to five
   ☐ Six or more

13. Are you afraid of your partner, ex-partner, boyfriend or ex-boyfriend?
   ☐ Yes
   ☐ No
I would like to ask you some questions about family and friend relationships. These questions may or may not describe some of the ways your current or past partner or someone else important to you acts or acted toward you.

1. Since you have been enrolled in this program, have you been emotionally or physically abused by your partner, ex-partner, boyfriend or ex-boyfriend?
   - Yes
   - No

2. Have you been hit, slapped, kicked or otherwise physically hurt by your partner, ex-partner, boyfriend or ex-boyfriend since you began this program?
   - Yes
   - No (if No go to 9)

3. How many times were you physically hurt since you began this program? (Temporary or lasting injuries)
   - None
   - One to two
   - Three to five
   - Six or more

4. How many times did your partner, ex-partner, boyfriend or ex-boyfriend slap or push you since you began this program?
   - None
   - One to two
   - Three to five
   - Six or more

5. How many times did your partner, ex-partner, boyfriend or ex-boyfriend punch, kick or cut you since you began this program?
   - None
   - One to two
   - Three to five
   - Six or more

6. How many times did your partner, ex-partner, boyfriend or ex-boyfriend do something that burned you, severely bruised you, or broke a bone since you began this program?
   - None
   - One to two
   - Three to five
   - Six or more

7. How many times did your partner, ex-partner, boyfriend or ex-boyfriend cause you to have a head, internal, or permanent injury since you began this program?
   - None
   - One to two
   - Three to five
   - Six or more

8. How many times did your partner, ex-partner, boyfriend or ex-boyfriend use a weapon to hurt you since you began this program? (Weapon is client’s perception)
   - None
   - One to two
   - Three to five
   - Six or more

9. Since you began this program, has your partner, ex-partner, boyfriend or ex-boyfriend forced you to have sexual relations?
   - Yes
   - No (if No go to 11)
10. How many times were you forced to have sexual relations since you began this program?
   - [ ] None
   - [ ] One to two
   - [ ] Three to five
   - [ ] Six or more

11. Are you afraid of your partner, ex-partner, boyfriend or ex-boyfriend?
   - [ ] Yes
   - [ ] No
I would like to ask you some questions about family and friend relationships. These questions may or may not describe some of the ways your partner, ex-partner, boyfriend or ex-boyfriend acts or acted toward you.

1. Since the birth of your baby, have you been emotionally or physically abused by your partner, ex-partner, boyfriend or ex-boyfriend?
   - [ ] Yes
   - [ ] No

2. Since the birth of your baby, have you been hit, slapped, kicked or otherwise physically hurt by your partner, ex-partner, boyfriend or ex-boyfriend?
   - [ ] Yes
   - [ ] No (if No go to 9)

3. How many times were you physically hurt since the birth of your baby? (Temporary or lasting injuries)
   - [ ] None
   - [ ] One to two
   - [ ] Three to five
   - [ ] Six or more

4. Since the birth of your baby, how many times did your partner, ex-partner, boyfriend or ex-boyfriend slap or push you?
   - [ ] None
   - [ ] One to two
   - [ ] Three to five
   - [ ] Six or more

5. Since the birth of your baby, how many times did your partner, ex-partner, boyfriend or ex-boyfriend punch, kick or cut you?
   - [ ] None
   - [ ] One to two
   - [ ] Three to five
   - [ ] Six or more

6. Since the birth of your baby, how many times did your partner, ex-partner, boyfriend or ex-boyfriend do something that burned you, severely bruised you, or broke a bone?
   - [ ] None
   - [ ] One to two
   - [ ] Three to five
   - [ ] Six or more

7. Since the birth of your baby, how many times did your partner, ex-partner, boyfriend or ex-boyfriend cause you to have a head, internal, or permanent injury?
   - [ ] None
   - [ ] One to two
   - [ ] Three to five
   - [ ] Six or more

8. Since the birth of your baby, how many times did your partner, ex-partner, boyfriend or ex-boyfriend use a weapon to hurt you? (Weapon is client’s perception)
   - [ ] None
   - [ ] One to two
   - [ ] Three to five
   - [ ] Six or more

9. Since the birth of your baby, has your partner, ex-partner, boyfriend or ex-boyfriend forced you to have sexual relations?
   - [ ] Yes
   - [ ] No (if No go to 11)

10. How many times were you forced to have sexual relations since the birth of your baby?
    - [ ] None
    - [ ] One to two
    - [ ] Three to five
    - [ ] Six or more

11. Are you afraid of your partner, ex-partner, boyfriend or ex-boyfriend?
    - [ ] Yes
    - [ ] No
Instructions for the Relationship Assessment Forms

Purpose
The purpose of this form is to identify the extent to which clients served by the program have experienced intimate partner violence. Longitudinal data from the randomized clinical trial in Elmira, NY documented that the presence of intimate partner violence reduced the impact of the program on child abuse and neglect.

General Guidelines

- When to complete this form:
  - Third or fourth home visit
  - 36 weeks of pregnancy
  - Approximately one year postpartum

- It is important that the nurse home visitor explain to clients at enrollment into the program if she/he is mandated to report intimate partner violence. Clarify if mandated reporting requirements pertain only to current incidences of violence (e.g. during this pregnancy).

- To assure the protection of the client as well as the nurse home visitor, complete this form with the client in private. If other family members are routinely present during visits, the nurse home visitor may need to think of creative ways of obtaining privacy in order to complete this form (e.g. suggesting to the client going for a walk, arranging to meet the client at a restaurant, calling the client to obtain information by telephone between visits).

- If the nurse home visitor is in doubt for any reason (even just an inner red flag) about the safety of completing this form with a client, defer doing so until discussing concerns with the nurse supervisor.

- The NFP NSO strongly recommends that every nurse home visitor and supervisor obtain training on intimate partner violence. It occurs frequently in the lives of women. Even if a nurse home visitor has experience in this area, it is important to make certain that the nurse home visitor is up-to-date with the most current research, recommended interventions, laws and agency policies.

- If the client delivers before 36 weeks, the nurse home visitor should complete the Relationship Assessment: Pregnancy 36 Weeks form shortly after delivery of the infant, rephrasing the questions to assist the client to maintain the focus on the latter part of the pregnancy.

Item Instructions
A number of items inquire about the number of times clients may have experienced a certain type of violence. Ask the question in an open-ended manner, use the response provided by the client, and check the appropriate response option. Do not just read all the possible response options.
Use of Government & Community Services

<table>
<thead>
<tr>
<th>Client ID</th>
<th>Client Name</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Nurse Home Visitor ID</th>
<th>Nurse Home Visitor Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Record services used only at following time points:
  - [ ] Intake
  - [ ] Infancy 6 Months
  - [ ] Toddler 18 Months
  - [ ] Infant’s Birth
  - [ ] Infancy 12 Months
  - [ ] Toddler 24 Months

**Service Utilization Response Key:**

2 = Client or child is currently receiving this service
3 = Service assessed by NHV as needed – NHV has previously made a referral for this service, but the service is full, client or child is waiting for service, or service not available in area
4 = Service assessed by NHV as needed – NHV has previously made a referral for this service, but the client refused the referral or did not take action for herself or her child
5 = Client or child received this service since the last time the form was completed, but is no longer receiving this service.

<table>
<thead>
<tr>
<th>Client</th>
<th>Child</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Financial Assistance</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. TANF/Welfare</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Supplemental Nutrition Assistance Program (Food Stamps)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Social Security/Social Security Disability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Unemployment Benefits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Subsidized Child Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Crisis Intervention</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Intimate Partner Violence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Child Protective Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Mental Health</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. Mental health treatment or therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9. Relationship counseling</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Substance Abuse</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>10. Smoking Cessation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11. Alcohol Abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12. Drug Abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Health Care</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>13. ♦ Medicaid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14. ♦ SCHIP (State Children’s Health Insurance Program)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15. ♦ Private insurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16. Military insurance (Tricare)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17. Indian Health Service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18. Children with Special Health Care Needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>19. Primary care provider – sick client</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20. Primary care provider – well client – prenatal care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>21. Primary care provider – well client – postpartum</td>
</tr>
<tr>
<td></td>
<td></td>
<td>22. Primary care provider – well client – well-women care</td>
</tr>
<tr>
<td>Client</td>
<td>Child</td>
<td>Service</td>
</tr>
<tr>
<td>--------</td>
<td>-------</td>
<td>---------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>23. Primary care provider – sick child</td>
</tr>
<tr>
<td></td>
<td></td>
<td>24. Primary care provider – well child</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25. Developmental Disabilities (Adult)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>26. Early Childhood Intervention</td>
</tr>
<tr>
<td></td>
<td></td>
<td>27. WIC (Supplemental Nutrition Program for Women, Infants and Children)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>28. Child Care Referral Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>29. Job Training and Employment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30. Housing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>31. Transportation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>32. Injury Prevention (car seat, smoke alarms, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>33. Child birth education classes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>34. Lactation support</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Educational Programs</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>35. GED/Alternative High School</td>
</tr>
<tr>
<td></td>
<td></td>
<td>36. Further education beyond high school</td>
</tr>
<tr>
<td></td>
<td></td>
<td>37. Charitable Services (food bank, clothing, furniture, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>38. Legal Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>39. Paternity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40. Child Support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>41. Adoption Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>42. Dental Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>43. Other, specify:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c.</td>
</tr>
</tbody>
</table>
Instructions for the Use of Government & Community Services Form

Purpose
The purpose of this form is to gather information on whether the client and child are receiving government or other community services. The use of these services is a good demonstration of program linkages to other community organizations. It also reflects referrals and support by the NHVs to connect them to those services.

General Guidelines

- **When to complete this form:** Intake, Infant birth and when the child is approximately 6, 12, 18, and 24 months old.
- Some boxes in the “Client” and “Child” columns are shaded. If the box is shaded, information cannot be entered. If the box is clear, information may be entered on the form and in ETO™. Example: Primary Care Provider – Sick Client is shaded in the “Child” column. It is not an option for the child. However, Medicaid can be marked for either the Client or Child (or both).
- Note that choices of (1) or (0) are intentionally excluded. This form is utilized to indicate:
  - (2) Client or child is receiving this service at the time point when the form is completed
  - (3) Service assessed by NHV as needed – NHV has previously made a referral for this service, but the service is full, client or child is waiting for service, or service not available in area
  - (4) Service assessed by NHV as needed – NHV has previously made a referral for this service, but the client refused the referral or did not take action for herself or her child
  - (5) Client or child received this service since the last time the form was completed, but is no longer receiving the service.
- Select the service that most closely aligns with what is available in your local service area. If none of the existing categories describe the service then select other and specify.
- When the client is no longer in the child’s life and the nurse home visitor continues with another family member (father of child, grandmother, etc.), the nurse home visitor can use the Use of Community & Government Services form and complete what information is applicable. There will be missing information that applies to client/mother.
Supervisor Forms
Agency Name

Address

Phone Number:

Type of Agency (choose one):
- Public Health Agency or Clinic
- Hospital
- Community Based Organization (CBO)

Low-income criteria for eligibility (choose one)
- % of Federal poverty level, provide % _____________________
- Other, provide description ____________________________

Website: ________________________________________________

Service Level Covered (choose one):
- City
- County
- Parish
- Region
- Tribe

Counties/Areas served: ________________________________________

Nurse-Family Partnership Initiation Date: _________________

Date of First Home Visit: _________________

Agency Mileage Reimbursement Rate: _________________
Instructions for the Agency Profile Form

Purpose
This form provides general descriptive and identifying information about an implementing agency.

General Guidelines

When to complete this form: When an agency begins implementing the Nurse-Family Partnership program, the supervisor logs into ETO™ and completes each item.

Item Instructions

<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-income criteria for eligibility</td>
<td>What is your agency’s definition of “low-income” for the purpose of determining eligibility to participate in Nurse-Family Partnership?</td>
</tr>
</tbody>
</table>
Agency Profile - Update

Agency NFP Capacity (based on 40 hour work week = 1 FTE)

♦ NSO Contracted Capacity (FTE) __________

♦ Current Funded Capacity (FTE) __________

NFP Funding

<table>
<thead>
<tr>
<th>♦ Funder Name</th>
<th>♦ Type of Funding*</th>
<th>♦ Start Date</th>
<th>♦ End Date</th>
<th>♦ Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Type of funding
1. Medicaid Managed Care
2. County General Funds
3. State MCH Block Grant
4. State Grant (other than MCH)
5. Local Grant (any type)
6. Local Philanthropy/Foundation
7. National Philanthropy/Foundation
8. Direct Federal Grant (mark all that apply)
a. HRSA
b. Justice (adult or juvenile)
c. SAMHSA
d. MCH Bureau
e. ACF (any)
f. Education
g. Other HHS
h. CDC
i. Other Federal Agency

Research

♦ Is your program currently involved in Research?

☐ Yes (If Yes, please complete the information below)

☐ No

Principal Investigator ____________________________

Name of Project ____________________________

Brief Description ____________________________

Research Start Date ____________________________

Research End Date ____________________________

Has this project been approved by RAPCOMM? ☐ Yes ☐ No

Community Advisory Board

Community Advisory Board meetings:

Date: ____________
Date: ____________
Date: ____________
Date: ____________
Instructions for the Agency Profile – Update Form

Purpose
This form is used to track an implementing agency’s nursing capacity, funding, research activities and community advisory board meetings.

General Guidelines

When to complete this form: Agencies should use this form during implementation, review and to update any information that is missing or inaccurate. In addition, the form is completed when there is a change in funding, an agency becomes involved with research, and to record Community Advisory Board (CAB) meetings.

Item Instructions

<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSO Contracted Capacity</td>
<td>The capacity is:</td>
</tr>
<tr>
<td></td>
<td>• The FTE of all the nurse home visitors that the agency is contracted to employ to implement the Nurse-Family Partnership program.</td>
</tr>
<tr>
<td></td>
<td>• For each nurse home visitor determine their FTE status for NFP:</td>
</tr>
<tr>
<td></td>
<td>o 40 hour work week = 1 FTE</td>
</tr>
<tr>
<td></td>
<td>o 30 hour work week = .75 FTE</td>
</tr>
<tr>
<td></td>
<td>o 20 hour work week = .5 FTE</td>
</tr>
<tr>
<td>Current Funded Capacity</td>
<td>This capacity refers to the FTE of all the nurse home visitors for which the agency has funding to implement the Nurse-Family Partnership program.</td>
</tr>
<tr>
<td>Research</td>
<td>This item is to document research involving the Nurse-Family Partnership team. All Nurse-Family Partnership research must be reviewed and approved by the National Service Office (NSO) Research and Publications Communications Committee (RAPComm). RAPComm is not an Institutional Review Board (IRB). The purpose of RAPComm is to ensure that research conducted in Nurse-Family Partnership Implementing Agencies is methodologically sound, coordinated, and complies with research guidelines.</td>
</tr>
<tr>
<td>Community Advisory Board</td>
<td>• Community Advisory Board (CAB) meetings should be documented. A Community Advisory Board is a group of committed individuals/organizations who share a passion for the NFP program and whose expertise can advise, support and sustain the program over time. The agency builds and maintains community partnerships that support implementation and provide resources.</td>
</tr>
<tr>
<td></td>
<td>• If an agency cannot create a group specifically dedicated to the Nurse-Family Partnership program, and larger groups are in place that have a similar mission and role dedicated to providing services to low-income mothers, children and families, it is acceptable to participate in these groups in place of a NFP dedicated group.</td>
</tr>
<tr>
<td></td>
<td>• It is essential that issues important to the implementation and sustainability of the NFP program are brought forward and addressed as needed.</td>
</tr>
</tbody>
</table>
New Hire

Please fill out this online form to alert the National Service Office that you have hired a new team member.

Today's Date: _______________________

- Implementing/partner agency

<table>
<thead>
<tr>
<th>NFP Start Date</th>
<th>Team Name* (make required)</th>
</tr>
</thead>
</table>

- New Hire First Name | Last Name |

<table>
<thead>
<tr>
<th>Role in NFP Program:</th>
<th>Nurse Supervisor</th>
<th>Nurse Home Visitor</th>
<th>Data Entry/Administrative</th>
<th>Agency Administrator</th>
<th>State Administrator</th>
<th>State Nurse Consultant</th>
<th>Program Coordinator/Manager</th>
<th>NFP Partner</th>
<th>Agency Other</th>
<th>Other</th>
</tr>
</thead>
</table>

| Agency Street/shipping address: |
| City: | State: | Zip Code: |

- New hire direct phone: New hire work email address (we will not communicate with the New Hire until their Start Date):

- New Hire's Month and Day of Birth (date field) mm/dd (this question is asked to help the NSO identify duplicate contacts)

- New Hire's Supervisor's Full Name: New Hire's Supervisor's Phone:

- New Hire's Supervisor's Email:

- Reason for Hire: New Hire at new site | Replacement Hire at existing site | Expansion Hire at existing site | Not applicable

- FTE in NFP (e.g. Full time = 1.0, half time =.5):

- Has this person worked for NFP before? If so: When (date field): mm/yyyy to mm/yyyy Where (drop-down with list of States, free form text Agency & City): Agency: City: State: Under what name(s) (text):

- Please check all education completed: Diploma Nursing | Associates Degree Nursing | Bachelor’s Degree Nursing | Master’s Degree Nursing | Associates Degree - other | Bachelor’s Degree – other | Master’s Degree – other | Professional Degree (e.g. LLB, LD, MD, |
Access Levels in ETO™:
(Please specify access levels on the New Hire Form)

Access levels are determined by program assignment to one or more of the three programs in ETO™: Referral & Intake, Nurse Home Visiting (NHV) and Staff Supervision, as well as Caseload Management access.

By default, Nurse Home Visitors have access to the Referral & Intake and NHV programs, while Supervisors, and Administrators have access to Referral & Intake, NHV and Staff Supervision. Supervisors also have access, by default, to Caseload Management.

Data entry personnel have different access levels based on their responsibilities. For example, if an administrative assistant enters Supervisor forms, s/he would need access to all 3 programs. If the data entry personnel will be assisting the supervisor in managing staff caseloads in ETO™, then they will also need Caseload Management access.

Sites may also grant their NHVs access to manage their own caseload.

At this time, there is no “Reports Only” option in ETO™.

Please contact TechnicalSupport@nursefamilypartnership.org / 1-855-637-8324 with any questions about ETO™ access levels.

NOTE: Your new staff person will be added to ETO™ within 2 business days; at which time you can choose them from your Entity list and register them for education. New staff will receive access to NFP Community and Tracker within 2 business days of their start date. Once the new hire completes the ETO™ online module, they will receive their ETO™ login information via email.
Instructions for the New Hire Form

Purpose
This form is used to alert the Nurse-Family Partnership National Service Office that an implementing agency has hired a new staff member. Notification allows the NSO to add the new staff member to our internal systems and if needed, provide access to our data collection system, the NFP Community, and our Learning Management System (Tracker).

General Guidelines
When to complete this form: When a nurse home visitor, supervisor, administrator or data entry/administrative assistant is hired as part of an agency’s NFP staff.

Item Instructions

<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| Role in NFP Program       | • Nurse Home Visitor – (aka NHV). A nurse at a Nurse-Family Partnership implementing agency whose responsibilities are exclusively to make home visits and implement the NFP model.  
• Nurse Supervisor - A nurse at a Nurse-Family Partnership implementing agency who supervises Nurse Home Visitor(s).  
• IA Administrator – A person who oversees the Nurse-Family Partnership program at an implementing agency and usually supervises the NFP Supervisor(s).  
• Partner – An organization with whom the NFP NSO contracts for specific services and/or personnel. Partners include: IIK, NCCFC and PRC. Partner is an NFP Organization Type.  
• State Administrator/Coordinator – A full-time employee (FTE) at the state or city level with dedicated time to coordinate NFP implementation. This could include: contracts with implementing agencies, quality coordination, grants and funding streams. This person is likely the main or frequent contact for a Program Developer. |
| Reason for Hire:          | • Hired at new site – If an agency is a new implementing agency and hiring an initial team to implement the Nurse-Family Partnership program, utilize this option.  
• Hired as replacement – If the new staff member was hired to replace a former staff member, utilize this option.  
• Hired as part of expansion site – If an implementing agency is adding nurse home visitors (not hired as replacements) to expand the number of nurses beyond what the agency was initially contracted to employ, utilize this option. |
<table>
<thead>
<tr>
<th>Profile of Program Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Home Visitor ID</td>
</tr>
<tr>
<td>Nurse Home Visitor Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip</td>
</tr>
</tbody>
</table>

**Primary Staff Role(s):**
- Nurse Supervisor
- Nurse Home Visitor
- Data Entry/Administrative
- Agency Administrator
- State Administrator
- State Nurse Consultant
- Program Coordinator/Manager
- NFP Partner
- Agency Other
- Other

**Secondary Staff Role(s):** (if applicable)
- Nurse Supervisor
- Nurse Home Visitor
- Data Entry/Administrative
- Agency Administrator
- State Administrator
- State Nurse Consultant
- Program Coordinator/Manager
- NFP Partner
- Agency Other
- Other

**Gender:**
- Male
- Female

**Ethnicity (Check one):**
- Hispanic or Latina
- Not Hispanic or Latina
- Declined to self-identify (Optional question; Check here if you choose not to answer)

**Race:** (Check all that apply)
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Declined to self-identify (Optional question; Check here if you choose not to answer)
What language(s) will you deliver the NFP program in? (Check all that apply)

☐ English
☐ Spanish
☐ Other

What is your year of birth (yyyy) ______
☐ Declined to self-identify (Optional question; Check here if you choose not to answer)

How many years of nursing practice experience do you have?...........................................______ years
How many years experience in working with maternal-child health populations?...........______ years
How many years experience in public or community health?.................................................______ years
How many years have you been in a supervisory role? ........................................................______ years

Start Date of Nurse Home Visitor/Supervisor: ______
Date of NHV First Home Visit: ______

♦ Name/Phone of 24 hour emergency contact: ____________________________

♦ Reason for Hire: (NSO Use Only)
☐ New Hire at new site
☐ Replacement Hire at existing site
☐ Expansion Hire at existing site
☐ Not applicable
Instructions for the Profile of Program Staff Form

Purpose

This form provides descriptive information about the educational and experiential backgrounds of nurse home visitors and supervisors.

General Guidelines

When to complete this form: The first time a staff member logs into ETO™ they will need to fill out this form.

Item Instructions

<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td>Hispanic is defined as “A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race”. The term, &quot;Spanish origin,&quot; can be used in addition to &quot;Hispanic or Latino&quot;.</td>
</tr>
</tbody>
</table>
| Race          | • American Indian or Alaskan Native is defined as “A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment”.  
                • Asian is defined as “A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam”.  
                • Black is defined as “A person having origins in any of the black racial groups of Africa”.  
                • Native Hawaiian or Other Pacific Islander is defined as “A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands”.  
                • White is defined as “A person having origins in any of the original peoples of Europe, the Middle East, or North Africa”. |
Profile of Program Staff - Update and Change of Status

Nurse Home Visitor ID  Nurse Home Visitor Name

♦ Full-Time Equivalent (FTE) status in the NFP program (e.g. Full Time = 1.0, Half time = .5):
  - FTE as nurse home visitor
  - FTE as supervisor
  - FTE as data entry/administrative (only for administrative asst)
  - FTE as “other” (program coordinator, administrator, etc.)

♦ What is your educational preparation in nursing? (check highest degree only)
  - Diploma
  - Associate Degree
  - Bachelor’s Degree
  - Master’s Degree
  - ND (nursing doctorate) or DNP (Doctor of Nursing Practice)
  - PhD in nursing or DNS (Doctorate of Nursing Science)

♦ Have you completed any further educational degrees in other fields? (check highest degree only)
  - Associate degree
  - Bachelor’s degree
  - Master’s degree
  - Professional degree (for example: LLB, LD, MD, DDS)
  - Doctorate degree
  - Not applicable

Change of NFP nursing status:

New Change in NFP Role

New Role: (check all that apply) NOTE: If Supervisor checked, please fill out specific change in role below.
  - Nurse Supervisor
  - Nurse Home Visitor
  - Data Entry/Administrative
  - Agency Administrator
  - State Administrator
  - State Nurse Consultant
  - Program Coordinator/Manager
  - NFP Partner

Specific Change in Role (Check one only):
  - Adding supervisor responsibilities while retaining some Nurse-Family Partnership clients.
  - Adding supervisor responsibilities; no longer Nurse-Family Partnership Nurse Home Visitor.

New Role Start Date: ________
On Leave
On leave. Date: __________
Returned from leave. Date: __________

Leaving NFP Permanently
Last date working at this Implementing Agency;
End Date: __________
Instructions for the Profile of Program Staff – Update and Change of Status Form

Purpose
This form provides descriptive information about the FTE status, education and roles of NFP staff. Certain items like educational attainment relate to model fidelity and should be kept current.

General Guidelines
When to complete this form:
- When a program staff person has a change in FTE status for NFP.
- When a program staff person completes further educational degrees.
- When a program staff person advances to a supervisory positioning NFP.
- When a program staff person is on extended leave.
- When a program staff person leaves the NFP staff.

Item Instructions

<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Time Equivalent (FTE)</td>
<td>FTE status:</td>
</tr>
<tr>
<td>status in the NFP program</td>
<td>• 40 hour work week = 1 FTE</td>
</tr>
<tr>
<td></td>
<td>• 30 hour work week = .75 FTE</td>
</tr>
<tr>
<td></td>
<td>• 20 hour work week = .5 FTE</td>
</tr>
<tr>
<td>On Leave</td>
<td>This section is filled out when a nurse home visitor, nurse supervisor or</td>
</tr>
<tr>
<td></td>
<td>program staff person is on extended leave from the NFP program due to</td>
</tr>
<tr>
<td></td>
<td>illness, military duty, etc.</td>
</tr>
<tr>
<td>Leaving NFP Permanently</td>
<td>Complete this section when staff permanently leave the NFP program.</td>
</tr>
</tbody>
</table>
### Team Meetings and Case Conferences

<table>
<thead>
<tr>
<th>Team Meeting/Case Conference</th>
<th>Date</th>
<th>Time Spent in Minutes</th>
<th>Staff Attendees</th>
<th>Non-Staff Attendees</th>
<th>Role*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Team Meeting</td>
<td>01/21/2010</td>
<td>75</td>
<td></td>
<td>Jane Brown</td>
<td>WIC Representative</td>
</tr>
</tbody>
</table>

#### Roles
- Child Development Specialist
- Child Protective Services Representative
- Intimate Partner Violence Services Representative
- Lactation Specialist
- Law Enforcement Representative
- Legal Representative
- Mental Health Specialist (Adult)
- Mental Health Specialist (Infant)
- NSO Nurse Consultant
- Occupational Therapist
- Physical Therapist
- Physician
- Registered Dietician/Nutritionist
- School or Literacy Representative
- Social Worker
- Speech Therapist
- State Nurse Consultant
- WIC Representative
**Instructions for the Team Meetings and Case Conferences Form**

**Purpose**  
This form is used to track the occurrence of team meeting and conferences.

**General Guidelines**

*When to complete this form:* Every time the Nurse-Family Partnership team holds a team meeting or case conference.

**Item Instructions**

<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| **Team Meetings**     | • Team meetings are held for administrative purposes, to discuss program implementation issues and team building.  
                        | • Team meetings are to be held twice a month for at least an hour or as needed.  
                        | • Team meetings and case conferences alternate weekly so there is one meeting of the team every week. |
| **Case Conferences**  | • Case conferences are meetings with the team dedicated to joint review of cases, ETO™ reports and charts using reflection for the purposes of solution finding, problem solving and professional growth.  
                        | • Experts from other disciplines are invited to participate when such input would be helpful. Case conferences reinforce the reflective process.  
<pre><code>                    | • Case conferences are to be held twice a month for 1 ½ to 2 hours per case conference. |
</code></pre>
<p>| <strong>Non-Staff Attendees</strong> | This item provides an opportunity to document the experts from other disciplines who participate in case conferences. It provides data on how the team receives interdisciplinary support. |</p>
<table>
<thead>
<tr>
<th>Staff Conducting Supervision Name</th>
<th>Nurse Home Visitor Name</th>
<th>Date of 1:1 Supervision</th>
<th>Time spent for 1:1 Supervision In Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Joan Smith</td>
<td>Joan Smith</td>
<td>01/21/2010</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Instructions for Weekly Supervision Record

Purpose
This form is used to track the one-to-one weekly supervision between a supervisor and nurse home visitor.

General Guidelines

- **When to complete this form:** Every time a supervisor meets one-to-one with a nurse home visitor for supervision.

- The meeting between the supervisor and nurse home visitor is for the purpose of reflecting on a nurse’s work including management of her caseload, professional development and quality assurance.

- Supervisors use the principles of reflection as outlined in NFP supervisor training.

- Supervisors who carry a caseload will make arrangements for clinical supervision with reflection from a qualified person other than the nurse home visitors he/she supervises.

- One-to-one supervision is conducted weekly for one-hour per nurse home visitor.
Appendix A: Nurse-Family Partnership Objectives

Nurse-Family Partnership objectives help implementing agencies track fidelity to the NFP program model and monitor outcomes related to common indicators of maternal, child, and family functioning. The objectives are drawn from the program’s research trials, early dissemination experiences, and current national health statistics (e.g., National Center for Health Statistics, Centers for Disease Control and Prevention; Healthy People 2020). The objectives provide guidance for quality improvement efforts and are long-term targets for implementing agencies to achieve over time.

These are the first iteration of objectives for guiding program performance. The National Service Office will continue to review national trends emerging in Efforts to Outcomes (ETOTM), as well as changes in national indicators of relevant maternal, child, and family functioning, to identify areas where the objectives may need to be modified. Equally important will be implementing agencies’ own experiences in working with the objectives. Actual experience will inform any updates to the objectives so that they will be useful in improving performance of the NFP model, both nationally and in every implementing agency.

Objectives concerning fidelity to program model

Program is reaching the intended population of low-income, first-time clients:

1. 75% of eligible referrals are enrolled in the program.
2. 100% of enrolled women are first-time clients (no previous live birth).
3. 60% of pregnant women are enrolled by 16 weeks gestation or earlier.

Program attains overall enrollment goal and recommended caseload:

4. A caseload of 25 for all full-time nurses within 8-9 months of program operation.

Program successfully retains clients in program through child’s second birthday:

5. Cumulative program attrition is 40% or less through the child's second birthday.
6. 10% or less for pregnancy phase.
7. 20% or less for infancy phase.
8. 10% or less for toddler phase.

Although attrition rates may exceed the target objectives defined above when nurse home visitors are first learning the program model (i.e., initial three year program cycle), we believe that program staff needs to attempt with care to develop strategies to fully engage clients in the program through the child’s second birthday. In examining current rates of attrition among our national sample of NFP clients, we note considerable variability among programs, with an overall average of about 65% attrition through the child's second birthday (15% pregnancy, 33% infancy, and 17% toddler). Thus, we have established an intermediate objective of reducing attrition nationally by 12-15% over the next five years.

To encourage progress toward this intermediate goal, we encourage individual implementing agencies to work toward reducing client attrition by 2-3% each year, targeting those reasons why clients drop out of the program early that are likely to be most amenable to change (e.g., declined further participation, missed appointments, failure to notify agency of address changes, etc.)
Nurse Home Visitors Maintain Established Frequency, Length, And Content Of Visits With Families:

9. Percentage of expected visits completed is 80% or greater for pregnancy phase.
10. Percentage of expected visits completed is 65% or greater for infancy phase.
11. Percentage of expected visits completed is 60% or greater for toddler phase.
12. On average, length of home visits with clients is a minimum of 60 minutes.
13. Content of home visits reflects variation in developmental needs of clients across program phases:

<table>
<thead>
<tr>
<th>Average Time Devoted to Content Domains during Pregnancy</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Health (Personal Health)</td>
<td>35-40%</td>
</tr>
<tr>
<td>My Home (Environmental Health)</td>
<td>05-07%</td>
</tr>
<tr>
<td>My Life (Life Course Development)</td>
<td>10-15%</td>
</tr>
<tr>
<td>My Child/Taking Care of My Child (Maternal Role)</td>
<td>23-25%</td>
</tr>
<tr>
<td>My Family and Friends</td>
<td>10-15%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average Time Devoted to Content Domains during Infancy</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Health (Personal Health)</td>
<td>14-20%</td>
</tr>
<tr>
<td>My Home (Environmental Health)</td>
<td>07-10%</td>
</tr>
<tr>
<td>My Life (Life Course Development)</td>
<td>10-15%</td>
</tr>
<tr>
<td>My Child/Taking Care of My Child (Maternal Role)</td>
<td>45-50%</td>
</tr>
<tr>
<td>My Family and Friends</td>
<td>10-15%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average Time Devoted to Content Domains during Toddlerhood</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Health (Personal Health)</td>
<td>10-15%</td>
</tr>
<tr>
<td>My Home (Environmental Health)</td>
<td>07-10%</td>
</tr>
<tr>
<td>My Life (Life Course Development)</td>
<td>18-20%</td>
</tr>
<tr>
<td>My Child/Taking Care of My Child (Maternal Role)</td>
<td>40-45%</td>
</tr>
<tr>
<td>My Family and Friends</td>
<td>10-15%</td>
</tr>
</tbody>
</table>

**Objectives concerning maternal and child outcomes**

**Reduction In Smoking During Pregnancy:**

14. 20% or greater reduction in the percentage of women smoking from intake to 36 weeks pregnancy.
15. On average, a 3.5 reduction in the number of cigarettes smoked per day between intake and 36 weeks pregnancy (among women who smoked 5 or more cigarettes at intake).

**Percentages of Preterm and Low Birth Weight Children Demonstrate Progress Toward Healthy People 2020 Objectives:**

16. Preterm birth rate of 11.4%.
17. Low birth weight (LBW) rate of 7.8%.

The national target objectives listed above are for all women, irrespective of risk. Clients enrolled in the NFP typically are at higher risk for having preterm and low birth weight infants because, on average, they are younger, low income, less educated, first-time clients drawn from diverse racial and ethnic populations. While it is a national goal to eliminate disparities in health outcomes, women from economically disadvantaged and/or minority populations currently demonstrate higher rates of preterm and low birth weight infants. Thus, the progress that NFP agencies can achieve realistically in reaching Healthy People 2020 objectives may vary based on the composition of the population served.
Child Health and Development:
18. Completion rates for all recommended immunizations are 90% or greater by the time the child is two years of age

Maternal Life-Course Development:
19. Rate of subsequent pregnancies within two years following birth of their first child is 25% or less

20. Mean number of months women (18 years or older) employed following birth of infant is:
   • 5 months from birth to 12 months
   • 8 months from 13 to 24 months
Appendix B: Guidance for Developmental Screening

The NFP requires the Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire: Social-Emotional (ASQ:SE) for developmental screening. This two-part guide provides Q & As about screening, monitoring and referral of children and the role of the nurse home visitor as well as specific information about how and when developmental screening using the ASQ (ASQ-3) and ASQ:SE should be conducted and when monitoring is indicated.
Appendix B Table of Contents

Part A: Screening, Monitoring and Referral Q and A .......................................................... 112

Part B: Using Ages & Stages and Ages & Stages: Social-Emotional .................................. 113

Areas Evaluated .................................................................................................................. 113
Age Intervals For Which Questionnaires Are Available ...................................................... 115
Recommended Routine Screening Schedule For NFP Clients ........................................ 115
Self-administered vs. Nurse Assisted ................................................................................ 116
Introducing To Parents ...................................................................................................... 116
Scoring ................................................................................................................................. 117
Monitoring And Referral ................................................................................................. 118
Intervention For Those Being Monitored Or Referred ................................................... 121
PART A: Screening, Monitoring and Referral Q and A

Q: What is the role of developmental screening, monitoring and referral in NFP?
A: Because of the long-term relationship NFP nurses establish with the families they serve, they are in a unique position to observe and screen children at risk for developmental problems and refer them for further evaluation when indicated. The developmental screening process empowers families by giving them anticipatory guidance on developmental tasks and allowing them to appreciate their child’s unique way of accomplishing developmental milestones.

Q: What are the developmental screening tools available to me as an NFP nurse?
A: There are many screening tools in common usage nationally but the NFP recommends these two tools to their implementing agencies:
1. **Ages and Stages (ASQ, ASQ-3)** screens general development
2. **Ages and Stages: Social-Emotional (ASQ:SE)** screens social-emotional development

These tools have the added advantage of brevity and a high level of parent involvement in screening of their own child.

Q: What are the criteria for referral for evaluation for further services?
A: Guidelines for monitoring and referral for each of these tools are provided later in this document. However, no screening tool is a substitute for professional nursing judgment based on observation of a child, parental concern, or even a ‘hunch’. **If there is a concern, refer.**

Q: How does the referral process proceed?
A: Many NFP implementing agencies are established within larger organizations that provide services for children with special needs and their families or have established relationships with service providers in the community. Often the NFP implementing agency maintains a directory of programs and services for which their clients may be eligible. It is important that NFP nurses become familiar with the guidelines and processes for referral for services both within their organization and in the community. NFP staff is encouraged to meet with these service providers to explain the NFP program to them and to describe the developmental screening information the NFP nurse can provide. Establishing and maintaining these relationships creates a ‘protective net’ for the high risk NFP families served. You can locate your state IDEA Part C Service Coordinator who can direct you to your local provider agency and service coordinator through www.nectac.org/contact/ptecoord.asp.

Q: What is the role of the NFP nurse during the referral process?
A: Because of the unique relationship the NFP nurse has with families, it is important that the nurse home visitor is available for the subsequent evaluation and planning process. With client consent, information related to such things as maternal depression, NCAST scores, chronic otitis media, substance abuse, and intimate partner violence will enhance the multidisciplinary evaluation process. One of the most important roles of the NFP nurse is to serve as an ‘interpreter’ and advocate for families moving through the process of assessment of and intervention for their child for possible developmental problems. The nurse will also follow up to find out if the child was determined to be eligible for services and to coordinate any new services with what the family is already receiving.
PART B: Using Ages & Stages and Ages & Stages: Social-Emotional

The ASQ (ASQ-3) and ASQ:SE tools actively involve parents in the screening process. Since parents complete these straightforward questionnaires either on their own or with nurse assistance, their confidence can be strengthened. If their child is not yet performing in a certain area, they are alerted to behaviors to anticipate in the near future.

There are a total of 21 Questionnaires used at different ages referred to as intervals. Selecting the appropriate interval is critical to accurate use of the questionnaires. There are 3 important criteria to determine which interval will be used. Each interval has the age range clearly marked at the top of the page on the right side. To select the appropriate questionnaire interval be sure to do the following.

- Confirm what the child's exact age will be at the time of the screening.
- Adjust for prematurity if the child was born 3 or more weeks premature.
- Check the age range at the top of the initial page of the Questionnaire interval and be sure the child’s age falls with this range.

Calculating age

How do I calculate a child’s age?

To calculate a child’s exact age, subtract the child’s date of birth from the date the screening is administered.

<table>
<thead>
<tr>
<th>Administration Date</th>
<th>Year</th>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>18</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>07</td>
<td>45</td>
<td></td>
</tr>
</tbody>
</table>


When subtracting days, 30 days can be borrowed from the month column and 12 months can be borrowed from the year column. Always start in the right column and move left to perform the calculation.

The appropriate screening tool for this child would be the 8 month ASQ (ASQ-3).

Areas evaluated

Ages & Stages

Each ASQ (ASQ-3) questionnaire contains 30 items divided into five areas of development. The items in each area are arranged from easy to more difficult. Table 1 specifies the five developmental areas covered in each ASQ (ASQ-3) questionnaire and their associated content. These 30 items are followed by a section of questions that ask about general parental concerns.
Table 1: ASQ (ASQ-3) developmental areas

<table>
<thead>
<tr>
<th>Developmental areas</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Communication</td>
<td>Babbling, vocalizing, listening and understanding</td>
</tr>
<tr>
<td>2. Gross Motor</td>
<td>Coordination of arm, body and leg movements</td>
</tr>
<tr>
<td>3. Fine motor</td>
<td>Hand and finger movements</td>
</tr>
<tr>
<td>4. Problem solving</td>
<td>Problem-solving skills and how they play with toys</td>
</tr>
<tr>
<td>5. Personal-social</td>
<td>Self-help skills and interaction with others</td>
</tr>
</tbody>
</table>

The OVERALL section at the end of the questionnaire focuses on health and developmental issues such as hearing, behavior, quality of a child's skills and general parent concerns that may require follow-up. Regardless of the scores, if a parent identifies a concern in the Overall section of the questionnaire, the nurse should explore further and make appropriate referrals if indicated.

Ages & Stages Questionnaires: Social-Emotional

The ASQ:SE questionnaires contain a variable number of total items pertaining to competencies and problems in seven behavioral areas. In the ASQ:SE the items pertaining to each area are not grouped as they are in the ASQ (ASQ-3) but are interspersed throughout the questions. Every ASQ:SE questionnaire ends with the same four questions which give the parent an opportunity to communicate if they or anyone else have concerns about their child’s behaviors and a chance to describe what things they enjoy about their child. Table 2 specifies the seven behavioral areas covered in each ASQ:SE and their associated definitions.

Table 2: ASQ:SE behavioral areas

<table>
<thead>
<tr>
<th>Behavioral Areas</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Self-regulation</td>
<td>Ability or willingness to calm or settle down or adjust to physiological or environmental conditions or stimulation</td>
</tr>
<tr>
<td>2. Compliance</td>
<td>Ability or willingness to conform to the direction of others and follow rules</td>
</tr>
<tr>
<td>3. Communication</td>
<td>Ability or willingness to respond to or initiate verbal or nonverbal signals to indicate feelings, affective, or internal states</td>
</tr>
<tr>
<td>4. Adaptive behaviors</td>
<td>Success or ability to cope with physiological needs (e.g., sleeping, eating, elimination, safety)</td>
</tr>
<tr>
<td>5. Autonomy</td>
<td>Ability or willingness to self-initiate or respond without guidance (i.e., moving to independence)</td>
</tr>
<tr>
<td>6. Affect</td>
<td>Ability or willingness to demonstrate his or her own feelings and empathy for others</td>
</tr>
<tr>
<td>7. Interactions with</td>
<td>Ability or willingness to respond to or initiate social responses to parents, other adults and peers.</td>
</tr>
<tr>
<td>people</td>
<td></td>
</tr>
</tbody>
</table>
Age Intervals for which Questionnaires are Available

The number of ASQ (ASQ-3) questionnaires available has increased and the ASQ:SE has become available since the publication of the NFP Visit-to-Visit Guidelines. Table 3 provides the age intervals for which ASQ (ASQ-3) and ASQ:SE questionnaires are now available, up to 24 months.

Table 3: ASQ (ASQ-3) and ASQ:SE questionnaires with age range

<table>
<thead>
<tr>
<th>Questionnaire available</th>
<th>Valid age range</th>
<th>Questionnaire available</th>
<th>Valid age range</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 month</td>
<td>1 month 0 days through 2 months 30 days</td>
<td>6 month</td>
<td>3 through 8 months 29 days</td>
</tr>
<tr>
<td>4 month</td>
<td>3 months 0 days through 4 months 30 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 month</td>
<td>5 months 0 days through 6 months 30 days</td>
<td>6 month</td>
<td>3 through 8 months 29 days</td>
</tr>
<tr>
<td>8 month</td>
<td>7 months 0 days through 8 months 30 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 or 10 month</td>
<td>9 months 0 days through 9 months 30 days</td>
<td>12 month</td>
<td>9 through 14 months 29 days</td>
</tr>
<tr>
<td>10 month</td>
<td>10 months 0 days through 10 months 30 days</td>
<td>12 month</td>
<td>9 through 14 months 29 days</td>
</tr>
<tr>
<td>12 month</td>
<td>11 months 0 days through 12 months 30 days</td>
<td>18 month</td>
<td>15 through 20 months 29 days</td>
</tr>
<tr>
<td>14 month</td>
<td>13 months 0 days through 14 months 30 days</td>
<td>18 month</td>
<td>15 through 20 months 29 days</td>
</tr>
<tr>
<td>16 month</td>
<td>15 months 0 days through 16 months 30 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 month</td>
<td>17 months 0 days through 18 months 30 days</td>
<td>20 month</td>
<td>19 through 21 months 30 days</td>
</tr>
<tr>
<td>20 month</td>
<td>19 months 0 days through 20 months 30 days</td>
<td>22 month</td>
<td>21 through 22 months 30 days</td>
</tr>
<tr>
<td>22 month</td>
<td>21 months 0 days through 22 months 30 days</td>
<td>24 month</td>
<td>21 through 26 months 29 days</td>
</tr>
<tr>
<td>24 month</td>
<td>23 months 0 days through 25 months 15 days</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Recommended Routine Screening Schedule for NFP Clients

Table 4 presents a recommended routine screening schedule for NFP clients.

Table 4: Recommended routine screening intervals for NFP clients

<table>
<thead>
<tr>
<th>Time Period</th>
<th>ASQ (ASQ-3)</th>
<th>ASQ:SE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4 months</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6 months</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 or 10 months</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10 months</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12 months</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 months</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>20 months</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>22 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 months</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
If missed visits or other circumstances prevent doing screenings at the recommended time, the nurse’s discretion is required for re-establishing a screening routine for the client. Use Table 3 to determine the appropriate questionnaire for the child’s age at the time of screening. The general rule is that ASQ questionnaires are valid for 1 month before and after the indicated age. The age for which the questionnaires are valid appears on the first page of each questionnaire. When attempting to re-establish a routine screening schedule, it is advisable to space out the ASQ (ASQ-3) and the ASQ:SE over different months; try not to give the ASQ (ASQ-3) and the ASQ:SE in the same month.

Remember that no screening tool or schedule is a substitute for professional nursing judgment based on observation of a child, parental concern or even a ‘hunch’ or a concern, refer.

**Self-Administered vs. Nurse Assisted**

Although the questionnaires are designed to be administered by a parent, it is best do it with the client the first time. After administering Ages & Stages and Ages & Stages: Social-Emotional for the first time, the nurse can judge whether or not the client will be able to administer the questionnaires in the future.

**Introducing to Parents**

**Ages & Stages**

When Ages and Stages is administered for the first time, it is important to offer a general introduction. Here is an example of how the nurse might introduce developmental screening to the client: “In order to help you follow your child’s growth and development, we’ll be doing some questionnaires from time to time. This will help me to know what type of information and activities I can bring to visits. If there are concerns, I can, with your permission, help you communicate with your pediatrician and connect you with services your child might need. Otherwise, I will keep information in the questionnaires confidential.”

Let the client know about the process for completing the questionnaire: Tell the client, “You’ll answer questions about some things your child can and can’t do. Your child may not be able to do everything in the questionnaire yet and that’s ok.”

Explain how to answer the questions:

1. Discuss the scoring options in the first five sections
   - ‘Yes’ means her child is doing the activity now. ‘Yes’ is also an appropriate response in the case of an activity her child did earlier but now doesn’t do very often, such as crawl after she has learned to walk.
   - ‘Sometimes’ means her child is just beginning to do this activity
   - ‘Not yet’ means her child has not started to do this activity yet

2. The ‘Overall’ section has questions to answer by checking ‘Yes’ or ‘No.’
Ages & Stages: Social-Emotional

Here is an example of how the nurse might introduce Ages and Stages: Social-Emotional to the client for the first time: “Do you remember several months ago when we did a questionnaire about your child's development? Now we’re going to do one that’s a little different. This one asks about your child's social and emotional development and your feelings and concerns about your child’s behaviors.” Again, let the client know, “All this information about your child will be kept confidential. This will help me know what type of information and activities I can bring to visits. Also, if there are concerns I can, with your permission, help you communicate with your pediatrician and connect you with services your child might need.”

Explain how to answer the questions:
1. Discuss the scoring options
   • ‘Most of the time’ means her child is doing the behavior most of the time, too much, or too often
   • ‘Sometimes’ means her child is doing the behavior occasionally but not consistently
   • ‘Rarely or never’ means her child hardly ever or never does the behavior
2. Explain that she should check the circle in the far right column next to each question if she has a concern about that behavior.
3. Throughout the ASQ:SE there are questions that provide space for parent comments. Encourage the client to use them.
4. The 18 and 24 month questionnaires ask “Does your child do things over and over and can’t seem to stop?” This is meant to identify preservative behaviors such as rocking, hand flapping, or spinning. Explain to the client that this does not apply to favorite activities like singing a certain song over and over again.

Scoring

The scoring instructions provided at the end of each ASQ (ASQ-3) and ASQ:SE questionnaire should be followed. Be aware that the ASQ (ASQ-3) provides a score in each developmental area, whereas the ASQ:SE combines all behavioral areas to provide a total score.

Another important difference is that the scoring patterns for the ASQ (ASQ-3) and the ASQ:SE are the opposite:
• Low scores on the ASQ (ASQ-3) are an indication for concern.
• High scores on the ASQ:SE are an indication for concern.

Adjusting scores when item responses are missing

When an item is omitted because the client cannot answer the question or the activity would be culturally inappropriate for that family, you will need to adjust scoring. If more than 2 items are not answered in any one area (such as communication), that area should not be scored. Refer to Table 5 to assist you in determining the adjusted score.
Table 5 Adjusting for omitted responses

<table>
<thead>
<tr>
<th>Area Score</th>
<th>Adjusted area score-1 item omitted</th>
<th>Adjusted area score-2 items omitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>42</td>
<td>52.5</td>
</tr>
<tr>
<td>30</td>
<td>36</td>
<td>45</td>
</tr>
<tr>
<td>25</td>
<td>30</td>
<td>37.5</td>
</tr>
<tr>
<td>20</td>
<td>24</td>
<td>30</td>
</tr>
<tr>
<td>15</td>
<td>18</td>
<td>22.5</td>
</tr>
<tr>
<td>10</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>7.5</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>


Example: In the Fine Motor area, a child’s total score for answered items is 20, but one item was omitted. The child’s adjusted area score should be 24.
Monitoring and Referral

Ages & Stages

Referral: These are the guidelines for referral:
1. The ASQ (ASQ-3) scoring sheet is designed so that the child who’s score in one or more areas falls in the darkened area on the score sheet (2.0 standard deviations below the mean) should be referred. ASQ (ASQ-3) has established through analysis of approximately 18,000 questionnaires that a cutoff of 2 standard deviations below the mean produces the best balance between over-referral and under-referral.
2. Consider referral for the child whose scores in several areas are between 1.5 and 2.0 standard deviations from the mean, particularly if you or the parent has other concerns that support a referral. Refer to Table 5 for making these calculations.
3. Consider referral if a child’s score in one or more areas remains between 1.5 and 2.0 standard deviations below the mean for more than two or three screenings.

NOTE: Your agency may have more stringent guidelines for referrals, in such cases, follow your agency’s policies and procedures.

Monitoring: These are the guidelines for monitoring:
1. NFP has established the cutoff scores for monitoring at 1.5 standard deviations below the mean. Monitor the child whose score in one or more areas is at or below the established monitoring cutoffs. Refer to Table 6.
2. Monitor the child whose parent has indicated a concern in the ‘Overall’ section of the questionnaire even if scores are above the cutoffs.
3. Monitoring includes repeating ASQ (ASQ-3) screenings every other month using the age appropriate questionnaire.

Table 6: Cut-off scores for monitoring and referring using the ASQ (ASQ-3)

<table>
<thead>
<tr>
<th>Age Interval (months)</th>
<th>Area</th>
<th>*Refer (2.0 standard deviations)</th>
<th>*Monitor (1.5 standard deviations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Communication</td>
<td>34.60</td>
<td>39.02</td>
</tr>
<tr>
<td></td>
<td>Gross motor</td>
<td>38.41</td>
<td>42.46</td>
</tr>
<tr>
<td></td>
<td>Fine motor</td>
<td>29.62</td>
<td>35.11</td>
</tr>
<tr>
<td></td>
<td>Problem-solving</td>
<td>34.98</td>
<td>39.68</td>
</tr>
<tr>
<td></td>
<td>Personal-social</td>
<td>33.16</td>
<td>37.85</td>
</tr>
<tr>
<td>6</td>
<td>Communication</td>
<td>29.65</td>
<td>34.46</td>
</tr>
<tr>
<td></td>
<td>Gross motor</td>
<td>22.25</td>
<td>28.10</td>
</tr>
<tr>
<td></td>
<td>Fine motor</td>
<td>25.14</td>
<td>31.04</td>
</tr>
<tr>
<td></td>
<td>Problem-solving</td>
<td>27.72</td>
<td>33.39</td>
</tr>
<tr>
<td></td>
<td>Personal-social</td>
<td>25.34</td>
<td>31.08</td>
</tr>
<tr>
<td>8</td>
<td>Communication</td>
<td>33.06</td>
<td>37.90</td>
</tr>
<tr>
<td></td>
<td>Gross motor</td>
<td>30.61</td>
<td>35.98</td>
</tr>
<tr>
<td></td>
<td>Fine motor</td>
<td>40.15</td>
<td>44.05</td>
</tr>
<tr>
<td></td>
<td>Problem-solving</td>
<td>36.17</td>
<td>40.61</td>
</tr>
<tr>
<td></td>
<td>Personal-social</td>
<td>35.84</td>
<td>40.22</td>
</tr>
<tr>
<td>Age Interval (months)</td>
<td>Area</td>
<td>*Refer (2.0 standard deviations)</td>
<td>*Monitor (1.5 standard deviations)</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------</td>
<td>----------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td></td>
<td>Communication</td>
<td>10.87</td>
<td>15.64</td>
</tr>
<tr>
<td></td>
<td>Gross motor</td>
<td>30.07</td>
<td>35.81</td>
</tr>
<tr>
<td></td>
<td>Fine motor</td>
<td>37.97</td>
<td>42.16</td>
</tr>
<tr>
<td></td>
<td>Problem-solving</td>
<td>32.51</td>
<td>37.43</td>
</tr>
<tr>
<td></td>
<td>Personal-social</td>
<td>27.25</td>
<td>32.81</td>
</tr>
<tr>
<td>12</td>
<td>Communication</td>
<td>15.64</td>
<td>22.53</td>
</tr>
<tr>
<td></td>
<td>Gross motor</td>
<td>21.49</td>
<td>28.60</td>
</tr>
<tr>
<td></td>
<td>Fine motor</td>
<td>34.50</td>
<td>38.93</td>
</tr>
<tr>
<td></td>
<td>Problem-solving</td>
<td>27.32</td>
<td>32.74</td>
</tr>
<tr>
<td></td>
<td>Personal-social</td>
<td>21.73</td>
<td>27.73</td>
</tr>
<tr>
<td>14</td>
<td>Communication</td>
<td>17.40</td>
<td>24.51</td>
</tr>
<tr>
<td></td>
<td>Gross motor</td>
<td>25.80</td>
<td>32.62</td>
</tr>
<tr>
<td></td>
<td>Fine motor</td>
<td>23.06</td>
<td>29.01</td>
</tr>
<tr>
<td></td>
<td>Problem-solving</td>
<td>22.56</td>
<td>28.69</td>
</tr>
<tr>
<td></td>
<td>Personal-social</td>
<td>23.18</td>
<td>29.47</td>
</tr>
<tr>
<td>16</td>
<td>Communication</td>
<td>16.81</td>
<td>23.63</td>
</tr>
<tr>
<td></td>
<td>Gross motor</td>
<td>37.91</td>
<td>42.52</td>
</tr>
<tr>
<td></td>
<td>Fine motor</td>
<td>31.98</td>
<td>36.98</td>
</tr>
<tr>
<td></td>
<td>Problem-solving</td>
<td>30.51</td>
<td>35.73</td>
</tr>
<tr>
<td></td>
<td>Personal-social</td>
<td>26.43</td>
<td>31.83</td>
</tr>
<tr>
<td>18</td>
<td>Communication</td>
<td>13.06</td>
<td>20.37</td>
</tr>
<tr>
<td></td>
<td>Gross motor</td>
<td>37.38</td>
<td>41.90</td>
</tr>
<tr>
<td></td>
<td>Fine motor</td>
<td>34.32</td>
<td>38.85</td>
</tr>
<tr>
<td></td>
<td>Problem-solving</td>
<td>25.74</td>
<td>30.80</td>
</tr>
<tr>
<td></td>
<td>Personal-social</td>
<td>27.19</td>
<td>32.37</td>
</tr>
<tr>
<td>20</td>
<td>Communication</td>
<td>20.50</td>
<td>27.41</td>
</tr>
<tr>
<td></td>
<td>Gross motor</td>
<td>39.89</td>
<td>43.87</td>
</tr>
<tr>
<td></td>
<td>Fine motor</td>
<td>36.05</td>
<td>40.22</td>
</tr>
<tr>
<td></td>
<td>Problem-solving</td>
<td>28.84</td>
<td>33.69</td>
</tr>
<tr>
<td></td>
<td>Personal-social</td>
<td>33.36</td>
<td>38.03</td>
</tr>
<tr>
<td>22</td>
<td>Communication</td>
<td>13.04</td>
<td>21.01</td>
</tr>
<tr>
<td></td>
<td>Gross motor</td>
<td>27.75</td>
<td>33.43</td>
</tr>
<tr>
<td></td>
<td>Fine motor</td>
<td>29.61</td>
<td>34.35</td>
</tr>
<tr>
<td></td>
<td>Problem-solving</td>
<td>29.30</td>
<td>34.23</td>
</tr>
<tr>
<td></td>
<td>Personal-social</td>
<td>30.07</td>
<td>35.19</td>
</tr>
<tr>
<td>24</td>
<td>Communication</td>
<td>25.17</td>
<td>31.69</td>
</tr>
<tr>
<td></td>
<td>Gross motor</td>
<td>38.07</td>
<td>42.23</td>
</tr>
<tr>
<td></td>
<td>Fine motor</td>
<td>35.16</td>
<td>39.30</td>
</tr>
<tr>
<td></td>
<td>Problem-solving</td>
<td>29.78</td>
<td>34.69</td>
</tr>
<tr>
<td></td>
<td>Personal-social</td>
<td>31.54</td>
<td>36.44</td>
</tr>
</tbody>
</table>

Discuss the following case example using ASQ (ASQ-3) with your team:
Carrie Anne was born at 36 weeks gestational age, gained weight rapidly and had no significant medical events after birth. The 4 month ASQ (ASQ-3) is given to her mother to complete when Carrie Anne is 5 months old to correct for her prematurity. These are her scores:

Communication.....................................................37
Gross motor ..........................................................41
Fine motor .............................................................28
Problem-solving....................................................40
Personal social.......................................................37

In the Overall section Carrie Anne’s mother says she stands on her toes rather than with her feet flat on a surface.

What would be your action for Carrie Anne?

Suggested action: With the client’s permission share the ASQ (ASQ-3) results with Carrie Anne’s pediatrician for further evaluation of her fine motor abilities. Repeat the ASQ (ASQ-3) screening at 7 months. You may also want to check your agency’s policies and procedures regarding when to refer.

If Carrie Anne were a full term child screened at 4 months and her feet rested flat on a surface would you monitor or refer?

Suggested action: In this second set of circumstances you would monitor Carrie Anne by doing the ASQ (ASQ-3) at 6 months.

Ages & Stages: Social-Emotional
The cut-off scores for monitoring and referring using the ASQ:SE appear in Table 7 below. (Remember that high scores on the ASQ:SE are an indication for concern.)

1. Monitor or refer the child whose scores are at or above the established cut-off.
2. Seriously consider referring the child whose score falls between the ‘monitor’ and ‘refer’ cutoffs if there are other concerns that support referral.
3. Also monitor the child and support the client who has checked the concerns column or has expressed concerns in the open ended questions.

<table>
<thead>
<tr>
<th>Age Interval (months)</th>
<th>Monitor</th>
<th>Refer</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>34</td>
<td>45</td>
</tr>
<tr>
<td>12</td>
<td>42</td>
<td>48</td>
</tr>
<tr>
<td>18</td>
<td>46</td>
<td>50</td>
</tr>
<tr>
<td>24</td>
<td>54</td>
<td>50</td>
</tr>
</tbody>
</table>

**Intervention for Those Being Monitored or Referred**

For clients whose children are being monitored or referred be particularly conscientious about the Assessment and Planned Guidance in the Behavioral and Emotional Care sub domain in the NFP Visit Guidelines. As part of planning consider supplemental interventions related to the ASQ (ASQ-3) developmental areas and ASQ:SE behavioral areas using PIPE and NCAST as listed in Tables 8 & 9 below. The nurse can also plan related interventions with the parent(s) in consultation with multi-disciplinary service providers if available.

**Table 8: Examples of supplemental interventions related to ASQ (ASQ-3) developmental areas**

<table>
<thead>
<tr>
<th>DEVELOPMENTAL AREA</th>
<th>INTERVENTIONS</th>
</tr>
</thead>
</table>
| Communication: babbling, vocalizing, listening and understanding | PIPE  
LISTEN: Music and Rhythm  
Learning Language  
Tune In/Tune Out  
Baby Cues  
Reading to Baby  
Small Talk (Appendix)  
PLAY: Imitation and Turn Taking  
Playing is Communication  
Playing is Learning  
NCAST: Feeding & Teaching Scales |
| Gross Motor: arm, body and leg movements | PIPE  
LISTEN: Floor time  
Music and Rhythm |
| Fine motor: hand and finger movements | PIPE  
LISTEN: Floor time  
Music and Rhythm |
| Problem solving: learning and playing with toys | PIPE  
LISTEN: Floor time  
Tune In/Tune Out  
Music and Rhythm  
Reading to Baby  
LOVE: Each Child Is Different  
PLAY: Playing Is Problem Solving  
NCAST: Teaching Scales |
| Personal-social: solitary social play and play with toys and other children | PIPE  
LOVE: Love and Limits  
PLAY: Playing is Learning  
Imitation and Turn Taking  
Playing Stimulates the Senses  
Roadblocks to Learning  
NCAST: Teaching Scales |
### Table 9: Examples of supplemental interventions related to ASQ: SE behavioral areas

<table>
<thead>
<tr>
<th>BEHAVIORAL AREA</th>
<th>AGE INTERVAL (MONTHS)</th>
<th>IF CHILD SCORES POSITIVELY ON THESE QUESTIONS</th>
<th>INTERVENTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-regulation: ability or willingness to calm or settle down or adjust to physiological or environmental conditions or stimulation</td>
<td>6</td>
<td>1, 8, 9, 10, 16</td>
<td>PIPE LISTEN: Cribside Communication Patterns and Expectations, Music and Rhythm LOVE: Each Baby Is Different, Love Needs a Safe Base NCAST: Beginning Rhythms, Sleep Activity Record, Feeding &amp; Teaching scales</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>5, 8, 9, 10, 15, 21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>5, 7, 9, 11, 13, 25</td>
<td></td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>4, 8, 11, 16, 21, 25</td>
<td></td>
</tr>
<tr>
<td>Compliance: ability or willingness to conform to the direction of others and follow rules.</td>
<td>6</td>
<td></td>
<td>PIPE LISTEN: Floor time</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td></td>
<td>LOVE: Love and Limits, Love is Letting Go</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>19</td>
<td>PLAY: Learning the Do’s, Roadblocks to Learning</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>18</td>
<td>NCAST: Teaching Scale</td>
</tr>
<tr>
<td>Communication: ability or willingness to respond to or initiate verbal or nonverbal signals to indicate feelings, affective, or internal states.</td>
<td>6</td>
<td>5, 6</td>
<td>PIPE LISTEN: Baby Cues, Learning Language, Tune In/Tune Out LOVE: Small Talk (Appendix), Love Needs a Safe Base PLAY: Playing is Communication NCAST: Feeding &amp; Teaching scales</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>16, 19, 20</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>1, 16, 18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>1, 15, 19</td>
<td></td>
</tr>
<tr>
<td>Adaptive behaviors: success or ability to cope with physiological needs (e.g., sleeping, eating, elimination, safety)</td>
<td>6</td>
<td>11, 12, 14, 15, 17, 18</td>
<td>PIPE LISTEN: Cribside Communication, Tune in/Tune Out Patterns and Expectations LOVE: Each Child is Different, Love Needs a Safe Base NCAST: Beginning Rhythms, Sleep Activity Record</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>12, 14, 17, 18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>12, 15, 17, 23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>13, 14, 17, 23</td>
<td></td>
</tr>
<tr>
<td>BEHAVIORAL AREA</td>
<td>AGE INTERVAL (MONTHS)</td>
<td>IF CHILD SCORES POSITIVELY ON THESE QUESTIONS</td>
<td>INTERVENTIONS</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Autonomy: ability or willingness to self-initiate or respond without guidance (i.e., moving to independence)</td>
<td>6</td>
<td></td>
<td>PIPE</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td></td>
<td>LISTEN: Floor time</td>
</tr>
<tr>
<td></td>
<td>18 21</td>
<td></td>
<td>Music and Rhythm Patterns and</td>
</tr>
<tr>
<td></td>
<td>24 20</td>
<td></td>
<td>Expectations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LOVE: Attachment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Love is Letting Go</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PLAY: Baby’s First Teacher</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NCAST: Teaching Scale</td>
</tr>
<tr>
<td>Affect: ability or willingness to demonstrate his or her own feelings and empathy for others.</td>
<td>6</td>
<td>3, 4</td>
<td>PIPE</td>
</tr>
<tr>
<td></td>
<td>12 4, 6, 11</td>
<td></td>
<td>LISTEN: Cribside Communication</td>
</tr>
<tr>
<td></td>
<td>18 6, 8, 10</td>
<td></td>
<td>Baby Cues</td>
</tr>
<tr>
<td></td>
<td>24 7, 9, 10</td>
<td></td>
<td>LOVE: Love Needs a Safe Base</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Attachment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Joy and Laughter</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Touch Tones</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Love is in the Palm of Your Hand</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Each Child Is Different</td>
</tr>
<tr>
<td>Interactions with people: ability or willingness to respond to or initiate social responses to parents, other adults, and peers.</td>
<td>6</td>
<td>2, 7, 13</td>
<td>PIPE</td>
</tr>
<tr>
<td></td>
<td>12 1, 2, 3, 7, 13</td>
<td></td>
<td>LISTEN: Floor time</td>
</tr>
<tr>
<td></td>
<td>18 2, 3, 4, 14, 20, 22, 24</td>
<td></td>
<td>Baby Cues</td>
</tr>
<tr>
<td></td>
<td>24 2, 3, 5, 6, 12, 22, 24</td>
<td></td>
<td>Tune In/Tune Out</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LOVE: Love Needs a Safe Base</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Joy and Laughter</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Attachment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Touch Tones</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PLAY: What Are Children Really</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Learning</td>
</tr>
<tr>
<td>General concerns and comments</td>
<td>6</td>
<td>19, 20, 21</td>
<td>Intervention will have to be</td>
</tr>
<tr>
<td></td>
<td>12 22, 23, 24, 25</td>
<td></td>
<td>individualized. Beginning Rhythms</td>
</tr>
<tr>
<td></td>
<td>18 26, 27, 28, 29</td>
<td></td>
<td>and the NCAST Sleep Activity</td>
</tr>
<tr>
<td></td>
<td>24 26, 27, 28, 29</td>
<td></td>
<td>Record can be helpful for some</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>concerns.</td>
</tr>
</tbody>
</table>