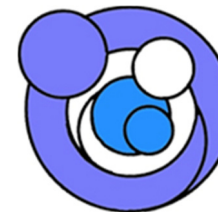


2011 Family Home Visiting Form 1

Primary caregivers and prenatal clients: *Enrollment data are reported annually for new and previously enrolled clients. Report the status of the client at the time of enrollment for previously enrolled clients. Closure Only data are reported at the time of closure for clients that closed in 2011. End of Reporting Period or Closure data are reported for all clients served in 2011 either annually or at time of closure for those closed during the reporting period.*



Population Description	Enrollment	End of Reporting Period or Closure
1. Total number of family home visits completed during the reporting period		
2. Total number of family home visits planned but not home/not found during the reporting period		
3. Type of participant (<i>Select all that apply</i>)		<input type="checkbox"/> ₁ Primary caregiver <input type="checkbox"/> ₂ Prenatal client <input type="checkbox"/> ₃ Pregnant or parenting teen
4. Enrollment and closure status (<i>Select all that apply</i>)		<input type="checkbox"/> ₁ Enrolled this year <input type="checkbox"/> ₂ Enrolled previously <input type="checkbox"/> ₃ Closed this year
5. Gender	<input type="checkbox"/> ₁ Male <input type="checkbox"/> ₂ Female	
6. Marital status	<input type="checkbox"/> ₁ Unmarried (Single, separated, divorced, or widowed) <input type="checkbox"/> ₂ Married <input type="checkbox"/> ₉ Unknown	
7. Education	<input type="checkbox"/> ₁ No high school diploma or GED <input type="checkbox"/> ₂ High school diploma or GED <input type="checkbox"/> ₃ Some post-secondary education/degree <input type="checkbox"/> ₉ Unknown	
8. Primary language	<input type="checkbox"/> ₁ English <input type="checkbox"/> ₄ Spanish <input type="checkbox"/> ₂ Hmong <input type="checkbox"/> ₅ Other <input type="checkbox"/> ₃ Somali Specify: _____ <input type="checkbox"/> ₉ Unknown	
9. Employment in household	<input type="checkbox"/> ₁ 1 or more employed adults <input type="checkbox"/> ₂ No employed adults <input type="checkbox"/> ₉ Unknown	

10. Race	<input type="checkbox"/> ₁ White <input type="checkbox"/> ₂ Black or African American <input type="checkbox"/> ₃ American Indian/Alaskan Native <input type="checkbox"/> ₄ Asian <input type="checkbox"/> ₅ Native Hawaiian/Other Pacific Islander <input type="checkbox"/> ₆ >1 Race Reported <input type="checkbox"/> ₉ Other & Unknown	
11. Hispanic ethnicity	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉ Unknown	
12. Age at time of enrollment	<input type="checkbox"/> ₁ <15 <input type="checkbox"/> ₅ 22-24 <input type="checkbox"/> ₂ 15-17 <input type="checkbox"/> ₆ 25-34 <input type="checkbox"/> ₃ 18-19 <input type="checkbox"/> ₇ 35+ <input type="checkbox"/> ₄ 20-21 <input type="checkbox"/> ₉ Unknown	
13. Total length of enrollment at closure:		<input type="checkbox"/> ₁ 0-6 months <input type="checkbox"/> ₃ 13-24 months <input type="checkbox"/> ₂ 7-12 months <input type="checkbox"/> ₄ > 24 months
Injury Prevention		End of Reporting Period or Closure
14. Did this client have a home safety checklist (or equivalent) completed?		<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉ Unknown
Parent-Child Interaction	Enrollment or First Assessment	Closure Only
15. Parent-child interaction status (Optional for 2011)	<input type="checkbox"/> ₁ Not appropriate <input type="checkbox"/> ₂ Rarely appropriate <input type="checkbox"/> ₃ Inconsistently appropriate <input type="checkbox"/> ₄ Usually appropriate <input type="checkbox"/> ₅ Consistently appropriate <input type="checkbox"/> ₉ Unknown	<input type="checkbox"/> ₁ Not appropriate <input type="checkbox"/> ₂ Rarely appropriate <input type="checkbox"/> ₃ Inconsistently appropriate <input type="checkbox"/> ₄ Usually appropriate <input type="checkbox"/> ₅ Consistently appropriate <input type="checkbox"/> ₉ Unknown Change from enrollment to closure: <input type="checkbox"/> ₁ Negative change <input type="checkbox"/> ₂ No change <input type="checkbox"/> ₃ Positive change of 1 level <input type="checkbox"/> ₄ Positive change of 2 or more levels <input type="checkbox"/> ₅ Level of 5 at both enrollment and closure <input type="checkbox"/> ₉ Unknown
Access		End of Reporting Period or Closure
16. Participant referred to community resources and/or services?		<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₉ Unknown (Skip to Q18) <input type="checkbox"/> ₂ No (Skip to Q18)
17. Did the family home visitor follow-up on that referral?		<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₉ Unknown <input type="checkbox"/> ₂ No

Access	Enrollment	Closure Only
18. Major medical care resource available for medical services	<input type="checkbox"/> ₁ Private insurance <input type="checkbox"/> ₂ Medical Assistance <input type="checkbox"/> ₃ Minnesota Care <input type="checkbox"/> ₄ Other sources (grants, etc) <input type="checkbox"/> ₅ Uninsured (self-pay) <input type="checkbox"/> ₉ Unknown	Change from enrollment to closure <input type="checkbox"/> ₁ Negative change: No longer insured <input type="checkbox"/> ₂ No change: Still uninsured <input type="checkbox"/> ₃ No change: Still insured <input type="checkbox"/> ₄ Positive change: Acquired insurance <input type="checkbox"/> ₉ Unknown
Birth or Pregnancy		End of Reporting Period or Closure
19. Was this a prenatal client during the reporting period?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (Skip to Q30)	
20. Number of infants born to this mother during the reporting period	(If 0, skip to Q30)	
Birth or Pregnancy For Women Delivering During the Reporting Period		After Delivery
21. Did this mother deliver an infant born at full term (greater than or equal to 37 weeks gestation)?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉ Unknown	
22. Did this mother deliver an infant born at a healthy birth weight (2500 grams or 5.5 lbs and higher)?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉ Unknown <input type="checkbox"/> ₃ Not applicable (less than 37 weeks gestation or multiple birth)	
23. Is this a first time mother (no previous live or still births)?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉ Unknown	
24. Did this mother feed her baby breast milk at the time of birth?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉ Unknown	
25. Was this mother screened with a standardized instrument for possible postpartum depression?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (Skip to Q29) <input type="checkbox"/> ₉ Unknown (Skip to Q29)	
26. Did this mother screen positive for possible postpartum depression?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (Skip to Q29) <input type="checkbox"/> ₉ Unknown (Skip to Q29)	
27. If screened positive for possible postpartum depression, was this woman referred to community resources and/or services?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₉ Unknown (Skip to Q29) <input type="checkbox"/> ₂ No (Skip to Q29)	
28. Did the family home visitor follow-up on that referral?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉ Unknown	
29. Change in cigarette smoking during pregnancy	<input type="checkbox"/> ₁ Negative change: Increased the number of cigarettes smoked as compared to before pregnancy. <input type="checkbox"/> ₂ No change: Smoked same number of cigarettes as before pregnancy. <input type="checkbox"/> ₃ No change: Never smoked. <input type="checkbox"/> ₄ Positive change: Decreased the number of cigarettes smoked as compared to before pregnancy. <input type="checkbox"/> ₅ Positive change: Quit smoking during pregnancy. <input type="checkbox"/> ₆ Positive change: Quit smoking during pregnancy and maintained cigarette free status at 3 months postpartum. <input type="checkbox"/> ₉ Unknown	

Economic Self-Sufficiency	Enrollment	Closure Only
30. Educational attainment	See #7 in Population Descriptors	<p>Change for those <u>without</u> a high school diploma/GED at enrollment:</p> <p><input type="checkbox"/>₁ No change or negative change: Not enrolled or no longer enrolled in a high school or GED program</p> <p><input type="checkbox"/>₂ No change: Remains enrolled in high school or GED program</p> <p><input type="checkbox"/>₃ Positive change: Newly enrolled in high school or GED program</p> <p><input type="checkbox"/>₄ Positive change: Achieved a high school diploma or GED</p> <p><input type="checkbox"/>₅ Positive change: Enrolled or completed post-secondary education</p> <p><input type="checkbox"/>₉ Unknown</p> <p>Change for those <u>with</u> a high school diploma/GED at enrollment:</p> <p><input type="checkbox"/>₁ No change or negative change: Not enrolled or no longer enrolled in a post-secondary education program</p> <p><input type="checkbox"/>₂ No change: Remains enrolled or completed post-secondary education</p> <p><input type="checkbox"/>₃ Positive change: Enrolled or completed post-secondary education</p> <p><input type="checkbox"/>₉ Unknown</p>
31. Is this client experiencing food insecurity?	<input type="checkbox"/> ₁ Yes, food insecure <input type="checkbox"/> ₂ No, food secure <input type="checkbox"/> ₉ Unknown	<p>Change from enrollment to closure:</p> <p><input type="checkbox"/>₁ Negative change: Became food insecure</p> <p><input type="checkbox"/>₂ No change: Still insecure</p> <p><input type="checkbox"/>₃ No change: Maintained food secure status</p> <p><input type="checkbox"/>₄ Positive change: Became food secure</p> <p><input type="checkbox"/>₉ Unknown</p>
32. Is this client experiencing housing insecurity?	<input type="checkbox"/> ₁ Yes, housing insecure <input type="checkbox"/> ₂ No, housing secure <input type="checkbox"/> ₉ Unknown	<p>Was this client enrolled for 12 or more months?</p> <p><input type="checkbox"/>₁ Yes <input type="checkbox"/>₂ No (End Form)</p> <p>Change from enrollment to closure for those enrolled \geq12 months:</p> <p><input type="checkbox"/>₁ Negative change: Became housing insecure</p> <p><input type="checkbox"/>₂ No change: Still housing insecure</p> <p><input type="checkbox"/>₃ No change: Maintained housing secure status</p> <p><input type="checkbox"/>₄ Positive change: Became housing secure</p> <p><input type="checkbox"/>₉ Unknown</p>
33. Did this client have a subsequent birth (live or still) within 24 months from the birth of her last child?		<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₃ Not applicable (seen for less than 12 months)

END OF FORM