Table of contents

Form FHV-0-INT
Caregiver intake ............................................. 3
Form FHV-01-INT
Child intake ...................................................... 7
Form FHV-02-PPT
1st Postpartum visit ........................................... 9
Form FHV-03-INF
3 months infant .................................................. 11
Form FHV-06-INF
6 months infant .................................................. 13
Form FHV-09-INF
9 months infant .................................................. 17
Form FHV-12-INF
12 months infant ............................................... 19
Form FHV-18-TOD
18 months toddler .............................................. 23
Form FHV-24-TOD
24 months toddler .............................................. 27
Form FHV-30-TOD
30 months toddler .............................................. 31
Form FHV-36-PRE
36 months preschooler ....................................... 35
Form FHV-42-PRE
42 months preschooler ....................................... 39
Form FHV-48-PRE
48 months preschooler ....................................... 43
Form FHV-54-PRE
54 months preschooler ....................................... 47
Form FHV-60-PRE
60 months preschooler ....................................... 51
Form FHV-66-PRE
66 months preschooler ....................................... 55
Form FHV-99-CLO
Primary caregiver closure ................................... 59
## Caregiver intake

**HEADER**

1. Data entry staff (name)
2. Home visitor (name)
3. Site
4. Date of first home visit

**Funding Source (choose all that apply)**

- **01** MIECHV Formula
- **02** MIECHV Expansion
- **03** TANF
- **04** MN NFP Grant
- **06** MN EBHV Grant

**Home visiting model**

- **01** Healthy Families America (HFA)
- **02** Nurse-Family Partnership (NFP)
- **03** Family Spirit
- **04** Family Connects
- **05** Parents As Teachers
- **06** Early Head Start
- **07** Other evidence-based model
- **08** Other, ongoing
- **09** Other, short-term/limited

**Is the family transferring to MIECHV from another family home visiting program?**

- **01** Yes
- **02** No

**Indicate the level of informed consent to share data with the Minnesota Dept. Health for this caregiver**

- **01** Full consent
- **02** Exclude Personal identifiers
- **03** No Consent

**DEMOGRAPHICS (CAREGIVER)**

9. First name
10. Middle Initial
11. Last name
12. Maiden name, if applicable
13. Birth date
14. Caregiver ID
15. Caregiver ID #2
16. Family ID
17. Home address (number and street or rural route)
18. City
19. County
20. State

22. Is the caregiver homeless?
   - **01** Not homeless
   - **02** Homeless *(SKIP to #24)*
23. If home visitor checked box "01 Not homeless" for question 22:
   
   Which of the following best describes the caregiver's living arrangements?
   - **01** Owns or shares own home, apartment, etc.
   - **02** Rents or shares rented home or apartment
   - **03** Lives in public housing
   - **04** Lives with parent or family member
   - **05** Some other arrangement
   - **09** Client declines to answer *(SKIP to #25)*

24. If home visitor checked box "02 Homeless" for question 22:
   
   Which of the following best describes the caregiver's living arrangements?
   - **01** Homeless and sharing housing
   - **02** Homeless and living in an emergency or transition shelter
   - **03** Some other arrangement
   - **09** Client declines to answer

More on next page
**25** Caregiver type at enrollment (relationship to index child)

|   | 01 Pregnant woman | 02 Postpartum mother (biological) | 03 Father | 04 Other caregiver: ________________ |

**26** Gender

|   | 01 Male | 02 Female | 03 Does not identify as male or female | 99 Client declines to answer |

**27** Hispanic or Latino/a ethnicity

|   | 01 Hispanic or Latino/a | 02 Not Hispanic or Latino/a | 88 Client does not know/not sure | 99 Client declines to answer |

**28** Race (choose all that apply):

|   | 01 American Indian or Alaska Native | 02 Asian | 03 Black or African American | 04 Native Hawaiian or Other Pacific Islander | 05 White | 06 Other: ________________ | 88 Client does not know/not sure | 99 Client declines to answer |

**29** Primary language

|   | 01 English | 02 Hmong | 03 Somali | 04 Spanish | 05 Amharic | 06 Arabic | 07 Burmese | 08 Karen | 09 Nepalese | 10 Oromo | 77 Other: ________________ | 99 Client declines to answer |

**30** Legal marital status

|   | 01 Married | 02 Divorced | 03 Widowed | 04 Separated | 05 Never married | 99 Client declines to answer |

**31** Does the caregiver currently live with their spouse or partner?

|   | 01 Yes | 02 No | 88 Client does not know/not sure | 99 Client declines to answer |

# I. IMPROVED MATERNAL & NEWBORN HEALTH

**32** PRENATAL CAREGIVERS ONLY: What is the Estimated Date of Delivery (EDD)?

- [ ] EDD

**33** Does the caregiver currently use tobacco, such as cigarettes, cigars, chewing tobacco, or electronic cigarettes (excluding religious or ceremonial use)?

|   | 01 Yes | 02 No | 99 Client declines to answer |

**34** Was the caregiver referred to tobacco/smoking cessation counseling or services?

|   | 01 Yes If Yes, Date ________________ | 02 No | 03 Client already enrolled in a cessation program |

**35** Does the caregiver have a history of substance abuse or substance abuse treatment?

|   | 01 Yes | 02 No | 88 Client does not know/not sure | 99 Client declines to answer |

More on next page
36 Was the caregiver found to need substance abuse services based on substance abuse screening or clinical judgment?

- 01 Yes
- 02 No
- 03 Screening not done

II. CHILD INJURIES, CHILD ABUSE, NEGLECT OR MALTREATMENT / REDUCTION OF EMERGENCY ROOM VISITS

37 As a child, was the caregiver emotionally or physically abused by a parent or guardian, a family member, or other adult?

- 01 Yes
- 02 No
- 08 Client does not know/not sure
- 99 Client declines to answer

38 Has the caregiver ever been involved with child welfare services, either as a child or as an adult?

- 01 Yes
- 02 No
- 08 Client does not know/not sure
- 99 Client declines to answer

V. FAMILY ECONOMIC SELF-SUFFICIENCY

39 Is the caregiver currently working?

- 01 Employed full-time (30+ hours/week)
- 02 Employed part-time (Less than 30 hours/week)
- 03 Not employed
- 99 Client declines to answer

40 Which category best describes the caregiver's household monthly income, including benefits?

- 01 $0 - $500
- 02 $501 - $1,000
- 03 $1,001 - $1,500
- 04 $1,501 - $2,000
- 05 $2,001 - $2,500
- 06 $2,501 - $3,000
- 07 $3,001 - $4,000
- 08 $4,001 and over
- 09 Client does not know/not sure
- 99 Client declines to answer

41 How many people are in the caregiver's household (including the caregiver)?

[ ] persons

42 Has anyone in the caregiver's household ever served in the U.S. Armed Forces, either active duty or reserves?

- 01 Yes
- 02 No
- 99 Client declines to answer

43 Is the caregiver currently enrolled in high school, college, or another educational program?

- 01 Not enrolled in a program
- 02 Grade school, high school, or GED program
- 03 Post-high school vocational/certification/technical training
- 04 College
- 05 Other: __________________________
- 99 Client declines to answer

44 What is the highest level of education the caregiver has completed?

- 01 Less than high school diploma
- 02 High school diploma or GED
- 03 Some college or post high school training
- 04 Technical training or certificate
- 05 Associate's degree
- 06 Bachelor's degree or higher
- 09 Other: __________________________
- 99 Client declines to answer

45 Does the caregiver feel that s/he has or had low achievement in school?

- 01 Yes
- 02 No
- 08 Client does not know/not sure
- 99 Client declines to answer

More on next page
46 Does the caregiver currently have health insurance?

- 01 Yes, insured
- 02 No, uninsured (SKIP to #48)
- 03 Client applied for coverage, application is pending
- 88 Client does not know/not sure (SKIP to #48)
- 99 Client declines to answer (SKIP to #48)

47 What type of health plan or health insurance does the caregiver currently have? (select one or more)

- 01 Private insurance
- 02 Public insurance
- 03 Military health care
- 04 Other:
- 88 Client does not know/not sure
- 99 Client declines to answer

V. SUPPLEMENTAL QUESTIONS

48 Are there any children in the caregiver's household with disabilities or developmental delays?

- 01 Yes
- 02 No
- 99 Client declines to answer
# Child intake

## HEADER

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Data entry staff (name)</td>
</tr>
<tr>
<td>2</td>
<td>Home visitor (name)</td>
</tr>
<tr>
<td>3</td>
<td>Site</td>
</tr>
<tr>
<td>4</td>
<td>Form date:</td>
</tr>
</tbody>
</table>

## Demographics (Child)

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>First name (child)</td>
<td>6</td>
<td>Middle Initial (child)</td>
</tr>
<tr>
<td>7</td>
<td>Last name (child)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Birth date (child)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Child ID</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Child ID #2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Caregiver ID</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Family ID</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Gender

- 01 Male
- 02 Female
- 03 Does not identify as male or female
- 99 Client declines to answer

### Hispanic or Latino/a ethnicity

- 01 Hispanic or Latino/a
- 02 Not Hispanic or Latino/a
- 88 Client does not know/not sure
- 99 Client declines to answer

### Race (choose all that apply):

- 01 American Indian or Alaska Native
- 02 Asian
- 03 Black or African American
- 04 Native Hawaiian or Other Pacific Islander
- 05 White
- 06 Other:
- 88 Client does not know/not sure
- 99 Client declines to answer

## I. IMPROVED MATERNAL & NEWBORN HEALTH

### What was the child's gestational age at birth?

☐ Check box if gestational age at birth is unknown

### What was the child's birth weight?

☐ pounds ☐ ounces

### Was there more than one live birth associated with this pregnancy?

- 01 Yes - If yes, how many live births? ☐
- 02 No
- 88 Client does not know/not sure
- 99 Client declines to answer

### Is the child currently being breastfed or receiving breast milk?

- 01 Yes
- 02 No
- 03 Client is not recommended to breastfeed because of a medical condition
- 99 Client declines to answer

### What was the approximate date of the child's most recent well-child visit? ________

More on next page
21 Which well-child visit occurred on this date?
   ○ 01 1st week visit
   ○ 02 1 month visit
   ○ 03 2 month visit
   ○ 04 4 month visit
   ○ 05 6 month visit
   ○ 06 9 month visit
   ○ 07 12 month visit
   ○ 08 15 month visit

22 Where does the caregiver usually seek medical care for the child?
   ○ 01 Doctor's/Nurse Practitioner's office
   ○ 02 Hospital emergency room
   ○ 03 Hospital Outpatient
   ○ 04 Federally qualified health center (FQHC)
   ○ 05 Retail store or minute clinic
   ○ 08 Other: _______________________
   ○ 09 None
   ○ 88 Client does not know/not sure
   ○ 99 Client declines to answer

23 Does the caregiver place the child to sleep on their back?
   ○ 01 Always
   ○ 02 Sometimes
   ○ 03 Never
   ○ 99 Client declines to answer

24 Does the caregiver place the child to sleep without bed sharing?
   ○ 01 Always
   ○ 02 Sometimes
   ○ 03 Never
   ○ 99 Client declines to answer

25 Does the caregiver place the child to sleep without soft bedding?
   ○ 01 Always
   ○ 02 Sometimes
   ○ 03 Never
   ○ 99 Client declines to answer

III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT
26 Do family members read to, tell stories to, or sing to the child every day during a typical week?
   ○ 01 Yes
   ○ 02 No
   ○ 88 Client does not know/not sure
   ○ 99 Client declines to answer

V. FAMILY ECONOMIC SELF-SUFFICIENCY
27 Does the child currently have health insurance?
   ○ 01 Yes, insured
   ○ 02 No, uninsured (END form)
   ○ 03 Client applied for coverage, application is pending
   ○ 88 Client does not know/not sure (END form)
   ○ 99 Client declines to answer (END form)

28 What type of health plan or health insurance coverage does the child currently have? (select one or more)
   ○ 01 Private insurance
   ○ 02 Public insurance
   ○ 03 Military health care
   ○ 04 Other:
   ○ 88 Client does not know/not sure
   ○ 99 Client declines to answer
Form FHV-02-PPT

1st Postpartum visit *(Prenatal Caregivers only)*

**HEADER**

<table>
<thead>
<tr>
<th>*1</th>
<th>Data entry staff (name)</th>
<th>*2</th>
<th>Home visitor (name)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>*3</th>
<th>Site</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>*4</th>
<th>Date of first postpartum home visit</th>
</tr>
</thead>
</table>

**CHILD/CAREGIVER LOOKUP**

<table>
<thead>
<tr>
<th>*5</th>
<th>Child ID</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>*6</th>
<th>Caregiver ID</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>7</th>
<th>Family ID</th>
</tr>
</thead>
</table>

**Demographics (Caregiver)**

<table>
<thead>
<tr>
<th>8</th>
<th>Home address (number and street or rural route)</th>
</tr>
</thead>
</table>

| 9| City |

<table>
<thead>
<tr>
<th>10</th>
<th>County</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>11</th>
<th>State</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>12</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>13</th>
<th>Is the caregiver homeless?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>01</th>
<th>Not homeless</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>02</th>
<th>Homeless <em>(SKIP to #15)</em></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>88</th>
<th>Unknown <em>(SKIP to #16)</em></th>
</tr>
</thead>
</table>

| 99| Client declines to answer *(SKIP to #16)* |

<table>
<thead>
<tr>
<th>14</th>
<th>If home visitor checked box &quot;01 Not Homeless&quot; for question 13:</th>
</tr>
</thead>
</table>

Which of the following best describes the caregiver's current living arrangements?

<table>
<thead>
<tr>
<th>01</th>
<th>Owns or shares own home, apartment, etc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>02</th>
<th>Rents or shares rented home or apartment</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>03</th>
<th>Lives in public housing</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>04</th>
<th>Lives with parent or family member</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>05</th>
<th>Some other arrangement</th>
</tr>
</thead>
</table>

| 99| Client declines to answer *(SKIP to #16)* |

<table>
<thead>
<tr>
<th>15</th>
<th>If home visitor checked box &quot;02 Homeless&quot; for question 13:</th>
</tr>
</thead>
</table>

Which of the following best describes the caregiver's current living arrangements?

<table>
<thead>
<tr>
<th>01</th>
<th>Homeless and sharing housing</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>02</th>
<th>Homeless and living in an emergency or transition shelter</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>03</th>
<th>Some other arrangement</th>
</tr>
</thead>
</table>

| 99| Client declines to answer *(SKIP to #16)* |

<table>
<thead>
<tr>
<th>16</th>
<th>Legal marital status</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>01</th>
<th>Married</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>02</th>
<th>Divorced</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>03</th>
<th>Widowed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>04</th>
<th>Separated</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>05</th>
<th>Never married</th>
</tr>
</thead>
</table>

| 99| Client declines to answer |

<table>
<thead>
<tr>
<th>17</th>
<th>Does the caregiver currently live with their spouse or partner?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>01</th>
<th>Yes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>02</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>88</th>
<th>Client does not know/not sure</th>
</tr>
</thead>
</table>

| 99| Client declines to answer |

**IV. DOMESTIC VIOLENCE**

<table>
<thead>
<tr>
<th>18</th>
<th>Since enrollment in home visiting, was the caregiver screened for intimate partner violence using a validated tool?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>01</th>
<th>Yes - IPV Screening Date:______________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>02</th>
<th>No <em>(SKIP to #20)</em></th>
</tr>
</thead>
</table>

| 03| Client disclosed IPV without screening *(SKIP to #20)* |

<table>
<thead>
<tr>
<th>19</th>
<th>What was the result of the intimate partner violence screening?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>01</th>
<th>Screening indicates presence of IPV</th>
</tr>
</thead>
</table>

| 02| Screening does not indicate IPV |

**More on next page**
V. FAMILY ECONOMIC SELF-SUFFICIENCY

20 Was the caregiver provided with referral information to IPV resources?
- 01 Yes - IPV referral date:______________
- 02 No
- 03 Client currently receiving IPV services

21 Is the caregiver currently working?
- 01 Employed full-time (30+ hours/week)
- 02 Employed part-time (Less than 30 hours/week)
- 03 Not employed
- 09 Client declines to answer

22 Which category best describes the caregiver's household monthly income, including benefits?
- 01 $0 - $500
- 02 $501 - $1,000
- 03 $1,001 - $1,500
- 04 $1,501 - $2,000
- 05 $2,001 - $2,500
- 06 $2,501 - $3,000
- 07 $3,001 - $4,000
- 08 $4,001 and over
- 09 Client declines to answer

23 How many people are in the caregiver's household (including the caregiver)?

___ persons

24 Has anyone in the caregiver's household ever served in the U.S. Armed Forces, either active duty or reserves?
- 01 Yes
- 02 No
- 09 Client declines to answer

25 Is the caregiver currently enrolled in high school, college, or another educational program?
- 01 Not enrolled in a program
- 02 Grade school, high school, or GED program
- 03 Post-high school vocational/certification/technical training
- 04 College
- 05 Other:__________________________
- 09 Client declines to answer

26 What is the highest level of education the caregiver has completed?
- 01 Less than high school diploma
- 02 High school diploma or GED
- 03 Some college or post high school training
- 04 Technical training or certificate
- 05 Associate's degree
- 06 Bachelor's degree or higher
- 09 Other:__________________________
- 09 Client declines to answer

27 Does the caregiver currently have health insurance?
- 01 Yes, insured
- 02 No, uninsured (SKIP to #30)
- 03 Client applied for coverage, application is pending
- 04 Other:__________________________
- 08 Client does not know/not sure (SKIP to #30)
- 09 Client declines to answer (SKIP to #30)

28 What type of health plan or health insurance coverage does the caregiver currently have? (select one or more)
- 01 Private insurance
- 02 Public insurance
- 03 Military health care
- 04 Other:__________________________
- 08 Client does not know/not sure
- 09 Client declines to answer

29 Has there been any time in the past 6 months when the caregiver did not have health insurance coverage?
- 01 Yes
- 02 No
- 08 Client does not know/not sure
- 09 Client declines to answer

VI. SUPPLEMENTAL QUESTIONS

30 Are there any children in the caregiver's household with disabilities or developmental delays?
- 01 Yes
- 02 No
- 09 Client declines to answer
Form FHV-03-INF

3 months infant

HEADER

*1 Data entry staff (name)  *2 Home visitor (name)

*3 Site

*4 Form Date

5 Is the family actively participating in home visiting as of the form date?
   ○ 01 Yes (active)
   ○ 02 No (inactive, creative outreach, etc.)

CHILD/CAREGIVER LOOKUP

*6 Child ID  *7 Caregiver ID  8 Family ID

I. IMPROVED MATERNAL & NEWBORN HEALTH

9 Is the child currently being breastfed or receiving breast milk?
   ○ 01 Yes
   ○ 02 No
   ○ 03 Client is not recommended to breastfeed because of a medical condition
   ○ 99 Client declines to answer

10 What was the approximate date of the child's most recent well-child visit? ________________

BENCHMARK 4

11 Which well-child visit occurred on this date?
   ○ 01 1st week visit
   ○ 02 1 month visit
   ○ 03 2 month visit
   ○ 04 4 month visit
   ○ 05 6 month visit
   ○ 06 9 month visit
   ○ 07 12 month visit
   ○ 08 15 month visit
   ○ 09 18 month visit
   ○ 10 2 years-old visit
   ○ 11 3 years-old visit
   ○ 12 4 years-old visit
   ○ 13 5 years-old visit
   ○ 88 Client does not know/not sure
   ○ 99 Client declines to answer

BENCHMARK 4

12 BIOLOGICAL MOTHERS ONLY: Did caregiver have a postpartum visit with a healthcare provider after child birth?
   ○ 01 Yes - Date of visit:_____________________
   ○ 02 No
   ○ 88 Client does not know/not sure
   ○ 99 Client declines to answer

BENCHMARK 5

13 Was the caregiver screened for depression using a validated tool before the index child turned 3 months of age?
   ○ 01 Yes - Depression Screening Date:_____________________
   ○ 02 No (SKIP to #15)

BENCHMARK 3

14 Did the screening results indicate possible depression?
   ○ 01 Yes
   ○ 02 No

BENCHMARK 17

15 Was the caregiver provided with referral information to mental health resources?
   ○ 01 Yes
   ○ 02 No
   ○ 03 Client currently receiving depression treatment services (SKIP to #17)

BENCHMARK 17

More on next page
16 Has the caregiver received any services for depression since the child was born?  
   ○ 01 Yes  
   ○ 02 No

17 Does the caregiver place the child to sleep on their back?  
   ○ 01 Always  
   ○ 02 Sometimes  
   ○ 03 Never  
   ○ 99 Client declines to answer

18 Does the caregiver place the child to sleep without bed sharing?  
   ○ 01 Always  
   ○ 02 Sometimes  
   ○ 03 Never  
   ○ 99 Client declines to answer

19 Does the caregiver place the child to sleep without soft bedding?  
   ○ 01 Always  
   ○ 02 Sometimes  
   ○ 03 Never  
   ○ 99 Client declines to answer

III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

20 Were the caregiver and child screened with a validated tool used to observe caregiver-child interaction by 3 months of age?  
   ○ 01 Yes - Screening date:________  
   ○ 02 No

21 Do family members read to, tell stories to, or sing to the child every day during a typical week?  
   ○ 01 Yes  
   ○ 02 No  
   ○ 88 Client does not know/not sure  
   ○ 99 Client declines to answer

IV. DOMESTIC VIOLENCE

22 Since child intake, was the caregiver screened for intimate partner violence using a validated tool?  
   ○ 01 Yes - IPV Screening Date:________  
   ○ 02 No (SKIP to #24)  
   ○ 03 Client disclosed IPV without screening (SKIP to #24)

23 What was the result of the intimate partner violence screening?  
   ○ 01 Screening indicates presence of IPV  
   ○ 02 Screening does not indicate IPV

24 Was the caregiver provided with referral information to IPV resources?  
   ○ 01 Yes - IPV referral date:___________  
   ○ 02 No  
   ○ 03 Client currently receiving IPV services
**Form FHV-06-INF**

**6 months infant**

**HEADER**

<table>
<thead>
<tr>
<th>1</th>
<th>Data entry staff (name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Home visitor (name)</td>
</tr>
</tbody>
</table>

| 3 | Site                    |

| 4 | Form date               |

<table>
<thead>
<tr>
<th>5</th>
<th>Is the family actively participating in home visiting as of the form date?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01 Not homeless</td>
</tr>
<tr>
<td></td>
<td>02 Homeless (SKIP to #16)</td>
</tr>
<tr>
<td></td>
<td>88 Unknown (SKIP to #17)</td>
</tr>
<tr>
<td></td>
<td>99 Client declines to answer (SKIP to #17)</td>
</tr>
</tbody>
</table>

**CHILD/CAREGIVER LOOKUP**

<table>
<thead>
<tr>
<th>6</th>
<th>Child ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Caregiver ID</td>
</tr>
</tbody>
</table>

| 8 | Family ID   |

**DEMOGRAPHICS UPDATE (CAREGIVER)**

<table>
<thead>
<tr>
<th>9</th>
<th>Home address (number and street or rural route)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>City</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>State</td>
</tr>
<tr>
<td>13</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14</th>
<th>Is the caregiver homeless?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01 Not homeless</td>
</tr>
<tr>
<td></td>
<td>02 Homeless (SKIP to #16)</td>
</tr>
<tr>
<td></td>
<td>88 Unknown (SKIP to #17)</td>
</tr>
<tr>
<td></td>
<td>99 Client declines to answer (SKIP to #17)</td>
</tr>
</tbody>
</table>

**15 If home visitor checked box "01 Not Homeless" for question 14:**

<table>
<thead>
<tr>
<th>Which of the following best describes the caregiver's current living arrangements?</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Owns or shares own home, apartment, etc.</td>
</tr>
<tr>
<td>02 Rents or shares rented home or apartment</td>
</tr>
<tr>
<td>03 Lives in public housing</td>
</tr>
<tr>
<td>04 Lives with parent or family member</td>
</tr>
<tr>
<td>05 Some other arrangement</td>
</tr>
<tr>
<td>99 Client declines to answer</td>
</tr>
</tbody>
</table>

**16 If home visitor checked box "02 Homeless" for question 14:**

<table>
<thead>
<tr>
<th>Which of the following best describes the caregiver's current living arrangements?</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Homeless and sharing housing</td>
</tr>
<tr>
<td>02 Homeless and living in an emergency or transition shelter</td>
</tr>
<tr>
<td>03 Some other arrangement</td>
</tr>
<tr>
<td>99 Client declines to answer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17</th>
<th>Legal marital status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01 Married</td>
</tr>
<tr>
<td></td>
<td>02 Divorced</td>
</tr>
<tr>
<td></td>
<td>03 Widowed</td>
</tr>
<tr>
<td></td>
<td>04 Separated</td>
</tr>
<tr>
<td></td>
<td>05 Never married</td>
</tr>
<tr>
<td></td>
<td>99 Client declines to answer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18</th>
<th>Does the caregiver currently live with their spouse or partner?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01 Yes</td>
</tr>
<tr>
<td></td>
<td>02 No</td>
</tr>
<tr>
<td></td>
<td>88 Client does not know/not sure</td>
</tr>
<tr>
<td></td>
<td>99 Client declines to answer</td>
</tr>
</tbody>
</table>

*More on next page*
### I. IMPROVED MATERNAL & NEWBORN HEALTH

<table>
<thead>
<tr>
<th>Question</th>
<th>Benchmark</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the child currently being breastfed or receiving breast milk?</td>
<td>Benchmark 2</td>
<td>01 Yes, 02 No, 03 Client is not recommended to breastfeed because of a medical condition, 99 Client declines to answer</td>
</tr>
<tr>
<td>What was the approximate date of the child’s most recent well-child visit?</td>
<td>Benchmark 4</td>
<td>03 Client currently receiving depression treatment services (SKIP to #26)</td>
</tr>
<tr>
<td>Which well-child visit occurred on this date?</td>
<td>Benchmark 4</td>
<td>01 1st week visit, 02 1 month visit, 03 2 month visit, 04 4 month visit, 05 6 month visit, 06 9 month visit, 07 12 month visit, 08 15 month visit, 09 18 month visit, 10 2 years-old visit, 11 3 years-old visit, 12 4 years-old visit, 13 5 years-old visit, 88 Client does not know/not sure, 99 Client declines to answer</td>
</tr>
<tr>
<td>Was the caregiver screened for depression using a validated tool in the past 3 months?</td>
<td>Benchmark 3</td>
<td>01 Yes - Depression Screening Date: ___________________________, 02 No (SKIP to #24)</td>
</tr>
<tr>
<td>Did the screening results indicate possible depression?</td>
<td>Benchmark 17</td>
<td>01 Yes, 02 No, 03 Client currently receiving depression treatment services (SKIP to #26)</td>
</tr>
<tr>
<td>Was the caregiver provided with referral information to mental health resources?</td>
<td>Benchmark 17</td>
<td>01 Yes, 02 No, 03 Client currently receiving depression treatment services (SKIP to #26)</td>
</tr>
<tr>
<td>Has the caregiver received any services for depression in the past 3 months?</td>
<td>Benchmark 17</td>
<td>01 Yes, 02 No, 03 Client currently receiving depression treatment services (SKIP to #26)</td>
</tr>
<tr>
<td>Where does the caregiver usually seek medical care for the child?</td>
<td></td>
<td>01 Doctor's/Nurse Practitioner's office, 02 Hospital emergency room, 03 Hospital outpatient, 04 Federally qualified health center (FQHC), 05 Retail store or minute clinic, 08 Other: ___________________________, 09 None, 88 Client does not know/not sure, 99 Client declines to answer</td>
</tr>
<tr>
<td>Does the caregiver have a dentist that they can take their child to?</td>
<td></td>
<td>01 Yes, 02 No, 88 Client does not know/not sure, 99 Client declines to answer</td>
</tr>
</tbody>
</table>

More on next page
### IV. DOMESTIC VIOLENCE

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the caregiver place the child to sleep on their back?</td>
<td>01 Always</td>
<td>02 Sometimes</td>
</tr>
<tr>
<td>Does the caregiver place the child to sleep without bed sharing?</td>
<td>01 Always</td>
<td>02 Sometimes</td>
</tr>
<tr>
<td>Does the caregiver place the child to sleep without soft bedding?</td>
<td>01 Always</td>
<td>02 Sometimes</td>
</tr>
</tbody>
</table>

### III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do family members read to, tell stories to, or sing to the child every day during a typical week?</td>
<td>01 Yes</td>
<td>02 No</td>
</tr>
</tbody>
</table>

### IV. DOMESTIC VIOLENCE

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past 3 months, was the caregiver screened for intimate partner violence using a validated tool?</td>
<td>01 Yes, IPV Screening Date: ___________</td>
<td>02 No (SKIP to #34)</td>
</tr>
<tr>
<td>What was the result of the intimate partner violence screening?</td>
<td>01 Screening indicates presence of IPV</td>
<td>02 Screening does not indicate IPV</td>
</tr>
<tr>
<td>Was the caregiver provided with referral information to IPV resources?</td>
<td>01 Yes, IPV referral date: ___________</td>
<td>02 No</td>
</tr>
</tbody>
</table>

### V. FAMILY ECONOMIC SELF-SUFFICIENCY

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the caregiver currently working?</td>
<td>01 Employed full-time (30+ hours/week)</td>
<td>02 Employed part-time (Less than 30 hours/week)</td>
</tr>
<tr>
<td>Which category best describes the caregiver's household monthly income, including benefits?</td>
<td>01 $0 - $500</td>
<td>02 $501 - $1,000</td>
</tr>
</tbody>
</table>
37 How many people are in the caregiver's household (including the caregiver)?

[ ] persons

38 Has anyone in the caregiver's household ever served in the U.S. Armed Forces, either active duty or reserves?

☐ 01 Yes
☐ 02 No
☐ 99 Client declines to answer

39 Is the caregiver currently enrolled in high school, college, or another educational program?

☐ 01 Not enrolled in a program
☐ 02 Grade school, high school, or GED program
☐ 03 Post-high school vocational/certification/technical training
☐ 04 Technical training or certificate
☐ 05 College
☐ 06 Bachelor's degree or higher
☐ 09 Other:
☐ 99 Client declines to answer

40 What is the highest level of education the caregiver has completed?

☐ 01 Less than high school diploma
☐ 02 High school diploma or GED
☐ 03 Some college or post-high school training
☐ 04 Technical training or certificate
☐ 05 Associate's degree
☐ 06 Bachelor's degree or higher
☐ 09 Other:
☐ 99 Client declines to answer

41 Does the caregiver currently have health insurance?

☐ 01 Yes, insured
☐ 02 No, uninsured (SKIP to #44)
☐ 03 Client applied for coverage, application is pending
☐ 88 Client does not know/not sure (SKIP to #44)
☐ 99 Client declines to answer (SKIP to #44)

42 What type of health plan or health insurance coverage does the caregiver currently have? (select one or more)

☐ 01 Private insurance
☐ 02 Public insurance
☐ 03 Military health care
☐ 04 Other:
☐ 88 Client does not know/not sure
☐ 99 Client declines to answer

43 Has there been any time in the past 6 months when the caregiver did not have insurance coverage?

☐ 01 Yes
☐ 02 No
☐ 88 Client does not know/not sure
☐ 99 Client declines to answer

44 Does the child currently have health insurance?

☐ 01 Yes, insured
☐ 02 No, uninsured (SKIP to #46)
☐ 03 Client applied for coverage, application is pending
☐ 88 Client does not know/not sure (SKIP to #46)
☐ 99 Client declines to answer (SKIP to #46)

45 What type of health plan or health insurance coverage does the child currently have? (select one or more)

☐ 01 Private insurance
☐ 02 Public insurance
☐ 03 Military health care
☐ 04 Other:
☐ 88 Client does not know/not sure
☐ 99 Client declines to answer

VI. SUPPLEMENTAL QUESTIONS

46 Are there any children in the caregiver's household with disabilities or developmental delays?

☐ 01 Yes
☐ 02 No
☐ 99 Client declines to answer
## 9 months infant

### Header

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>*1</td>
<td>Data entry staff (name)</td>
</tr>
<tr>
<td>*2</td>
<td>Home visitor (name)</td>
</tr>
<tr>
<td>*3</td>
<td>Site</td>
</tr>
<tr>
<td>*4</td>
<td>Form date</td>
</tr>
</tbody>
</table>

### Child/Caregiver Lookup

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>*6</td>
<td>Child ID</td>
</tr>
<tr>
<td>*7</td>
<td>Caregiver ID</td>
</tr>
<tr>
<td>8</td>
<td>Family ID</td>
</tr>
</tbody>
</table>

### I. Improved Maternal & Newborn Health

9. Is the child currently being breastfed or receiving breast milk?

- [O] 01 Yes (active)
- [O] 02 No (inactive, creative outreach, etc.)

- [O] 03 Client is not recommended to breastfeed because of a medical condition
- [O] 99 Client declines to answer

10. What was the approximate date of the child's most recent well-child visit?

88. Client does not know/not sure

11. Which well-child visit occurred on this date?

- [O] 01 1st week visit
- [O] 02 1 month visit
- [O] 03 2 month visit
- [O] 04 4 month visit
- [O] 05 6 month visit
- [O] 06 9 month visit
- [O] 07 12 month visit
- [O] 08 15 month visit
- [O] 09 18 month visit
- [O] 10 2 years-old visit
- [O] 11 3 years-old visit
- [O] 12 4 years-old visit
- [O] 13 5 years-old visit
- [O] 88 Client does not know/not sure
- [O] 99 Client declines to answer

12. Was the caregiver screened for depression using a validated tool in the past 3 months?

- [O] 01 Yes - Depression Screening Date: ________________
- [O] 02 No (SKIP to #14)

13. Did the screening results indicate possible depression?

- [O] 01 Yes
- [O] 02 No

14. Was the caregiver provided with referral information to mental health resources?

- [O] 01 Yes
- [O] 02 No
- [O] 03 Client currently receiving depression treatment services (SKIP to #16)

15. Has the caregiver received any services for depression in the past 3 months?

- [O] 01 Yes
- [O] 02 No

More on next page
III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

16. Do family members read to, tell stories to, or sing to the child every day during a typical week?
   - 01 Yes
   - 02 No
   - 88 Client does not know/not sure
   - 99 Client declines to answer

17. Was the child screened for developmental delays using the ASQ-3 at 9 months of age?
   - 01 Yes - Screening Date:__________
   - 02 No (SKIP to #19)
   - 03 Child being served by Early Intervention for developmental delays (SKIP to #19)

18. What are the results of the ASQ-3 screening at 9 months of age?
   - 01 One or more scores are below cutoff
   - 02 No scores are below cutoff

19. Indicate which of the following developmental referrals were offered (check all that apply)
   - 01 Home visitor individualized support
   - 02 Early Intervention
   - 03 Other community services

   Home Visitor Support
   - Date of referral__________
   - Initial date of service__________
   - Caregiver refused referral

   Early Intervention
   - Date of referral__________
   - Initial date of service__________
   - Caregiver refused referral
   - Unable to get services

   Other Community Services
   - Date of referral__________
   - Initial date of service__________
   - Caregiver refused referral

IV. DOMESTIC VIOLENCE

20. In the past 3 months, was the caregiver screened for intimate partner violence using a validated tool?
   - 01 Yes - IPV Screening Date:__________
   - 02 No (SKIP to #22)
   - 03 Client disclosed IPV without screening (SKIP to #22)

21. What was the result of the intimate partner violence screening?
   - 01 Screening indicates presence of IPV
   - 02 Screening does not indicate IPV

22. Was the caregiver provided with referral information to IPV resources?
   - 01 Yes - IPV referral date:__________
   - 02 No
   - 03 Client currently receiving IPV services
12 months infant

HEdER

*1 Data entry staff (name)  *2 Home visitor (name)

*3 Site

*4 Form date

5 Is the family actively participating in home visiting as of the form date?
   ○ 01 Yes (active)
   ○ 02 No (inactive, creative outreach, etc.)

CHILD/CAREGIVER LOOKUP

*6 Child ID  *7 Caregiver ID  8 Family ID

DEMOGRAPHICS UPDATE (CAREGIVER)

9 Home address (number and street or rural route)  10 City

11 County  12 State  13 Zip Code

14 Is the caregiver homeless?
   ○ 01 Not homeless
   ○ 02 Homeless (SKIP to #16)
   ○ 88 Unknown (SKIP to #17)
   ○ 99 Client declines to answer (SKIP to #17)

15 If home visitor checked box "01 Not Homeless" for question 14:
   Which of the following best describes the caregiver's current living arrangements?
   ○ 01 Owns or shares own home, apartment, etc.
   ○ 02 Rents or shares rented home or apartment
   ○ 03 Lives in public housing
   ○ 04 Lives with parent or family member
   ○ 05 Some other arrangement
   ○ 99 Client declines to answer

16 If home visitor checked box "02 Homeless" for question 14:
   Which of the following best describes the caregiver's current living arrangements?
   ○ 01 Homeless and sharing housing
   ○ 02 Homeless and living in an emergency or transition shelter
   ○ 03 Some other arrangement
   ○ 99 Client declines to answer

17 Legal marital status
   ○ 01 Married
   ○ 02 Divorced
   ○ 03 Widowed
   ○ 04 Separated
   ○ 05 Never married
   ○ 99 Client declines to answer

18 Does the caregiver currently live with their spouse or partner?
   ○ 01 Yes
   ○ 02 No
   ○ 88 Client does not know/not sure
   ○ 99 Client declines to answer

More on next page
I. IMPROVED MATERNAL & NEWBORN HEALTH

19 Is the child currently being breastfed or receiving breast milk?
   ○ 01 Yes
   ○ 02 No
   ○ 03 Client is not recommended to breastfeed because of a medical condition
   ○ 99 Client declines to answer

20 What was the approximate date of the child's most recent well-child visit? ________________

21 Which well-child visit occurred on this date?
   ○ 01 1st week visit
   ○ 02 1 month visit
   ○ 03 2 month visit
   ○ 04 4 month visit
   ○ 05 6 month visit
   ○ 06 9 month visit
   ○ 07 12 month visit
   ○ 08 15 month visit
   ○ 09 18 month visit
   ○ 10 2 years-old visit
   ○ 11 3 years-old visit
   ○ 12 4 years-old visit
   ○ 13 5 years-old visit
   ○ 88 Client does not know/not sure
   ○ 99 Client declines to answer

22 Was the caregiver screened for depression using a validated tool in the past 3 months?
   ○ 01 Yes - Depression Screening Date: ________________
   ○ 02 No (SKIP to #24)

23 Did the screening results indicate possible depression?
   ○ 01 Yes
   ○ 02 No

24 Was the caregiver provided with referral information to mental health resources?
   ○ 01 Yes
   ○ 02 No
   ○ 03 Client currently receiving depression treatment services (SKIP to #26)

25 Has the caregiver received any services for depression in the past 3 months?
   ○ 01 Yes
   ○ 02 No

26 Where does the caregiver usually seek medical care for the child?
   ○ 01 Doctor's/Nurse Practitioner's office
   ○ 02 Hospital emergency room
   ○ 03 Hospital outpatient
   ○ 04 Federally qualified health center (FQHC)
   ○ 05 Retail store or minute clinic
   ○ 08 Other: ________________
   ○ 09 None
   ○ 88 Client does not know/not sure
   ○ 99 Client declines to answer

27 Does the caregiver have a dentist that they can take their child to?
   ○ 01 Yes
   ○ 02 No
   ○ 88 Client does not know/not sure
   ○ 99 Client declines to answer

More on next page
28 Does the caregiver place the child to sleep on their back?
   ○ 01 Always
   ○ 02 Sometimes
   ○ 03 Never
   ○ 99 Client declines to answer

29 Does the caregiver place the child to sleep without bed sharing?
   ○ 01 Always
   ○ 02 Sometimes
   ○ 03 Never
   ○ 99 Client declines to answer

30 Does the caregiver place the child to sleep without soft bedding?
   ○ 01 Always
   ○ 02 Sometimes
   ○ 03 Never
   ○ 99 Client declines to answer

III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

31 Were the caregiver and child screened with a validated tool used to observe caregiver-child interaction in the past 6 months?
   ○ 01 Yes - Screening date: __________
   ○ 02 No

32 Do family members read to, tell stories to, or sing to the child every day during a typical week?
   ○ 01 Yes
   ○ 02 No
   ○ 88 Client does not know/not sure
   ○ 99 Client declines to answer

IV. DOMESTIC VIOLENCE

33 In the past 3 months, was the caregiver screened for intimate partner violence using a validated tool?
   ○ 01 Yes - IPV Screening Date: __________
   ○ 02 No (SKIP to #35)

34 What was the result of the intimate partner violence screening?
   ○ 01 Screening indicates presence of IPV
   ○ 02 Screening does not indicate IPV

35 Was the caregiver provided with referral information to IPV resources?
   ○ 01 Yes - IPV referral date: _____________
   ○ 02 No
   ○ 03 Client currently receiving IPV services

V. FAMILY ECONOMIC SELF-SUFFICIENCY

36 Is the caregiver currently working?
   ○ 01 Employed full-time (30+ hours/week)
   ○ 02 Employed part-time (Less than 30 hours/week)
   ○ 03 Not employed
   ○ 99 Client declines to answer

37 Which category best describes the caregiver's household monthly income, including benefits?
   ○ 01 $0 - $500
   ○ 02 $501 - $1,000
   ○ 03 $1,001 - $1,500
   ○ 04 $1,501 - $2,000
   ○ 05 $2,001 - $2,500
   ○ 06 $2,501 - $3,000
   ○ 07 $3,001 - $4,000
   ○ 08 $4,001 and over
   ○ 09 Client currently receiving IPV services
   ○ 88 Client does not know/not sure
   ○ 99 Client declines to answer
38 How many people are in the caregiver's household (including the caregiver)?

[ ] persons

39 Has anyone in the caregiver’s household ever served in the US Armed Forces, either active duty or reserves?

- [ ] 01 Yes
- [ ] 02 No
- [ ] 99 Client declines to answer

40 Is the caregiver currently enrolled in high school, college, or another educational program?

- [ ] 01 Not enrolled in a program
- [ ] 02 Grade school, high school, or GED program
- [ ] 03 Post-high school vocational/certification/technical training
- [ ] 04 College
- [ ] 05 Other: ________________
- [ ] 99 Client declines to answer

41 What is the highest level of education the caregiver has completed?

- [ ] 01 Less than high school diploma
- [ ] 02 High school diploma or GED
- [ ] 03 Some college or post high school training
- [ ] 04 Technical training or certificate
- [ ] 05 Associate's degree
- [ ] 06 Bachelor's degree or higher
- [ ] 09 Other: ________________
- [ ] 99 Client declines to answer

42 Does the caregiver currently have health insurance?

- [ ] 01 Yes, insured
- [ ] 02 No, uninsured (SKIP to #45)
- [ ] 03 Client applied for coverage, application is pending
- [ ] 88 Client does not know/not sure (SKIP to #45)
- [ ] 99 Client declines to answer (SKIP to #45)

43 What type of health plan or health insurance coverage does the caregiver currently have? (select one or more)

- [ ] 01 Private insurance
- [ ] 02 Public insurance
- [ ] 03 Military health care
- [ ] 04 Other: ________________
- [ ] 88 Client does not know/not sure
- [ ] 99 Client declines to answer

44 Has there been any time in the past 6 months when the caregiver did not have insurance coverage?

- [ ] 01 Yes
- [ ] 02 No
- [ ] 88 Client does not know/not sure
- [ ] 99 Client declines to answer

45 Does the child currently have health insurance?

- [ ] 01 Yes, insured
- [ ] 02 No, uninsured (SKIP to #47)
- [ ] 03 Client applied for coverage, application is pending
- [ ] 88 Client does not know/not sure (SKIP to #47)
- [ ] 99 Client declines to answer (SKIP to #47)

46 What type of health plan or health insurance coverage does the child currently have? (select one or more)

- [ ] 01 Private insurance
- [ ] 02 Public insurance
- [ ] 03 Military health care
- [ ] 04 Other: ________________
- [ ] 88 Client does not know/not sure
- [ ] 99 Client declines to answer

VI. SUPPLEMENTAL QUESTIONS

47 Are there any children in the caregiver's household with disabilities or developmental delays?

- [ ] 01 Yes
- [ ] 02 No
- [ ] 99 Client declines to answer
18 months toddler

**DEMOGRAPHICS UPDATE (CAREGIVER)**

14 Is the caregiver homeless?
   - 01 Not homeless
   - 02 Homeless *(SKIP to #16)*
   - 88 Unknown *(SKIP to #17)*
   - 99 Client declines to answer *(SKIP to #17)*

15 If home visitor checked box "01 Not Homeless" for question 14:
   Which of the following best describes the caregiver's current living arrangements?
   - 01 Owns or shares own home, apartment, etc.
   - 02 Rents or shares rented home or apartment
   - 03 Lives in public housing
   - 04 Lives with parent or family member
   - 05 Some other arrangement
   - 99 Client declines to answer *(SKIP to #17)*

16 If home visitor checked box "02 Homeless" for question 14:
   Which of the following best describes the caregiver's current living arrangements?
   - 01 Homeless and sharing housing
   - 02 Homeless and living in an emergency or transition shelter
   - 03 Some other arrangement
   - 99 Client declines to answer

17 Legal marital status
   - 01 Married
   - 02 Divorced
   - 03 Widowed
   - 04 Separated
   - 05 Never married
   - 99 Client declines to answer

18 Does the caregiver currently live with their spouse or partner?
   - 01 Yes
   - 02 No
   - 88 Client does not know/not sure
   - 99 Client declines to answer

More on next page
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>What was the approximate date of the child's most recent well-child visit?</td>
<td>BENCHMARK 4</td>
</tr>
<tr>
<td>20</td>
<td>Which well-child visit occurred on this date?</td>
<td>BENCHMARK 4</td>
</tr>
<tr>
<td>21</td>
<td>Was the caregiver screened for depression using a validated tool in the past 6 months?</td>
<td>BENCHMARK 3</td>
</tr>
<tr>
<td>22</td>
<td>Did the screening results indicate possible depression?</td>
<td>BENCHMARK 17</td>
</tr>
<tr>
<td>23</td>
<td>Was the caregiver provided with referral information to mental health resources?</td>
<td>BENCHMARK 17</td>
</tr>
<tr>
<td>24</td>
<td>Has the caregiver received any services for depression in the past 6 months?</td>
<td>BENCHMARK 17</td>
</tr>
<tr>
<td>25</td>
<td>Where does the caregiver usually seek medical care for their child?</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Does the caregiver have a dentist that they can take their child to?</td>
<td></td>
</tr>
</tbody>
</table>

More on next page
### III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

**27** Were the caregiver and child screened with a validated tool used to observe caregiver-child interaction in the past 6 months?

- 01 Yes - Screening date: ____________
- 02 No

**BENCHMARK 10**

**28** Do family members read to, tell stories to, or sing to the child every day during a typical week?

- 01 Yes
- 02 No
- 88 Client does not know/not sure
- 99 Client declines to answer

**BENCHMARK 11**

**29** Was the child screened for developmental delays using the ASQ-3 at 18 months of age?

- 01 Yes - Screening Date: ____________
- 02 No (SKIP to #31)
- 03 Child being served by Early Intervention for developmental delays (SKIP to #31)

**BENCHMARK 12**

**30** What are the results of the ASQ-3 screening at 18 months of age?

- 01 One or more scores are below cutoff
- 02 No scores are below cutoff

**BENCHMARK 12**

**31** Indicate which of the following developmental referrals were offered (check all that apply)

- 01 Home visitor individualized support
- 02 Early Intervention
- 03 Other community services

**BENCHMARK 18**

**Home Visitor Support**
- Date of Referral ____________
- Initial Date of Service ____________
- Caregiver refused referral

**Early Intervention**
- Date of Referral ____________
- Initial Date of Service ____________
- Caregiver refused referral
- Unable to get services

**Other Community Services**
- Date of Referral ____________
- Initial Date of Service ____________
- Caregiver refused referral

### IV. DOMESTIC VIOLENCE

**32** In the past 6 months, was the caregiver screened for intimate partner violence using a validated tool?

- 01 Yes - IPV Screening Date: ____________
- 02 No (SKIP to #34)
- 03 Client disclosed IPV without screening

**BENCHMARK 14**

**33** What was the result of the intimate partner violence screening?

- 01 Screening indicates presence of IPV
- 02 Screening does not indicate IPV

**BENCHMARK 19**

**34** Was the caregiver provided with referral information to IPV resources?

- 01 Yes - IPV referral date: ____________
- 02 No
- 03 Client currently receiving IPV services

**BENCHMARK 19**

**35** Is the caregiver currently working?

- 01 Employed full-time (30+ hours/week)
- 02 Employed part-time (Less than 30 hours/week)
- 03 Not employed
- 99 Client declines to answer

**BENCHMARK 19**

### V. FAMILY ECONOMIC SELF-SUFFICIENCY

**35** Is the caregiver currently working?

- 01 Employed full-time (30+ hours/week)
- 02 Employed part-time (Less than 30 hours/week)
- 03 Not employed
- 99 Client declines to answer
36 Which category best describes the caregiver's monthly household income, including benefits?
- 01 $0 - $500
- 02 $501 - $1,000
- 03 $1,001 - $1,500
- 04 $1,501 - $2,000
- 05 $2,001 - $2,500
- 06 $2,501 - $3,000
- 07 $3,001 - $4,000
- 08 $4,001 and over
- 09 Client does not know/not sure
- 88 Client does not know/not sure
- 99 Client declines to answer

37 How many people are in the caregiver's household (including the caregiver)?

[ ] persons

38 Has anyone in the caregiver's household ever served in the U.S. Armed Forces, either active duty or reserves?
- 01 Yes
- 02 No
- 09 Client declines to answer

39 Is the caregiver currently enrolled in high school, college, or another educational program?
- 01 Not enrolled in a program
- 02 Grade school, high school, or GED program
- 03 Post-high school vocational/certification/technical training
- 04 College
- 05 Other:________________________
- 06 Associate's degree
- 07 Bachelor's degree or higher
- 08 Other:________________________
- 09 Other:________________________
- 99 Client declines to answer

40 What is the highest level of education the caregiver has completed?
- 01 Less than high school diploma
- 02 High school diploma or GED
- 03 Some college or post-high school training
- 04 Technical training or certificate
- 05 Associate's degree
- 06 Bachelor's degree or higher
- 07 Other:________________________
- 08 Other:________________________
- 99 Client declines to answer

41 Does the caregiver currently have health insurance?
- 01 Yes, insured
- 02 No, uninsured (SKIP to #44)
- 03 Client applied for coverage, application is pending
- 08 Client does not know/not sure (SKIP to #44)
- 99 Client declines to answer (SKIP to #44)

42 What type of health plan or health insurance coverage does the caregiver currently have? (select one or more)
- 01 Private insurance
- 02 Public insurance
- 03 Military health care
- 04 Other:
- 08 Client does not know/not sure
- 99 Client declines to answer

43 Has there been any time in the past 6 months when the caregiver did not have insurance coverage?
- 01 Yes
- 02 No
- 09 Client declines to answer
- 88 Client does not know/not sure

44 Does the child currently have health insurance?
- 01 Yes, insured
- 02 No, uninsured (SKIP to #46)
- 03 Client applied for coverage, application is pending
- 08 Client does not know/not sure (SKIP to #46)
- 99 Client declines to answer (SKIP to #46)

45 What type of health plan or health insurance coverage does the child currently have? (select one or more)
- 01 Private insurance
- 02 Public insurance
- 03 Military health care
- 04 Other:
- 08 Client does not know/not sure
- 99 Client declines to answer

VI. SUPPLEMENTAL QUESTIONS

46 Are there any children in the caregiver's household with disabilities or developmental delays?
- 01 Yes
- 02 No
- 09 Client declines to answer
- 88 Client does not know/not sure
## DEMOGRAPHICS UPDATE (CAREGIVER)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Home address (number and street or rural route)</td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>County</td>
<td>12</td>
</tr>
</tbody>
</table>

14 Is the caregiver homeless?

- 01 Not homeless
- 02 Homeless *(SKIP to #16)*
- 88 Unknown *(SKIP to #17)*
- 99 Client declines to answer *(SKIP to #17)*

15 If home visitor checked box "01 Not Homeless" for question 14:

Which of the following best describes the caregiver's current living arrangements?

- 01 Owns or shares own home, apartment, etc.
- 02 Rents or shares rented home or apartment
- 03 Lives in public housing
- 04 Lives with parent or family member
- 05 Some other arrangement
- 09 Client declines to answer

*(SKIP to #17)*

16 If home visitor checked box "02 Homeless" for question 14:

Which of the following best describes the caregiver's current living arrangements?

- 01 Homeless and sharing housing
- 02 Homeless and living in an emergency or transition shelter
- 03 Some other arrangement
- 09 Client declines to answer

17 Legal marital status

- 01 Married
- 02 Divorced
- 03 Widowed
- 04 Separated
- 05 Never married
- 09 Client declines to answer

18 Does the caregiver currently live with their spouse or partner?

- 01 Yes
- 02 No
- 88 Client does not know/not sure
- 99 Client declines to answer

More on next page
I. IMPROVED MATERNAL & NEWBORN HEALTH

19. What was the approximate date of the child's most recent well-child visit? ________________

20. Which well-child visit occurred on this date?
   - 01 1st week visit
   - 02 1 month visit
   - 03 2 month visit
   - 04 4 month visit
   - 05 6 month visit
   - 06 9 month visit
   - 07 12 month visit
   - 08 15 month visit
   - 09 18 month visit
   - 10 2 years-old visit
   - 11 3 years-old visit
   - 12 4 years-old visit
   - 13 5 years-old visit
   - 88 Client does not know/not sure
   - 99 Client declines to answer

21. Was the caregiver screened for depression using a validated tool in the past 6 months?
   - 01 Yes - Depression Screening Date: ________________
   - 02 No (SKIP to #23)

22. Did the screening results indicate possible depression?
   - 01 Yes
   - 02 No

23. Was the caregiver provided with referral information to mental health resources?
   - 01 Yes
   - 02 No
   - 03 Client currently receiving depression treatment services (SKIP to #25)

24. Has the caregiver received any services for depression in the past 6 months?
   - 01 Yes
   - 02 No

25. Where does the caregiver usually seek medical care for their child?
   - 01 Doctor's/Nurse Practitioner's office
   - 02 Hospital emergency room
   - 03 Hospital outpatient
   - 04 Federally qualified health center (FQHC)
   - 05 Retail store or minute clinic
   - 08 Other: ________________
   - 09 None
   - 88 Client does not know/not sure
   - 99 Client declines to answer

26. Does the caregiver have a dentist that they can take their child to?
   - 01 Yes
   - 02 No
   - 88 Client does not know/not sure
   - 99 Client declines to answer
### III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

27. Were the caregiver and child screened with a validated tool used to observe caregiver-child interaction in the past 6 months?
   - 01 Yes - Screening date: ____________
   - 02 No

28. Do family members read to, tell stories to, or sing to the child every day during a typical week?
   - 01 Yes
   - 02 No
   - 08 Client does not know/not sure
   - 09 Client declines to answer

29. Was the child screened for developmental delays using the ASQ-3 at 24 months of age?
   - 01 Yes - Screening Date: ____________
   - 02 No (SKIP to #31)
   - 03 Child being served by Early Intervention for developmental delays (SKIP to #31)

30. What are the results of the ASQ-3 screening at 24 months of age?
   - 01 One or more scores are below cutoff
   - 02 No scores are below cutoff

31. Indicate which of the following developmental referrals were offered (check all that apply)
   - 01 Home visitor individualized support
   - 02 Early Intervention
   - 03 Other community services

<table>
<thead>
<tr>
<th>Home Visitor Support</th>
<th>Early Intervention</th>
<th>Other Community Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Referral</td>
<td>Date of Referral</td>
<td>Date of Referral</td>
</tr>
<tr>
<td>Initial Date of Service</td>
<td>Initial Date of Service</td>
<td>Initial Date of Service</td>
</tr>
<tr>
<td>Caregiver refused referral</td>
<td>Caregiver refused referral</td>
<td>Caregiver refused referral</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### IV. DOMESTIC VIOLENCE

32. In the past 6 months, was the caregiver screened for intimate partner violence using a validated tool?
   - 01 Yes - IPV Screening Date: ____________
   - 02 No (SKIP to #34)
   - 03 Client disclosed IPV without screening (SKIP to #34)

33. What was the result of the intimate partner violence screening?
   - 01 Screening indicates presence of IPV
   - 02 Screening does not indicate IPV

34. Was the caregiver provided with referral information to IPV resources?
   - 01 Yes - IPV referral date: ____________
   - 02 No
   - 03 Client currently receiving IPV services
   - 03 Client disclosed IPV without screening

### V. FAMILY ECONOMIC SELF-SUFFICIENCY

35. Is the caregiver currently working?
   - 01 Employed full-time (30+ hours/week)
   - 02 Employed part-time (Less than 30 hours/week)
   - 03 Not employed
   - 09 Client declines to answer

More on next page
36 Which category best describes the caregiver's **monthly** household income, including benefits?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>$0 - $500</td>
</tr>
<tr>
<td>02</td>
<td>$501 - $1,000</td>
</tr>
<tr>
<td>03</td>
<td>$1,001 - $1,500</td>
</tr>
<tr>
<td>04</td>
<td>$1,501 - $2,000</td>
</tr>
<tr>
<td>05</td>
<td>$2,001 - $2,500</td>
</tr>
<tr>
<td>06</td>
<td>$2,501 - $3,000</td>
</tr>
<tr>
<td>07</td>
<td>$3,001 - $4,000</td>
</tr>
<tr>
<td>08</td>
<td>$4,001 and over</td>
</tr>
<tr>
<td>09</td>
<td>Client does not know/not sure</td>
</tr>
<tr>
<td>99</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

37 How many people are in the caregiver's household (including the caregiver)?

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

38 Has anyone in the caregiver's household ever served in the U.S. Armed Forces, either active duty or reserves?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>99</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

39 Is the caregiver currently enrolled in high school, college, or another educational program?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Not enrolled in a program</td>
</tr>
<tr>
<td>02</td>
<td>Grade school, high school, or GED program</td>
</tr>
<tr>
<td>03</td>
<td>Post-high school vocational/certification/technical training</td>
</tr>
<tr>
<td>04</td>
<td>College</td>
</tr>
<tr>
<td>05</td>
<td>Other: ____________________</td>
</tr>
<tr>
<td>06</td>
<td>Associate's degree</td>
</tr>
<tr>
<td>07</td>
<td>Bachelor's degree or higher</td>
</tr>
<tr>
<td>09</td>
<td>Other: ____________________</td>
</tr>
<tr>
<td>99</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

40 What is the highest level of education the caregiver has completed?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Less than high school diploma</td>
</tr>
<tr>
<td>02</td>
<td>High school diploma or GED</td>
</tr>
<tr>
<td>03</td>
<td>Some college or post-high school training</td>
</tr>
<tr>
<td>04</td>
<td>Technical training or certificate</td>
</tr>
<tr>
<td>05</td>
<td>Other: ____________________</td>
</tr>
<tr>
<td>06</td>
<td>Associate's degree</td>
</tr>
<tr>
<td>07</td>
<td>Bachelor's degree or higher</td>
</tr>
<tr>
<td>09</td>
<td>Other: ____________________</td>
</tr>
<tr>
<td>99</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

41 Does the caregiver currently have health insurance?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes, insured</td>
</tr>
<tr>
<td>02</td>
<td>No, uninsured (SKIP to #44)</td>
</tr>
<tr>
<td>03</td>
<td>Client applied for coverage, application is pending</td>
</tr>
<tr>
<td>88</td>
<td>Client does not know/not sure (SKIP to #44)</td>
</tr>
<tr>
<td>99</td>
<td>Client declines to answer (SKIP to #44)</td>
</tr>
</tbody>
</table>

42 What type of health plan or health insurance coverage does the caregiver currently have? (select one or more)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Private insurance</td>
</tr>
<tr>
<td>02</td>
<td>Public insurance</td>
</tr>
<tr>
<td>03</td>
<td>Military health care</td>
</tr>
<tr>
<td>04</td>
<td>Other: ____________________</td>
</tr>
<tr>
<td>88</td>
<td>Client does not know/not sure</td>
</tr>
<tr>
<td>99</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

43 Has there been any time in the past 6 months when the caregiver did not have insurance coverage?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>88</td>
<td>Client does not know/not sure</td>
</tr>
<tr>
<td>99</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

44 Does the child currently have health insurance?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes, insured</td>
</tr>
<tr>
<td>02</td>
<td>No, uninsured (SKIP to #46)</td>
</tr>
<tr>
<td>03</td>
<td>Client applied for coverage, application is pending</td>
</tr>
<tr>
<td>88</td>
<td>Client does not know/not sure (SKIP to #46)</td>
</tr>
<tr>
<td>99</td>
<td>Client declines to answer (SKIP to #46)</td>
</tr>
</tbody>
</table>

45 What type of health plan or health insurance coverage does the child currently have? (select one or more)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Private insurance</td>
</tr>
<tr>
<td>02</td>
<td>Public insurance</td>
</tr>
<tr>
<td>03</td>
<td>Military health care</td>
</tr>
<tr>
<td>04</td>
<td>Other: ____________________</td>
</tr>
<tr>
<td>88</td>
<td>Client does not know/not sure</td>
</tr>
<tr>
<td>99</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

VI. SUPPLEMENTAL QUESTIONS

46 Are there any children in the caregiver's household with disabilities or developmental delays?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>99</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>
### 30 months toddler

**HEADER**

<table>
<thead>
<tr>
<th>*1</th>
<th>Data entry staff (name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*2</td>
<td>Home visitor (name)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*3</th>
<th>Site</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>*4</th>
<th>Form date</th>
</tr>
</thead>
</table>

**CHILD/CAREGIVER LOOKUP**

<table>
<thead>
<tr>
<th>*6</th>
<th>Child ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>*7</td>
<td>Caregiver ID</td>
</tr>
</tbody>
</table>

| 8 | Family ID |

**DEMOGRAPHICS UPDATE (CAREGIVER)**

<table>
<thead>
<tr>
<th>9</th>
<th>Home address (number and street or rural route)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>City</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>State</td>
</tr>
<tr>
<td>13</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14</th>
<th>Is the caregiver homeless?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ 01</td>
<td>Not homeless</td>
</tr>
<tr>
<td>○ 02</td>
<td>Homeless (SKIP to #16)</td>
</tr>
<tr>
<td>○ 04</td>
<td>Lives with parent or family member</td>
</tr>
<tr>
<td>○ 05</td>
<td>Some other arrangement</td>
</tr>
<tr>
<td>○ 09</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

**If home visitor checked box "01 Not Homeless" for question 14:**

Which of the following best describes the caregiver's current living arrangements?

| ○ 01 | Owns or shares own home, apartment, etc. |
| ○ 02 | Rents or shares rented home or apartment |
| ○ 03 | Lives in public housing |
| ○ 04 | Lives with parent or family member |
| ○ 05 | Some other arrangement |
| ○ 09 | Client declines to answer |

**If home visitor checked box "02 Homeless" for question 14:**

Which of the following best describes the caregiver's current living arrangements?

| ○ 01 | Homeless and sharing housing |
| ○ 02 | Homeless and living in an emergency or transition shelter |
| ○ 03 | Some other arrangement |
| ○ 04 | Separated |
| ○ 05 | Never married |
| ○ 09 | Client declines to answer |

<table>
<thead>
<tr>
<th>17</th>
<th>Legal marital status</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ 01</td>
<td>Married</td>
</tr>
<tr>
<td>○ 02</td>
<td>Divorced</td>
</tr>
<tr>
<td>○ 03</td>
<td>Widowed</td>
</tr>
<tr>
<td>○ 04</td>
<td>Separated</td>
</tr>
<tr>
<td>○ 05</td>
<td>Never married</td>
</tr>
<tr>
<td>○ 09</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18</th>
<th>Does the caregiver currently live with their spouse or partner?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ 01</td>
<td>Yes</td>
</tr>
<tr>
<td>○ 02</td>
<td>No</td>
</tr>
<tr>
<td>○ 08</td>
<td>Client does not know/not sure</td>
</tr>
<tr>
<td>○ 09</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

*More on next page*
## I. IMPROVED MATERNAL & NEWBORN HEALTH

19. What was the approximate date of the child's most recent well-child visit?  

20. Which well-child visit occurred on this date?  

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>1st week visit</td>
</tr>
<tr>
<td>02</td>
<td>1 month visit</td>
</tr>
<tr>
<td>03</td>
<td>2 month visit</td>
</tr>
<tr>
<td>04</td>
<td>4 month visit</td>
</tr>
<tr>
<td>05</td>
<td>6 month visit</td>
</tr>
<tr>
<td>06</td>
<td>9 month visit</td>
</tr>
<tr>
<td>07</td>
<td>12 month visit</td>
</tr>
<tr>
<td>08</td>
<td>15 month visit</td>
</tr>
<tr>
<td>09</td>
<td>18 month visit</td>
</tr>
<tr>
<td>10</td>
<td>2 years-old visit</td>
</tr>
<tr>
<td>11</td>
<td>3 years-old visit</td>
</tr>
<tr>
<td>12</td>
<td>4 years-old visit</td>
</tr>
<tr>
<td>13</td>
<td>5 years-old visit</td>
</tr>
<tr>
<td>08</td>
<td>Client does not know/not sure</td>
</tr>
<tr>
<td>99</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

21. Was the caregiver screened for depression using a validated tool in the past 6 months?  

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes - Depression Screening Date: ________________</td>
</tr>
<tr>
<td>02</td>
<td>No (SKIP to #23)</td>
</tr>
</tbody>
</table>

22. Did the screening results indicate possible depression?  

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
</tbody>
</table>

23. Was the caregiver provided with referral information to mental health resources?  

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>03</td>
<td>Client currently receiving depression treatment services (SKIP to #25)</td>
</tr>
</tbody>
</table>

24. Has the caregiver received any services for depression in the past 6 months?  

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
</tbody>
</table>

25. Where does the caregiver usually seek medical care for their child?  

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Doctor's/Nurse Practitioner's office</td>
</tr>
<tr>
<td>02</td>
<td>Hospital emergency room</td>
</tr>
<tr>
<td>03</td>
<td>Hospital outpatient</td>
</tr>
<tr>
<td>04</td>
<td>Federally qualified health center (FQHC)</td>
</tr>
<tr>
<td>05</td>
<td>Retail store or minute clinic</td>
</tr>
<tr>
<td>08</td>
<td>Other: ________________</td>
</tr>
<tr>
<td>09</td>
<td>None</td>
</tr>
<tr>
<td>88</td>
<td>Client does not know/not sure</td>
</tr>
<tr>
<td>99</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

26. Does the caregiver have a dentist that they can take their child to?  

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>88</td>
<td>Client does not know/not sure</td>
</tr>
<tr>
<td>99</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

---

More on next page
III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

27 Were the caregiver and child screened with a validated tool used to observe caregiver-child interaction in the past 6 months?
   ○ 01 Yes - Screening date:____________
   ○ 02 No

BENCHMARK 10

28 Do family members read to, tell stories to, or sing to the child every day during a typical week?
   ○ 01 Yes
   ○ 02 No
   ○ 88 Client does not know/not sure
   ○ 99 Client declines to answer

BENCHMARK 11

IV. DOMESTIC VIOLENCE

29 In the past 6 months, was the caregiver screened for intimate partner violence using a validated tool?
   ○ 01 Yes - IPV Screening Date:____________
   ○ 02 No (SKIP to #31)
   ○ 03 Client disclosed IPV without screening (SKIP to #31)

BENCHMARK 14

30 What was the result of the intimate partner violence screening?
   ○ 01 Screening indicates presence of IPV
   ○ 02 Screening does not indicate IPV

BENCHMARK 19

31 Was the caregiver provided with referral information to IPV resources?
   ○ 01 Yes - IPV referral date:____________
   ○ 02 No
   ○ 03 Client currently receiving IPV services

BENCHMARK 19

V. FAMILY ECONOMIC SELF-SUFFICIENCY

32 Is the caregiver currently working?
   ○ 01 Employed full-time (30+ hours/week)
   ○ 02 Employed part-time (Less than 30 hours/week)
   ○ 03 Not employed
   ○ 99 Client declines to answer

33 Which category best describes the caregiver's monthly household income, including benefits?
   ○ 01 $0 - $500
   ○ 02 $501 - $1,000
   ○ 03 $1,001 - $1,500
   ○ 04 $1,501 - $2,000
   ○ 05 $2,001 - $2,500
   ○ 06 $2,501 - $3,000
   ○ 07 $3,001 - $4,000
   ○ 08 $4,001 and over
   ○ 88 Client does not know/not sure
   ○ 99 Client declines to answer

34 How many people are in the caregiver's household (including the caregiver)?

   persons

35 Has anyone in the caregiver's household ever served in the U.S. Armed Forces, either active duty or reserves?
   ○ 01 Yes
   ○ 02 No
   ○ 99 Client declines to answer

More on next page
36 Is the caregiver currently enrolled in high school, college, or another educational program?  
☐ 01 Not enrolled in a program  
☐ 02 Grade school, high school, or GED program  
☐ 03 Post-high school vocational/certification/technical training  
☐ 04 College  
☐ 05 Other:___________________  
☐ 99 Client declines to answer  

37 What is the highest level of education the caregiver has completed?  
☐ 01 Less than high school diploma  
☐ 02 High school diploma or GED  
☐ 03 Some college or post-high school training  
☐ 04 Technical training or certificate  
☐ 05 Associate's degree  
☐ 06 Bachelor's degree or higher  
☐ 09 Other:___________________  
☐ 99 Client declines to answer  

38 Does the caregiver currently have health insurance?  
☐ 01 Yes, insured  
☐ 02 No, uninsured (SKIP to #41)  
☐ 03 Client applied for coverage, application is pending  
☐ 88 Client does not know/not sure (SKIP to #41)  
☐ 99 Client declines to answer (SKIP to #41)  

39 What type of health plan or health insurance coverage does the caregiver currently have? (select one or more)  
☐ 01 Private insurance  
☐ 02 Public insurance  
☐ 03 Military health care  
☐ 04 Other:___________________  
☐ 88 Client does not know/not sure  
☐ 99 Client declines to answer  

40 Has there been any time in the past 6 months when the caregiver did not have insurance coverage?  
☐ 01 Yes  
☐ 02 No  
☐ 88 Client does not know/not sure  
☐ 99 Client declines to answer  

41 Does the child currently have health insurance?  
☐ 01 Yes, insured  
☐ 02 No, uninsured (SKIP to #43)  
☐ 03 Client applied for coverage, application is pending  
☐ 88 Client does not know/not sure (SKIP to #43)  
☐ 99 Client declines to answer (SKIP to #43)  

42 What type of health plan or health insurance coverage does the child currently have? (select one or more)  
☐ 01 Private insurance  
☐ 02 Public insurance  
☐ 03 Military health care  
☐ 04 Other:___________________  
☐ 88 Client does not know/not sure  
☐ 99 Client declines to answer  

43 Are there any children in the caregiver's household with disabilities or developmental delays?  
☐ 01 Yes  
☐ 02 No  
☐ 99 Client declines to answer  

VI. SUPPLEMENTAL QUESTIONS
# 36 months preschooler

## HEADER

- **1** Data entry staff (name)
- **2** Home visitor (name)
- **3** Site
- **4** Form Date

---

## Child/Caregiver Lookup

- **6** Child ID
- **7** Caregiver ID
- **8** Family ID

---

## Demographics Update (Caregiver)

- **9** Home address (number and street or rural route)
- **10** City
- **11** County
- **12** State
- **13** Zip Code

---

### 14 Is the caregiver homeless?

- **01** Not homeless
- **02** Homeless *(SKIP to #16)*
- **88** Unknown *(SKIP to #17)*
- **99** Client declines to answer *(SKIP to #17)*

---

**15 If home visitor checked box "01 Not Homeless" for question 14:**

Which of the following best describes the caregiver's current living arrangements?

- **01** Owns or shares own home, apartment, etc.
- **02** Rents or shares rented home or apartment
- **03** Lives in public housing
- **04** Lives with parent or family member
- **05** Some other arrangement
- **99** Client declines to answer *(SKIP to #17)*

---

**16 If home visitor checked box "02 Homeless" for question 14:**

Which of the following best describes the caregiver's current living arrangements?

- **01** Homeless and sharing housing
- **02** Homeless and living in an emergency or transition shelter
- **03** Some other arrangement
- **99** Client declines to answer

---

### 17 Legal marital status

- **01** Married
- **02** Divorced
- **03** Widowed
- **04** Separated
- **05** Never married
- **99** Client declines to answer

---

### 18 Does the caregiver currently live with their spouse or partner?

- **01** Yes
- **02** No
- **88** Client does not know/not sure
- **99** Client declines to answer
I. IMPROVED MATERNAL & NEWBORN HEALTH

19 What was the approximate date of the child's most recent well-child visit? ____________________

20 Which well-child visit occurred on this date?

- 01 1st week visit
- 02 1 month visit
- 03 2 month visit
- 04 4 month visit
- 05 6 month visit
- 06 9 month visit
- 07 12 month visit
- 08 15 month visit
- 09 18 month visit
- 10 2 years-old visit
- 11 3 years-old visit
- 12 4 years-old visit
- 13 5 years-old visit
- 88 Client does not know/not sure
- 99 Client declines to answer

21 Was the caregiver screened for depression using a validated tool in the past 6 months?

- 01 Yes - Depression Screening Date: ____________________
- 02 No (SKIP to #23)

22 Did the screening results indicate possible depression?

- 01 Yes
- 02 No

23 Was the caregiver provided with referral information to mental health resources?

- 01 Yes
- 02 No
- 03 Client currently receiving depression treatment services (SKIP to #25)

24 Has the caregiver received any services for depression in the past 6 months?

- 01 Yes
- 02 No

25 Where does the caregiver usually seek medical care for their child?

- 01 Doctor's/Nurse Practitioner's office
- 02 Hospital emergency room
- 03 Hospital outpatient
- 04 Federally qualified health center (FQHC)
- 05 Retail store or minute clinic
- 06 Federally qualified health center (FQHC)
- 07 Free clinic
- 08 Other: ____________________
- 09 None
- 88 Client does not know/not sure
- 99 Client declines to answer

26 Does the caregiver have a dentist that they can take their child to?

- 01 Yes
- 02 No
- 88 Client does not know/not sure
- 99 Client declines to answer
III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

27. Were the caregiver and child screened with a validated tool used to observe caregiver-child interaction in the past 6 months?
   - 01 Yes - Screening date: ____________
   - 02 No

BENCHMARK 10

28. Do family members read to, tell stories to, or sing to the child every day during a typical week?
   - 01 Yes
   - 02 No
   - 88 Client does not know/not sure
   - 99 Client declines to answer

BENCHMARK 11

IV. DOMESTIC VIOLENCE

29. In the past 6 months, was the caregiver screened for intimate partner violence using a validated tool?
   - 01 Yes - IPV Screening Date: ____________
   - 02 No (SKIP to #31)
   - 03 Client disclosed IPV without screening (SKIP to #33)

BENCHMARK 14

30. What was the result of the intimate partner violence screening?
   - 01 Screening indicates presence of IPV
   - 02 Screening does not indicate IPV

BENCHMARK 19

31. Was the caregiver provided with referral information to IPV resources?
   - 01 Yes - IPV referral date: ____________
   - 02 No
   - 03 Client currently receiving IPV services

BENCHMARK 19

V. FAMILY ECONOMIC SELF-SUFFICIENCY

32. Is the caregiver currently working?
   - 01 Employed full-time (30+ hours/week)
   - 02 Employed part-time (Less than 30 hours/week)
   - 03 Not employed
   - 99 Client declines to answer

33. Which category best describes the caregiver's monthly household income, including benefits?
   - 01 $0 - $500
   - 02 $501 - $1,000
   - 03 $1,001 - $1,500
   - 04 $1,501 - $2,000
   - 05 $2,001 - $2,500
   - 06 $2,501 - $3,000
   - 07 $3,001 - $4,000
   - 08 $4,001 and over
   - 09 Client does not know/not sure
   - 09 Client declines to answer

34. How many people are in the caregiver's household (including the caregiver)?
   ____________ persons

35. Has anyone in the caregiver's household ever served in the U.S. Armed Forces, either active duty or reserves?
   - 01 Yes
   - 02 No
   - 09 Client declines to answer

More on next page
<table>
<thead>
<tr>
<th>36</th>
<th>Is the caregiver currently enrolled in high school, college, or another educational program?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ 01 Not enrolled in a program</td>
</tr>
<tr>
<td></td>
<td>○ 02 Grade school, high school, or GED program</td>
</tr>
<tr>
<td></td>
<td>○ 03 Post-high school vocational/certification/technical training</td>
</tr>
<tr>
<td></td>
<td>○ 04 College</td>
</tr>
<tr>
<td></td>
<td>○ 05 Other: ____________</td>
</tr>
<tr>
<td></td>
<td>○ 99 Client declines to answer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>37</th>
<th>What is the highest level of education the caregiver has completed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ 01 Less than high school diploma</td>
</tr>
<tr>
<td></td>
<td>○ 02 High school diploma or GED</td>
</tr>
<tr>
<td></td>
<td>○ 03 Some college or post-high school training</td>
</tr>
<tr>
<td></td>
<td>○ 04 Technical training or certificate</td>
</tr>
<tr>
<td></td>
<td>○ 05 Associate's degree</td>
</tr>
<tr>
<td></td>
<td>○ 06 Bachelor's degree or higher</td>
</tr>
<tr>
<td></td>
<td>○ 09 Other: ____________</td>
</tr>
<tr>
<td></td>
<td>○ 99 Client declines to answer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>38</th>
<th>Does the caregiver currently have health insurance?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ 01 Yes, insured</td>
</tr>
<tr>
<td></td>
<td>○ 02 No, uninsured (SKIP to #41)</td>
</tr>
<tr>
<td></td>
<td>○ 03 Client applied for coverage, application is pending (SKIP to #41)</td>
</tr>
<tr>
<td></td>
<td>○ 88 Client does not know/not sure (SKIP to #41)</td>
</tr>
<tr>
<td></td>
<td>○ 99 Client declines to answer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>39</th>
<th>What type of health plan or health insurance coverage does the caregiver currently have?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ 01 Private insurance</td>
</tr>
<tr>
<td></td>
<td>○ 02 Public insurance</td>
</tr>
<tr>
<td></td>
<td>○ 03 Military health care</td>
</tr>
<tr>
<td></td>
<td>○ 04 Other: ____________</td>
</tr>
<tr>
<td></td>
<td>○ 88 Client does not know/not sure</td>
</tr>
<tr>
<td></td>
<td>○ 99 Client declines to answer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>40</th>
<th>Has there been any time in the past 6 months when the caregiver did not have insurance coverage?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ 01 Yes</td>
</tr>
<tr>
<td></td>
<td>○ 02 No</td>
</tr>
<tr>
<td></td>
<td>○ 88 Client does not know/not sure</td>
</tr>
<tr>
<td></td>
<td>○ 99 Client declines to answer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>41</th>
<th>Does the child currently have health insurance?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ 01 Yes, insured</td>
</tr>
<tr>
<td></td>
<td>○ 02 No, uninsured (SKIP to #43)</td>
</tr>
<tr>
<td></td>
<td>○ 03 Client applied for coverage, application is pending (SKIP to #43)</td>
</tr>
<tr>
<td></td>
<td>○ 88 Client does not know/not sure</td>
</tr>
<tr>
<td></td>
<td>○ 99 Client declines to answer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>42</th>
<th>What type of health plan or health insurance coverage does the child currently have?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ 01 Private insurance</td>
</tr>
<tr>
<td></td>
<td>○ 02 Public insurance</td>
</tr>
<tr>
<td></td>
<td>○ 03 Military health care</td>
</tr>
<tr>
<td></td>
<td>○ 04 Other: ____________</td>
</tr>
<tr>
<td></td>
<td>○ 88 Client does not know/not sure</td>
</tr>
<tr>
<td></td>
<td>○ 99 Client declines to answer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VI. SUPPLEMENTAL QUESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Form FHV-42-PRE

42 months preschooler

HEADER

*1 Data entry staff (name) *2 Home visitor (name)

*3 Site

*4 Form date

5 Is the family actively participating in home visiting as of the form date?
   ○ 01 Yes (active)
   ○ 02 No (inactive, creative outreach, etc.)

CHILD/CAREGIVER LOOKUP

*6 Child ID *7 Caregiver ID 8 Family ID

DEMOGRAPHICS UPDATE (CAREGIVER)

9 Home address (number and street or rural route) 10 City

11 County 12 State 13 Zip Code

14 Is the caregiver homeless?
   ○ 01 Not homeless
   ○ 02 Homeless (SKIP to #16)
   ○ 88 Unknown (SKIP to #17)
   ○ 99 Client declines to answer (SKIP to #17)

15 If home visitor checked box "01 Not Homeless" for question 14:
Which of the following best describes the caregiver's current living arrangements?
   ○ 01 Owns or shares own home, apartment, etc.
   ○ 02 Rents or shares rented home or apartment
   ○ 03 Lives in public housing
   ○ 04 Lives with parent or family member
   ○ 05 Some other arrangement
   ○ 09 Client declines to answer

16 If home visitor checked box "02 Homeless" for question 14:
Which of the following best describes the caregiver's current living arrangements?
   ○ 01 Homeless and sharing housing
   ○ 02 Homeless and living in an emergency or transition shelter
   ○ 03 Some other arrangement
   ○ 09 Client declines to answer

17 Legal marital status
   ○ 01 Married
   ○ 02 Divorced
   ○ 03 Widowed
   ○ 04 Separated
   ○ 05 Never married
   ○ 09 Client declines to answer

18 Does the caregiver currently live with their spouse or partner?
   ○ 01 Yes
   ○ 02 No
   ○ 88 Client does not know/not sure
   ○ 99 Client declines to answer

More on next page
I. IMPROVED MATERNAL & NEWBORN HEALTH

19 What was the approximate date of the child's most recent well-child visit? ________________

20 Which well-child visit occurred on this date?

- 01 1st week visit
- 02 1 month visit
- 03 2 month visit
- 04 4 month visit
- 05 6 month visit
- 06 9 month visit
- 07 12 month visit
- 08 15 month visit
- 09 18 month visit
- 10 2 years-old visit
- 11 3 years-old visit
- 12 4 years-old visit
- 13 5 years-old visit
- 88 Client does not know/not sure
- 99 Client declines to answer

21 Was the caregiver screened for depression using a validated tool in the past 6 months?

- 01 Yes - Depression Screening Date: ________________
- 02 No (SKIP to #23)

22 Did the screening results indicate possible depression?

- 01 Yes
- 02 No

23 Was the caregiver provided with referral information to mental health resources?

- 01 Yes
- 02 No
- 03 Client currently receiving depression treatment services (SKIP to #25)

24 Has the caregiver received any services for depression in the past 6 months?

- 01 Yes
- 02 No

25 Where does the caregiver usually seek medical care for their child?

- 01 Doctor's/Nurse Practitioner's office
- 02 Hospital emergency room
- 03 Hospital outpatient
- 04 Federally qualified health center (FQHC)
- 05 Retail store or minute clinic
- 06 Other: ________________
- 08 Other: ________________
- 09 None
- 88 Client does not know/not sure
- 99 Client declines to answer

26 Does the caregiver have a dentist that they can take their child to?

- 01 Yes
- 02 No
- 88 Client does not know/not sure
- 99 Client declines to answer
III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

27 Do family members read to, tell stories to, or sing to the child every day during a typical week?

- Yes (01)
- No (02)
- Client does not know/not sure (88)
- Client declines to answer (99)

IV. DOMESTIC VIOLENCE

28 In the past 6 months, was the caregiver screened for intimate partner violence using a validated tool?

- Yes - IPV Screening Date: ________________ (01)
- No (02) (SKIP to #30)
- Client disclosed IPV without screening (03) (SKIP to #30)

29 What was the result of the intimate partner violence screening?

- Screening indicates presence of IPV (01)
- Screening does not indicate IPV (02)

30 Was the caregiver provided with referral information to IPV resources?

- Yes - IPV referral date: ________________ (01)
- No (02)
- Client currently receiving IPV services (03)

V. FAMILY ECONOMIC SELF-SUFFICIENCY

31 Is the caregiver currently working?

- Employed full-time (30+ hours/week) (01)
- Employed part-time (Less than 30 hours/week) (02)
- Not employed (03)
- Client declines to answer (99)

32 Which category best describes the caregiver's monthly household income, including benefits?

- $0 - $500 (01)
- $501 - $1,000 (02)
- $1,001 - $1,500 (03)
- $1,501 - $2,000 (04)
- $2,001 - $2,500 (05)
- $2,501 - $3,000 (06)
- $3,001 - $4,000 (07)
- $4,001 and over (08)
- Client does not know/not sure (09)
- Client declines to answer (99)

33 How many people are in the caregiver's household (including the caregiver)?

[ ] _______ persons

34 Has anyone in the caregiver's household ever served in the U.S. Armed Forces, either active duty or reserves?

- Yes (01)
- No (02)
- Client declines to answer (99)
### Is the caregiver currently enrolled in high school, college, or another educational program?

- [ ] 01 Not enrolled in a program
- [ ] 02 Grade school, high school, or GED program
- [ ] 03 Post-high school vocational/certification/technical training
- [ ] 04 College
- [ ] 05 Other: __________________________
- [ ] 99 Client declines to answer

### What is the highest level of education the caregiver has completed?

- [ ] 01 Less than high school diploma
- [ ] 02 High school diploma or GED
- [ ] 03 Some college or post-high school training
- [ ] 04 Technical training or certificate
- [ ] 05 Associate's degree
- [ ] 06 Bachelor's degree or higher
- [ ] 09 Other: __________________________
- [ ] 99 Client declines to answer

### Does the caregiver currently have health insurance?

- [ ] 01 Yes, insured
- [ ] 02 No, uninsured (SKIP to #40)
- [ ] 03 Client applied for coverage, application is pending
- [ ] 08 Client does not know/not sure (SKIP to #40)
- [ ] 99 Client declines to answer (SKIP to #40)

### What type of health plan or health insurance coverage does the caregiver currently have? (select one or more)

- [ ] 01 Private insurance
- [ ] 02 Public insurance
- [ ] 03 Military health care
- [ ] 04 Other: __________________________
- [ ] 08 Client does not know/not sure
- [ ] 99 Client declines to answer

### Has there been any time in the past 6 months when the caregiver did not have insurance coverage?

- [ ] 01 Yes
- [ ] 02 No
- [ ] 08 Client does not know/not sure
- [ ] 99 Client declines to answer

### Does the child currently have health insurance?

- [ ] 01 Yes, insured
- [ ] 02 No, uninsured (SKIP to #42)
- [ ] 03 Client applied for coverage, application is pending
- [ ] 08 Client does not know/not sure (SKIP to #42)
- [ ] 99 Client declines to answer (SKIP to #42)

### What type of health plan or health insurance coverage does the child currently have? (select one or more)

- [ ] 01 Private insurance
- [ ] 02 Public insurance
- [ ] 03 Military health care
- [ ] 04 Other: __________________________
- [ ] 08 Client does not know/not sure
- [ ] 99 Client declines to answer

### VI. SUPPLEMENTAL QUESTIONS

#### Are there any children in the caregiver's household with disabilities or developmental delays?

- [ ] 01 Yes
- [ ] 02 No
- [ ] 99 Client declines to answer
# 48 months preschooler

## HEADER

<table>
<thead>
<tr>
<th>*1</th>
<th>Data entry staff (name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*2</td>
<td>Home visitor (name)</td>
</tr>
</tbody>
</table>

| *3 | Site                   |

| *4 | Form date             |

<table>
<thead>
<tr>
<th>5</th>
<th>Is the family actively participating in home visiting as of the form date?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ 01 Yes (active)</td>
</tr>
<tr>
<td></td>
<td>○ 02 No (inactive, creative outreach, etc.)</td>
</tr>
</tbody>
</table>

## CHILD/CAREGIVER LOOKUP

<table>
<thead>
<tr>
<th>*6</th>
<th>Child ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>*7</td>
<td>Caregiver ID</td>
</tr>
</tbody>
</table>

| 8  | Family ID           |

## DEMOGRAPHICS UPDATE (CAREGIVER)

<table>
<thead>
<tr>
<th>9</th>
<th>Home address (number and street or rural route)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>City</td>
</tr>
</tbody>
</table>

| 11 | County                                        |
| 12 | State                                         |
| 13 | Zip Code                                      |

| 14 | Is the caregiver homeless?                    |
|    | ○ 01 Not homeless                            |
|    | ○ 02 Homeless *(SKIP to #16)*               |
|    | ○ 88 Unknown *(SKIP to #17)*                |
|    | ○ 99 Client declines to answer *(SKIP to #17)* |

| 15 | If home visitor checked box "01 Not Homeless" for question 14: |
|    | Which of the following best describes the caregiver's current living arrangements? |
|    | ○ 01 Owns or shares own home, apartment, etc. |
|    | ○ 02 Rents or shares rented home or apartment |
|    | ○ 03 Lives in public housing                |
|    | ○ 04 Lives with parent or family member     |
|    | ○ 05 Some other arrangement                 |
|    | ○ 99 Client declines to answer              |

*(SKIP to #17)*

| 16 | If home visitor checked box "02 Homeless" for question 14: |
|    | Which of the following best describes the caregiver's current living arrangements? |
|    | ○ 01 Homeless and sharing housing           |
|    | ○ 02 Homeless and living in an emergency or transition shelter |
|    | ○ 03 Some other arrangement                |
|    | ○ 99 Client declines to answer             |

*(SKIP to #17)*

| 17 | Legal marital status                        |
|    | ○ 01 Married                                |
|    | ○ 02 Divorced                              |
|    | ○ 03 Widowed                               |
|    | ○ 04 Separated                             |
|    | ○ 05 Never married                         |
|    | ○ 99 Client declines to answer             |

| 18 | Does the caregiver currently live with their spouse or partner? |
|    | ○ 01 Yes                                    |
|    | ○ 02 No                                    |
|    | ○ 88 Client does not know/not sure         |
|    | ○ 99 Client declines to answer             |

*More on next page*
I. IMPROVED MATERNAL & NEWBORN HEALTH

19 What was the approximate date of the child's most recent well-child visit? ________________  

BENCHMARK 4

20 Which well-child visit occurred on this date?  
○ 01 1st week visit  ○ 09 18 month visit  
○ 02 1 month visit  ○ 10 2 years-old visit  
○ 03 2 month visit  ○ 11 3 years-old visit  
○ 04 4 month visit  ○ 12 4 years-old visit  
○ 05 6 month visit  ○ 13 5 years-old visit  
○ 06 9 month visit  ○ 88 Client does not know/not sure  
○ 07 12 month visit  ○ 99 Client declines to answer  
○ 08 15 month visit

BENCHMARK 4

21 Was the caregiver screened for depression using a validated tool in the past 6 months?  
○ 01 Yes - Depression Screening Date: ________________  
○ 02 No (SKIP to #23)  

BENCHMARK 3

22 Did the screening results indicate possible depression?  
○ 01 Yes  ○ 03 Client currently receiving depression treatment services (SKIP to #25)  
○ 02 No

BENCHMARK 17

23 Was the caregiver provided with referral information to mental health resources?  
○ 01 Yes  ○ 03 Client currently receiving depression treatment services (SKIP to #25)  
○ 02 No

BENCHMARK 17

24 Has the caregiver received any services for depression in the past 6 months?  
○ 01 Yes  ○ 03 Client currently receiving depression treatment services (SKIP to #25)  
○ 02 No

BENCHMARK 17

25 Where does the caregiver usually seek medical care for their child?  
○ 01 Doctor's/Nurse Practitioner's office  ○ 08 Other: ________________  
○ 02 Hospital emergency room  ○ 09 None  
○ 03 Hospital outpatient  ○ 88 Client does not know/not sure  
○ 04 Federally qualified health center (FQHC)  ○ 99 Client declines to answer  
○ 05 Retail store or minute clinic

BENCHMARK 17

26 Does the caregiver have a dentist that they can take their child to?  
○ 01 Yes  ○ 88 Client does not know/not sure  
○ 02 No  ○ 99 Client declines to answer
### III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

27. Do family members read to, tell stories to, or sing to the child every day during a typical week?  
- [ ] 01 Yes  
- [ ] 02 No  
- [ ] 88 Client does not know/not sure  
- [ ] 99 Client declines to answer  

### IV. DOMESTIC VIOLENCE

28. In the past 6 months, was the caregiver screened for intimate partner violence using a validated tool?  
- [ ] 01 Yes - IPV Screening Date:___________  
- [ ] 02 No (SKIP to #30)  
- [ ] 03 Client disclosed IPV without screening (SKIP to #30)

29. What was the result of the intimate partner violence screening?  
- [ ] 01 Screening indicates presence of IPV  
- [ ] 02 Screening does not indicate IPV

30. Was the caregiver provided with referral information to IPV resources?  
- [ ] 01 Yes - IPV referral date:_______________  
- [ ] 02 No  
- [ ] 03 Client currently receiving IPV services

### V. FAMILY ECONOMIC SELF-SUFFICIENCY

31. Is the caregiver currently working?  
- [ ] 01 Employed full-time (30+ hours/week)  
- [ ] 02 Employed part-time (Less than 30 hours/week)  
- [ ] 03 Not employed  
- [ ] 99 Client declines to answer

32. Which category best describes the caregiver's monthly household income, including benefits?  
- [ ] 01 $0 - $500  
- [ ] 02 $501 - $1,000  
- [ ] 03 $1,001 - $1,500  
- [ ] 04 $1,501 - $2,000  
- [ ] 05 $2,001 - $2,500  
- [ ] 06 $2,501 - $3,000  
- [ ] 07 $3,001 - $4,000  
- [ ] 08 $4,001 and over  
- [ ] 88 Client does not know/not sure  
- [ ] 99 Client declines to answer

33. How many people are in the caregiver's household (including the caregiver)?  
- [ ] ___ persons

34. Has anyone in the caregiver's household ever served in the U.S. Armed Forces, either active duty or reserves?  
- [ ] 01 Yes  
- [ ] 02 No  
- [ ] 99 Client declines to answer

More on next page
35 Is the caregiver currently enrolled in high school, college, or another educational program?

- 01 Not enrolled in a program
- 02 Grade school, high school, or GED program
- 03 Post-high school vocational/certification/technical training
- 04 College
- 05 Other: __________________________
- 09 Other: __________________________
- 99 Client declines to answer

36 What is the highest level of education the caregiver has completed?

- 01 Less than high school diploma
- 02 High school diploma or GED
- 03 Some college or post-high school training
- 04 Technical training or certificate
- 05 Associate's degree
- 06 Bachelor's degree or higher
- 09 Other: __________________________
- 99 Client declines to answer

37 Does the caregiver currently have health insurance?

- 01 Yes, insured
- 02 No, uninsured (SKIP to #40)
- 03 Client applied for coverage, application is pending
- 88 Client does not know/not sure (SKIP to #40)
- 99 Client declines to answer (SKIP to #40)

38 What type of health plan or health insurance coverage does the caregiver currently have? (select one or more)

- 01 Private insurance
- 02 Public insurance
- 03 Military health care
- 04 Other:
- 88 Client does not know/not sure
- 99 Client declines to answer

39 Has there been any time in the past 6 months when the caregiver did not have insurance coverage?

- 01 Yes
- 02 No
- 88 Client does not know/not sure
- 99 Client declines to answer

40 Does the child currently have health insurance?

- 01 Yes, insured
- 02 No, uninsured (SKIP to #42)
- 03 Client applied for coverage, application is pending
- 88 Client does not know/not sure (SKIP to #42)
- 99 Client declines to answer (SKIP to #42)

41 What type of health plan or health insurance coverage does the child currently have? (select one or more)

- 01 Private insurance
- 02 Public insurance
- 03 Military health care
- 04 Other:
- 88 Client does not know/not sure
- 99 Client declines to answer

42 Are there any children in the caregiver's household with disabilities or developmental delays?

- 01 Yes
- 02 No
- 99 Client declines to answer
## 54 months preschooler

### HEADER

<table>
<thead>
<tr>
<th>*1</th>
<th>Data entry staff (name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*2</td>
<td>Home visitor (name)</td>
</tr>
<tr>
<td>*3</td>
<td>Site</td>
</tr>
<tr>
<td>*4</td>
<td>Form date</td>
</tr>
</tbody>
</table>

### CHILD/CAREGIVER LOOKUP

<table>
<thead>
<tr>
<th>*6</th>
<th>Child ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>*7</td>
<td>Caregiver ID</td>
</tr>
<tr>
<td>8</td>
<td>Family ID</td>
</tr>
</tbody>
</table>

### DEMOGRAPHICS UPDATE (CAREGIVER)

5. Is the family actively participating in home visiting as of the form date?
   - 01 Yes (active)
   - 02 No (inactive, creative outreach, etc.)

14. Is the caregiver homeless?
   - 01 Not homeless
   - 02 Homeless (SKIP to #16)
   - 03 Lives in public housing
   - 04 Owns or shares own home, apartment, etc.
   - 05 Some other arrangement
   - 06 Lives with parent or family member
   - 07 Lives with parent or family member
   - 08 Unknown (SKIP to #17)
   - 09 Client declines to answer (SKIP to #17)

15. If home visitor checked box "01 Not Homeless" for question 14:
   Which of the following best describes the caregiver's current living arrangements?
   - 01 Owns or shares own home, apartment, etc.
   - 02 Rents or shares rented home or apartment
   - 03 Lives in public housing
   - 04 Lives with parent or family member
   - 05 Some other arrangement
   - 06 Lives with parent or family member
   - 07 Lives with parent or family member
   - 08 Unknown (SKIP to #17)
   - 09 Client declines to answer (SKIP to #17)

16. If home visitor checked box "02 Homeless" for question 14:
   Which of the following best describes the caregiver's current living arrangements?
   - 01 Homeless and sharing housing
   - 02 Homeless and living in an emergency or transition shelter
   - 03 Some other arrangement
   - 04 Separated
   - 05 Never married
   - 06 Lives with parent or family member
   - 07 Lives with parent or family member
   - 08 Unknown (SKIP to #17)
   - 09 Client declines to answer (SKIP to #17)

17. Legal marital status
   - 01 Married
   - 02 Divorced
   - 03 Widowed
   - 04 Separated
   - 05 Never married
   - 06 Lives with parent or family member
   - 07 Lives with parent or family member
   - 08 Unknown (SKIP to #17)
   - 09 Client declines to answer (SKIP to #17)

18. Does the caregiver currently live with their spouse or partner?
   - 01 Yes
   - 02 No
   - 03 Lives in public housing
   - 04 Lives with parent or family member
   - 05 Some other arrangement
   - 06 Lives with parent or family member
   - 07 Lives with parent or family member
   - 08 Unknown (SKIP to #17)
   - 09 Client declines to answer (SKIP to #17)

### More on next page
I. IMPROVED MATERNAL & NEWBORN HEALTH

19 What was the approximate date of the child's most recent well-child visit? __________________

20 Which well-child visit occurred on this date?
   ○ 01 1st week visit
   ○ 02 1 month visit
   ○ 03 2 month visit
   ○ 04 4 month visit
   ○ 05 6 month visit
   ○ 06 9 month visit
   ○ 07 12 month visit
   ○ 08 15 month visit
   ○ 09 18 month visit
   ○ 10 2 years-old visit
   ○ 11 3 years-old visit
   ○ 12 4 years-old visit
   ○ 13 5 years-old visit
   ○ 88 Client does not know/not sure
   ○ 99 Client declines to answer

21 Was the caregiver screened for depression using a validated tool in the past 6 months?
   ○ 01 Yes - Depression Screening Date:_____________________
   ○ 02 No (SKIP to #23)

22 Did the screening results indicate possible depression?
   ○ 01 Yes
   ○ 02 No

23 Was the caregiver provided with referral information to mental health resources?
   ○ 01 Yes
   ○ 02 No
   ○ 03 Client currently receiving depression treatment services (SKIP to #25)

24 Has the caregiver received any services for depression in the past 6 months?
   ○ 01 Yes
   ○ 02 No

25 Where does the caregiver usually seek medical care for their child?
   ○ 01 Doctor's/Nurse Practitioner's office
   ○ 02 Hospital emergency room
   ○ 03 Hospital outpatient
   ○ 04 Federally qualified health center (FQHC)
   ○ 05 Retail store or minute clinic
   ○ 08 Other: _______________________
   ○ 09 None
   ○ 88 Client does not know/not sure
   ○ 99 Client declines to answer

26 Does the caregiver have a dentist that they can take their child to?
   ○ 01 Yes
   ○ 02 No
   ○ 88 Client does not know/not sure
   ○ 99 Client declines to answer

More on next page
III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

27. Do family members read to, tell stories to, or sing to the child every day during a typical week?  
☐ 01 Yes  
☐ 02 No  
☐ 88 Client does not know/not sure  
☐ 99 Client declines to answer

IV. DOMESTIC VIOLENCE

28. In the past 6 months, was the caregiver screened for intimate partner violence using a validated tool?  
☐ 01 Yes - IPV Screening Date:___________  
☐ 02 No (SKIP to #30)  
☐ 03 Client disclosed IPV without screening (SKIP to #30)

29. What was the result of the intimate partner violence screening?  
☐ 01 Screening indicates presence of IPV  
☐ 02 Screening does not indicate IPV

30. Was the caregiver provided with referral information to IPV resources?  
☐ 01 Yes - IPV referral date:_______________  
☐ 02 No  
☐ 03 Client currently receiving IPV services

V. FAMILY ECONOMIC SELF-SUFFICIENCY

31. Is the caregiver currently working?  
☐ 01 Employed full-time (30+ hours/week)  
☐ 02 Employed part-time (Less than 30 hours/week)  
☐ 03 Not employed  
☐ 99 Client declines to answer

32. Which category best describes the caregiver's monthly household income, including benefits?  
☐ 01 $0 - $500  
☐ 02 $501 - $1,000  
☐ 03 $1,001 - $1,500  
☐ 04 $1,501 - $2,000  
☐ 05 $2,001 - $2,500  
☐ 06 $2,501 - $3,000  
☐ 07 $3,001 - $4,000  
☐ 08 $4,001 and over  
☐ 88 Client does not know/not sure  
☐ 99 Client declines to answer

33. How many people are in the caregiver's household (including the caregiver)?  
□□□□□□ persons

34. Has anyone in the caregiver's household ever served in the U.S. Armed Forces, either active duty or reserves?  
☐ 01 Yes  
☐ 02 No  
☐ 99 Client declines to answer

More on next page
### 35 Is the caregiver currently enrolled in high school, college, or another educational program?

| 01 | Not enrolled in a program |
| 02 | Grade school, high school, or GED program |
| 03 | Post-high school vocational/certification/technical training |
| 04 | College |
| 05 | Other: ____________________ |
| 99 | Client declines to answer |

### 36 What is the highest level of education the caregiver has completed?

| 01 | Less than high school diploma |
| 02 | High school diploma or GED |
| 03 | Some college or post-high school training |
| 04 | Technical training or certificate |
| 05 | Associate's degree |
| 06 | Bachelor's degree or higher |
| 09 | Other: ____________________ |
| 99 | Client declines to answer |

### 37 Does the caregiver currently have health insurance?

| 01 | Yes, insured |
| 02 | No, uninsured *(SKIP to #40)* |
| 03 | Client applied for coverage, application is pending |
| 88 | Client does not know/not sure *(SKIP to #40)* |
| 99 | Client declines to answer *(SKIP to #40)* |

### 38 What type of health plan or health insurance coverage does the caregiver currently have? (select one or more)

| 01 | Private insurance |
| 02 | Public insurance |
| 03 | Military health care |
| 04 | Other: ____________________ |
| 88 | Client does not know/not sure |
| 99 | Client declines to answer |

### 39 Has there been any time in the past 6 months when the caregiver did not have insurance coverage?

| 01 | Yes |
| 02 | No |
| 88 | Client does not know/not sure |
| 99 | Client declines to answer |

### 40 Does the child currently have health insurance?

| 01 | Yes, insured |
| 02 | No, uninsured *(SKIP to #42)* |
| 03 | Client applied for coverage, application is pending |
| 88 | Client does not know/not sure *(SKIP to #42)* |
| 99 | Client declines to answer *(SKIP to #42)* |

### 41 What type of health plan or health insurance coverage does the child currently have? (select one or more)

| 01 | Private insurance |
| 02 | Public insurance |
| 03 | Military health care |
| 04 | Other: ____________________ |
| 88 | Client does not know/not sure |
| 99 | Client declines to answer |

### VI. SUPPLEMENTAL QUESTIONS

### 42 Are there any children in the caregiver's household with disabilities or developmental delays?

| 01 | Yes |
| 02 | No |
| 99 | Client declines to answer |
**FORM FHV-60-PRE**

**60 months preschooler**

### HEADER

- **1** Data entry staff (name)
- **2** Home visitor (name)
- **3** Site
- **4** Form date

### DEMOGRAPHICS UPDATE (CAREGIVER)

1. **Is the family actively participating in home visiting as of the form date?**
   - 01 Yes (active)
   - 02 No (inactive, creative outreach, etc.)

2. **Is the caregiver homeless?**
   - 01 Not homeless
   - 02 Homeless (SKIP to #16)
   - 08 Unknown (SKIP to #17)
   - 99 Client declines to answer (SKIP to #17)

3. **If home visitor checked box "01 Not Homeless" for question 14:**
   - Which of the following best describes the caregiver's current living arrangements?
     - 01 Owns or shares own home, apartment, etc.
     - 02 Rents or shares rented home or apartment
     - 03 Lives in public housing
     - 04 Lives with parent or family member
     - 05 Some other arrangement
     - 99 Client declines to answer

4. **If home visitor checked box "02 Homeless" for question 14:**
   - Which of the following best describes the caregiver's current living arrangements?
     - 01 Homeless and sharing housing
     - 02 Homeless and living in an emergency or transition shelter
     - 03 Some other arrangement
     - 99 Client declines to answer

5. **Legal marital status**
   - 01 Married
   - 02 Divorced
   - 03 Widowed
   - 04 Separated
   - 05 Never married
   - 99 Client declines to answer

6. **Does the caregiver currently live with their spouse or partner?**
   - 01 Yes
   - 02 No
   - 08 Client does not know/not sure
   - 99 Client declines to answer

---

*More on next page*
### I. IMPROVED MATERNAL & NEWBORN HEALTH

#### 19 What was the approximate date of the child's most recent well-child visit?

**BENCHMARK 4**

<table>
<thead>
<tr>
<th>Date Code</th>
<th>Visit Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>1st week visit</td>
</tr>
<tr>
<td>02</td>
<td>1 month visit</td>
</tr>
<tr>
<td>03</td>
<td>2 month visit</td>
</tr>
<tr>
<td>04</td>
<td>4 month visit</td>
</tr>
<tr>
<td>05</td>
<td>6 month visit</td>
</tr>
<tr>
<td>06</td>
<td>9 month visit</td>
</tr>
<tr>
<td>07</td>
<td>12 month visit</td>
</tr>
<tr>
<td>08</td>
<td>15 month visit</td>
</tr>
<tr>
<td>09</td>
<td>18 month visit</td>
</tr>
<tr>
<td>10</td>
<td>2 years-old visit</td>
</tr>
<tr>
<td>11</td>
<td>3 years-old visit</td>
</tr>
<tr>
<td>12</td>
<td>4 years-old visit</td>
</tr>
<tr>
<td>13</td>
<td>5 years-old visit</td>
</tr>
<tr>
<td>88</td>
<td>Client does not know/not sure</td>
</tr>
<tr>
<td>99</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

#### 20 Which well-child visit occurred on this date?

**BENCHMARK 4**

- 01 1st week visit
- 02 1 month visit
- 03 2 month visit
- 04 4 month visit
- 05 6 month visit
- 06 9 month visit
- 07 12 month visit
- 08 15 month visit
- 09 18 month visit
- 10 2 years-old visit
- 11 3 years-old visit
- 12 4 years-old visit
- 13 5 years-old visit
- 88 Client does not know/not sure
- 99 Client declines to answer

#### 21 Was the caregiver screened for depression using a validated tool in the past 6 months?

**BENCHMARK 3**

- 01 Yes - Depression Screening Date: ________________
- 02 No *(SKIP to #22)*

#### 22 Did the screening results indicate possible depression?

- 01 Yes
- 02 No

#### 23 Was the caregiver provided with referral information to mental health resources?

- 01 Yes
- 02 No
- 03 Client currently receiving depression treatment services *(SKIP to #25)*

#### 24 Has the caregiver received any services for depression in the past 6 months?

- 01 Yes
- 02 No

#### 25 Where does the caregiver usually seek medical care for their child?

- 01 Doctor's/Nurse Practitioner's office
- 02 Hospital emergency room
- 03 Hospital outpatient
- 04 Federally qualified health center (FQHC)
- 05 Retail store or minute clinic
- 08 Other: ________________
- 09 None
- 88 Client does not know/not sure
- 99 Client declines to answer

#### 26 Does the caregiver have a dentist that they can take their child to?

- 01 Yes
- 02 No
- 88 Client does not know/not sure
- 99 Client declines to answer

*More on next page*
### III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

27. Do family members read to, tell stories to, or sing to the child every day during a typical week?  

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
<td>88</td>
<td>Client does not know/not sure</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
<td>99</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

### IV. DOMESTIC VIOLENCE

28. In the past 6 months, was the caregiver screened for intimate partner violence using a validated tool?  

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes - IPV Screening Date:___________</td>
<td>03</td>
<td>Client disclosed IPV without screening</td>
</tr>
<tr>
<td>02</td>
<td>No (SKIP to #30)</td>
<td>(SKIP to #30)</td>
<td></td>
</tr>
</tbody>
</table>

29. What was the result of the intimate partner violence screening?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Screening indicates presence of IPV</td>
</tr>
<tr>
<td>02</td>
<td>Screening does not indicate IPV</td>
</tr>
</tbody>
</table>

30. Was the caregiver provided with referral information to IPV resources?  

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes - IPV referral date:_______________</td>
<td>03</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

### V. FAMILY ECONOMIC SELF-SUFFICIENCY

31. Is the caregiver currently working?  

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Employed full-time (30+ hours/week)</td>
<td>03</td>
<td>Not employed</td>
</tr>
<tr>
<td>02</td>
<td>Employed part-time (Less than 30 hours/week)</td>
<td>99</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

32. Which category best describes the caregiver's **monthly** household income, including benefits?  

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>$0 - $500</td>
<td>06</td>
<td>$2,501 - $3,000</td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>$501 - $1,000</td>
<td>07</td>
<td>$3,001 - $4,000</td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>$1,001 - $1,500</td>
<td>08</td>
<td>$4,001 and over</td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>$1,501 - $2,000</td>
<td>08</td>
<td>Client does not know/not sure</td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>$2,001 - $2,500</td>
<td>99</td>
<td>Client declines to answer</td>
<td></td>
</tr>
</tbody>
</table>

33. How many people are in the caregiver's household (including the caregiver)?

[   ] persons

34. Has anyone in the caregiver's household ever served in the U.S. Armed Forces, either active duty or reserves?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>99</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

More on next page
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>35 Is the caregiver currently enrolled in high school, college, or another educational program?</td>
<td>○ 01 Not enrolled in a program ○ 02 Grade school, high school, or GED program ○ 03 Post-high school vocational/certification/technical training ○ 04 College ○ 05 Other: __________________________ ○ 99 Client declines to answer</td>
</tr>
<tr>
<td>36 What is the highest level of education the caregiver has completed?</td>
<td>○ 01 Less than high school diploma ○ 02 High school diploma or GED ○ 03 Some college or post-high school training ○ 04 Technical training or certificate ○ 05 Associate's degree ○ 06 Bachelor's degree or higher ○ 09 Other: __________________________ ○ 99 Client declines to answer</td>
</tr>
<tr>
<td>37 Does the caregiver currently have health insurance?</td>
<td>○ 01 Yes, insured ○ 02 No, uninsured <em>(SKIP to #40)</em> ○ 03 Client applied for coverage, application is pending ○ 88 Client does not know/not sure <em>(SKIP to #40)</em> ○ 99 Client declines to answer <em>(SKIP to #40)</em></td>
</tr>
<tr>
<td>38 What type of health plan or health insurance coverage does the caregiver currently have? (select one or more)</td>
<td>○ 01 Private insurance ○ 02 Public insurance ○ 03 Military health care ○ 04 Other: __________________________ ○ 88 Client does not know/not sure ○ 99 Client declines to answer</td>
</tr>
<tr>
<td>39 Has there been any time in the past 6 months when the caregiver did not have insurance coverage?</td>
<td>○ 01 Yes ○ 02 No ○ 03 Client applied for coverage, application is pending ○ 88 Client does not know/not sure ○ 99 Client declines to answer</td>
</tr>
<tr>
<td>40 Does the child currently have health insurance?</td>
<td>○ 01 Yes, insured ○ 02 No, uninsured <em>(SKIP to #42)</em> ○ 03 Client applied for coverage, application is pending ○ 88 Client does not know/not sure <em>(SKIP to #42)</em> ○ 99 Client declines to answer <em>(SKIP to #42)</em></td>
</tr>
<tr>
<td>41 What type of health plan or health insurance coverage does the child currently have? (select one or more)</td>
<td>○ 01 Private insurance ○ 02 Public insurance ○ 03 Military health care ○ 04 Other: __________________________ ○ 88 Client does not know/not sure ○ 99 Client declines to answer</td>
</tr>
<tr>
<td>VI. SUPPLEMENTAL QUESTIONS</td>
<td></td>
</tr>
<tr>
<td>42 Are there any children in the caregiver's household with disabilities or developmental delays?</td>
<td>○ 01 Yes ○ 02 No ○ 99 Client declines to answer</td>
</tr>
</tbody>
</table>
**66 months preschooler**

### HEADER

*1 Data entry staff (name)  
*2 Home visitor (name)  
*3 Site  
*4 Form date

5 Is the family actively participating in home visiting as of the form date?

- 01 Yes (active)
- 02 No (inactive, creative outreach, etc.)

### CHILD/CAREGIVER LOOKUP

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Child ID</td>
</tr>
<tr>
<td>7</td>
<td>Caregiver ID</td>
</tr>
<tr>
<td>8</td>
<td>Family ID</td>
</tr>
</tbody>
</table>

### DEMOGRAPHICS UPDATE (CAREGIVER)

9 Home address (number and street or rural route)  
10 City  
11 County  
12 State  
13 Zip Code

14 Is the caregiver homeless?

- 01 Not homeless
- 02 Homeless *(SKIP to #16)*
- 88 Unknown *(SKIP to #17)*
- 99 Client declines to answer *(SKIP to #17)*

15 If home visitor checked box "01 Not Homeless" for question 14:

Which of the following best describes the caregiver's current living arrangements?

- 01 Owns or shares own home, apartment, etc.
- 02 Rents or shares rented home or apartment
- 03 Lives in public housing
- 04 Lives with parent or family member
- 05 Some other arrangement
- 09 Client declines to answer *(SKIP to #17)*

16 If home visitor checked box "02 Homeless" for question 14:

Which of the following best describes the caregiver's current living arrangements?

- 01 Homeless and sharing housing
- 02 Homeless and living in an emergency or transition shelter
- 03 Some other arrangement
- 09 Client declines to answer

17 Legal marital status

- 01 Married
- 02 Divorced
- 03 Widowed
- 04 Separated
- 05 Never married
- 09 Client declines to answer

18 Does the caregiver currently live with their spouse or partner?

- 01 Yes
- 02 No
- 08 Client does not know/not sure
- 09 Client declines to answer

More on next page
### I. IMPROVED MATERNAL & NEWBORN HEALTH

19. What was the approximate date of the child's most recent well-child visit? ________________

<table>
<thead>
<tr>
<th>Benchmark 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 1st week visit</td>
</tr>
<tr>
<td>02 1 month visit</td>
</tr>
<tr>
<td>03 2 month visit</td>
</tr>
<tr>
<td>04 4 month visit</td>
</tr>
<tr>
<td>05 6 month visit</td>
</tr>
<tr>
<td>06 9 month visit</td>
</tr>
<tr>
<td>07 12 month visit</td>
</tr>
<tr>
<td>08 15 month visit</td>
</tr>
</tbody>
</table>

20. Which well-child visit occurred on this date?

<table>
<thead>
<tr>
<th>Benchmark 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 18 month visit</td>
</tr>
<tr>
<td>02 2 years-old visit</td>
</tr>
<tr>
<td>03 3 years-old visit</td>
</tr>
<tr>
<td>04 4 years-old visit</td>
</tr>
<tr>
<td>05 5 years-old visit</td>
</tr>
<tr>
<td>06 9 month visit</td>
</tr>
<tr>
<td>07 12 month visit</td>
</tr>
<tr>
<td>08 15 month visit</td>
</tr>
<tr>
<td>09 Client does not know/not sure</td>
</tr>
<tr>
<td>99 Client declines to answer</td>
</tr>
</tbody>
</table>

21. Was the caregiver screened for depression using a validated tool in the past 6 months?

<table>
<thead>
<tr>
<th>Benchmark 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Yes - Depression Screening Date: ________________</td>
</tr>
<tr>
<td>02 No (SKIP to #23)</td>
</tr>
</tbody>
</table>

22. Did the screening results indicate possible depression?

<table>
<thead>
<tr>
<th>Benchmark 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Yes</td>
</tr>
<tr>
<td>02 No</td>
</tr>
</tbody>
</table>

23. Was the caregiver provided with referral information to mental health resources?

<table>
<thead>
<tr>
<th>Benchmark 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Yes</td>
</tr>
<tr>
<td>02 No</td>
</tr>
<tr>
<td>03 Client currently receiving depression treatment services (SKIP to #25)</td>
</tr>
</tbody>
</table>

24. Has the caregiver received any services for depression in the past 6 months?

<table>
<thead>
<tr>
<th>Benchmark 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Yes</td>
</tr>
<tr>
<td>02 No</td>
</tr>
</tbody>
</table>

25. Where does the caregiver usually seek medical care for their child?

<table>
<thead>
<tr>
<th>Benchmark 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Doctor's/Nurse Practitioner's office</td>
</tr>
<tr>
<td>02 Hospital emergency room</td>
</tr>
<tr>
<td>03 Hospital outpatient</td>
</tr>
<tr>
<td>04 Federally qualified health center (FQHC)</td>
</tr>
<tr>
<td>05 Retail store or minute clinic</td>
</tr>
<tr>
<td>08 Other: ________________</td>
</tr>
<tr>
<td>09 None</td>
</tr>
<tr>
<td>08 Client does not know/not sure</td>
</tr>
<tr>
<td>99 Client declines to answer</td>
</tr>
</tbody>
</table>

26. Does the caregiver have a dentist that they can take their child to?

<table>
<thead>
<tr>
<th>Benchmark 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Yes</td>
</tr>
<tr>
<td>02 No</td>
</tr>
<tr>
<td>08 Client does not know/not sure</td>
</tr>
<tr>
<td>99 Client declines to answer</td>
</tr>
</tbody>
</table>

---

More on next page
III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

27. Do family members read to, tell stories to, or sing to the child every day during a typical week?

- [ ] 01 Yes
- [ ] 02 No
- [ ] 88 Client does not know/not sure
- [ ] 99 Client declines to answer

IV. DOMESTIC VIOLENCE

28. In the past 6 months, was the caregiver screened for intimate partner violence using a validated tool?

- [ ] 01 Yes - IPV Screening Date: __________
- [ ] 02 No (SKIP to #30)
- [ ] 03 Client disclosed IPV without screening (SKIP to #30)
- [ ] 04 Client does not know/not sure
- [ ] 99 Client declines to answer

29. What was the result of the intimate partner violence screening?

- [ ] 01 Screening indicates presence of IPV
- [ ] 02 Screening does not indicate IPV
- [ ] 03 Client disclosed IPV without screening
- [ ] 04 Client does not know/not sure
- [ ] 99 Client declines to answer

30. Was the caregiver provided with referral information to IPV resources?

- [ ] 01 Yes - IPV referral date: __________
- [ ] 02 No
- [ ] 03 Client currently receiving IPV services
- [ ] 04 Client does not know/not sure
- [ ] 99 Client declines to answer

V. FAMILY ECONOMIC SELF-SUFFICIENCY

31. Is the caregiver currently working?

- [ ] 01 Employed full-time (30+ hours/week)
- [ ] 02 Employed part-time (Less than 30 hours/week)
- [ ] 03 Not employed
- [ ] 04 Client does not know/not sure
- [ ] 99 Client declines to answer

32. Which category best describes the caregiver's monthly household income, including benefits?

- [ ] 01 $0 - $500
- [ ] 02 $501 - $1,000
- [ ] 03 $1,001 - $1,500
- [ ] 04 $1,501 - $2,000
- [ ] 05 $2,001 - $2,500
- [ ] 06 $2,501 - $3,000
- [ ] 07 $3,001 - $4,000
- [ ] 08 $4,001 and over
- [ ] 09 Client does not know/not sure
- [ ] 99 Client declines to answer

33. How many people are in the caregiver's household (including the caregiver)?

[ ] ______ persons

34. Has anyone in the caregiver's household ever served in the U.S. Armed Forces, either active duty or reserves?

- [ ] 01 Yes
- [ ] 02 No
- [ ] 99 Client declines to answer

More on next page
<table>
<thead>
<tr>
<th>35</th>
<th>Is the caregiver currently enrolled in high school, college, or another educational program?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ 01 Not enrolled in a program</td>
</tr>
<tr>
<td></td>
<td>○ 02 Grade school, high school, or GED program</td>
</tr>
<tr>
<td></td>
<td>○ 03 Post-high school vocational/certification/technical training</td>
</tr>
<tr>
<td></td>
<td>○ 04 College</td>
</tr>
<tr>
<td></td>
<td>○ 05 Other: ___________________________</td>
</tr>
<tr>
<td></td>
<td>○ 99 Client declines to answer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>36</th>
<th>What is the highest level of education the caregiver has completed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ 01 Less than high school diploma</td>
</tr>
<tr>
<td></td>
<td>○ 02 High school diploma or GED</td>
</tr>
<tr>
<td></td>
<td>○ 03 Some college or post-high school training</td>
</tr>
<tr>
<td></td>
<td>○ 04 Technical training or certificate</td>
</tr>
<tr>
<td></td>
<td>○ 05 Associate's degree</td>
</tr>
<tr>
<td></td>
<td>○ 06 Bachelor's degree or higher</td>
</tr>
<tr>
<td></td>
<td>○ 09 Other: ____________________________________________________</td>
</tr>
<tr>
<td></td>
<td>○ 99 Client declines to answer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>37</th>
<th>Does the caregiver currently have health insurance?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ 01 Yes, insured</td>
</tr>
<tr>
<td></td>
<td>○ 02 No, uninsured (SKIP to #40)</td>
</tr>
<tr>
<td></td>
<td>○ 03 Client applied for coverage, application is pending</td>
</tr>
<tr>
<td></td>
<td>○ 88 Client does not know/not sure (SKIP to #40)</td>
</tr>
<tr>
<td></td>
<td>○ 99 Client declines to answer (SKIP to #40)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>38</th>
<th>What type of health plan or health insurance coverage does the caregiver currently have? (select one or more)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ 01 Private insurance</td>
</tr>
<tr>
<td></td>
<td>○ 02 Public insurance</td>
</tr>
<tr>
<td></td>
<td>○ 03 Military health care</td>
</tr>
<tr>
<td></td>
<td>○ 04 Other: ______________________________________________________</td>
</tr>
<tr>
<td></td>
<td>○ 88 Client does not know/not sure (SKIP to #40)</td>
</tr>
<tr>
<td></td>
<td>○ 99 Client declines to answer (SKIP to #40)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>39</th>
<th>Has there been any time in the past 6 months when the caregiver did not have insurance coverage?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ 01 Yes</td>
</tr>
<tr>
<td></td>
<td>○ 02 No</td>
</tr>
<tr>
<td></td>
<td>○ 88 Client does not know/not sure (SKIP to #42)</td>
</tr>
<tr>
<td></td>
<td>○ 99 Client declines to answer (SKIP to #42)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>40</th>
<th>Does the child currently have health insurance?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ 01 Yes, insured</td>
</tr>
<tr>
<td></td>
<td>○ 02 No, uninsured (SKIP to #42)</td>
</tr>
<tr>
<td></td>
<td>○ 03 Client applied for coverage, application is pending</td>
</tr>
<tr>
<td></td>
<td>○ 88 Client does not know/not sure (SKIP to #42)</td>
</tr>
<tr>
<td></td>
<td>○ 99 Client declines to answer (SKIP to #42)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>41</th>
<th>What type of health plan or health insurance coverage does the child currently have? (select one or more)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ 01 Private insurance</td>
</tr>
<tr>
<td></td>
<td>○ 02 Public insurance</td>
</tr>
<tr>
<td></td>
<td>○ 03 Military health care</td>
</tr>
<tr>
<td></td>
<td>○ 04 Other: ______________________________________________________</td>
</tr>
<tr>
<td></td>
<td>○ 88 Client does not know/not sure (SKIP to #42)</td>
</tr>
<tr>
<td></td>
<td>○ 99 Client declines to answer (SKIP to #42)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VI. SUPPLEMENTAL QUESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
# Primary caregiver closure

## Header

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Data entry staff (name)</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Home visitor (name)</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3</strong></td>
<td>Site</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4</strong></td>
<td>Date of program closure</td>
</tr>
</tbody>
</table>

## Child/Caregiver Lookup

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5</strong></td>
<td>Child ID</td>
<td><strong>6</strong></td>
</tr>
</tbody>
</table>

## Service Utilization: Closure

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8</strong></td>
<td>Reason for program closure:</td>
</tr>
</tbody>
</table>

- 01 Graduated program
- 02 Client returned to work or school
- 03 Stopped services for personal reasons
- 04 Program unable to provide services
- 05 Loss of follow-up
- 06 Moved out of service area
- 07 Miscarriage/stillbirth/fetal death
- 08 Death of child
- 09 Loss of custody or termination of parental rights
- 10 Transfer to another agency
- 11 Transfer to different FHV program within same agency
- 12 Other (please specify): ____________________________
This page left blank intentionally