



Home Visitation and Therapeutic Services Initial and Follow-up Family Interview Guidelines

I. PURPOSE

The purpose of the FIRST 5 Santa Clara County (F5SCC) evaluation is to describe the impact of F5SCC investments on the development and well-being of young children and their families. To gauge how F5SCC programs are meeting the needs of the county's population and to understand ways we can improve access to services across the county, F5SCC requests that families who receive home visitation and therapeutic services participate in interviews that provide an important set of demographic and indicator information. Initial and follow-up interviews will be administered by home visitation and therapeutic service providers with families served at program entry, every 6 months of active services, and at closure of services.

Information collected during initial and follow-up Interviews will allow F5SCC to examine the characteristics and outcomes of participants receiving home visitation and therapeutic services. This information will be combined into countywide and region-specific data reports. Reports will not include individual level information, ensuring an individual participant's identity is kept confidential.

II. PROCESS & TIMELINE

In general, the following timeline should be followed:

- Step 1: Explain the purpose of the interview/data collection.**
- Step 2: Obtain consent to participate in the evaluation.**
- Step 3: Administer the initial interview within 2 weeks of enrollment in home visitation and therapeutic services.**
- Step 4: Submit interview forms to your supervisor.**

Use the talking points provided in the section below (III. Consent) to help you explain the purpose of the interviews and the consent process.

III. CONSENT

F5SCC programs must use the FIRST 5 *Acknowledgment and Consent* form in order to collect, use, or share participants' personal information with F5SCC and its evaluators.

The consent form provides parents and guardians with information regarding the purposes and limits of data sharing. It outlines the specific information for which the participant is authorizing release. It is the service provider's responsibility to ensure that the parent/guardian understands the consent form. Parents can provide permission to authorize release of confidential information if their child/children are participants. Parents also authorize consent for themselves. If the parent/guardian cannot read in the languages in which the form is available (English, Spanish, or Vietnamese), the service provider should explore other options such as explaining the form aloud or using an interpreter.

If the parent/guardian already signed an *Acknowledgment and Consent* form to receive Family Resource Center services, home visitation and therapeutic services staff should have the parent/guardian sign the consent again. The data being asked of them as an FRC participant is less extensive than the data collected by the home visitation and therapeutic services providers.

Talking Points

Follow the steps below and use the talking points provided to explain the interviews and consent.

- Step 1: Explain the purpose of the interview/data collection**, including the following points:
 - ❖ The purpose of the data collection is to describe the children and families participating in F5SCC services, to gauge how F5SCC programs are serving families in the county, and to understand ways F5SCC can improve services across the county.

- ❖ By completing the interview, parents are helping F5SCC learn more about how First 5 California dollars are being spent and helping to ensure that F5SCC will be able to continue to provide services in the future.

Step 2: Explain the consent form and how confidentiality of data will be assured. We suggest you include the following points:

- ❖ All participants have the right to confidentiality.
 - It is against the law to share information without the participant's authorization.
 - Reports will never include personal information.
 - Only authorized program and evaluation staff will see the participant's information.
 - Program staff will not share the participant's information with government agencies unless the law requires it. (This might be required if program staff believe that someone is in danger.)
- ❖ Participants do not have to share their information if they do not want to.
- ❖ Participants can receive services even if they do not consent to participate in the evaluation.
- ❖ Even if they initially agree to provide and share information, participants can always change their minds and have their information removed from the evaluation database.

Step 3: Explain the participant's right to revoke consent and how to request removal of information from the evaluation.

- ❖ A signed consent form will remain in effect for 10 years.
- ❖ All identifying information can be removed from the evaluation database at the request of a parent/guardian at any time.
- ❖ Written consent/authorization may be revoked anytime by (1) the parent/guardian or other legally authorized person, or (2) the participant, once the participant is legally able to do so (usually 18 years of age).
- ❖ To revoke the consent/authorization and to remove participant information from the evaluation database, the participant or parent/guardian should submit a letter to:

Cathy Andrade
 Community Program Director
 FIRST 5 Santa Clara County
 4000 Moorpark Avenue, Suite 200
 San Jose, CA 95117

Step 4: Ensure that the participant signs the consent form.

- ❖ Only the child's legal guardians (or emancipated minors) can sign the consent form.
- ❖ The consent form provides signature lines for multiple parents to sign. Only one parent needs to sign the consent form.
- ❖ If the service provider is uncertain of the parents'/guardians' ability to adequately understand and make decisions about their families' participation in the F5SCC evaluation, the service provider should not ask the parent/guardian to sign any forms.
- ❖ Offer to provide a copy of the signed consent forms to the participant (or his or her parent/guardian). Keep the original forms to submit to F5SCC.
- ❖ If a parent does not sign the consent form, he/she may still receive home visitation and/or therapeutic services and support.

IV. COMPLETING THE INITIAL AND FOLLOW-UP INTERVIEWS

The initial family interview contains multiple sections including a consent form (page 1), family information (pages 2-3), and individual child information (separate sheets for each child served). **Child information pages should be completed for each child under the age of 6 who is receiving or benefiting from home visitation and therapeutic services and supports.** If a child turns 6 years of age during the course of services, complete the initial and follow-up interviews for the duration of services.

The service provider should complete an initial family interview with each family served upon enrollment in home visitation and/or therapeutic services within 2 weeks of initiating services. If information about the family is available, **service providers are strongly encouraged to complete as much of page 2 as possible prior to administering the interview with the parent.**

The service provider should individually administer the interview questions verbally and in person with the parent/guardian of the child. **Initial Interview forms should not be handed out to parents/guardians to complete on their own.** When conducting the interview, the service provider should read each question aloud, wait for the participant to respond, and mark the correct response on the form. Item-by-item directions are provided in Section VI of this document.

If the adult participant receiving services is a prenatal mother who has no other young children (under the age of 6) in the family benefitting from the services, the service provider should complete only the relevant family demographic information on pages 2-3 and hold on to the form until the baby is born. If the mother continues to receive service after the child is born, complete the rest of the initial interview form, including the child information pages, when the child is about 4 weeks old. If the mother does not continue to receive services after the child is born, the service provider should put a note on the initial interview form explaining the participant was a prenatal participant and discontinued services, and submit the partially-completed form to their supervisor. If at a later date, this family returns for services, a new initial interview and relevant child form(s) should be completed in their entirety.

Some families may be receiving services from a variety of service providers. Use the following rules to determine which service provider should take the lead on completing the family interviews:

- For families receiving both home visitation and therapeutic services, the **home visitor** will take the lead on completing the initial and follow-up interviews.
- For families receiving *only* therapeutic services, the **therapeutic service provider** will take the lead on completing the initial and follow-up interviews.
- For FWC Families, the **public health nurse** will take the lead on completing the initial and follow-up Interviews.

The service provider should remind participants that completing the initial interview is voluntary. F5SCC is requesting that participants complete the entire interview, but **participants can decline to answer any question.** The service provider should remind the participant that the information will be shared only with authorized program staff, and no identifying information will be presented in reports.

When the interview is complete, service providers should submit completed forms to their supervisor. Home visitation and therapeutic service provider supervisors submit completed surveys batched with a cover sheet on a quarterly basis to:

Deane Wiley
Department of Mental Health
828 S. Bascom Avenue, Suite 200
San Jose, CA 95128

Important Notes:



- ❖ Interviews should be conducted only with family members served by F5SCC.
- ❖ Generally, only one family section of the interview should be completed per family.
 - If a child served by F5SCC resides in two separate households and both households/families are receiving intensive services, you can complete two separate family interview forms (one for each household).
 - Only one family interview is required. Service providers may use their own discretion in determining whether a second interview is necessary.
- ❖ Only one child interview form should be completed for each child under 6 years of age receiving F5SCC services.
 - If a child resides in two separate households, you should still conduct only one child section of the interview for that child. Select the parent/caregiver(s) of one household to provide responses to the interview. Attempt to have the same parent/caregiver(s) complete the follow-up interview(s).
 - If a child turns 6 years of age during the course of services, continue to complete the interviews (initial and all follow-up interviews) for the duration of services.

VI. ITEM-BY-ITEM INSTRUCTIONS

The next section provides item-by-item instructions and clarifications. Where appropriate, additional information is provided should a participant request further explanation of a particular item.

Home Visitation & Therapeutic Services Initial and Follow-up Interview Instructions

Parent and Caregiver Demographic Information: Pre-fill if possible	
STARTS Referral ID: □□□□□□□□	Instructions: Enter the STARTS Referral number provided on the FIRST 5 STARTS Referral Form. If child was not referred through STARTS, leave blank and complete next item.
<input type="checkbox"/> Not applicable (Referral source: _____)	Instructions: If child/family was not referred through STARTS, check this box and indicate referral source (e.g., KidScope, pediatrician).
Date form completed: MM/DD/YYYY	Instructions: Enter date that the interview was conducted, including month, day, and four-digit year.
Person completing form:	Instructions: Enter the name of the person completing the form.
Caregiver's first name:	Instructions: Enter the caregiver's first name. Question Clarification: The caregiver's complete first legal name (e.g., Guadalupe or Thomas) should be used, as opposed to a partial first name or nickname (e.g., Lupe or Tom).
Caregiver's middle name:	Instructions: Enter the caregiver's middle name. Question Clarification: This question is optional and may be left unanswered.
Caregiver's last name:	Instructions: Enter the caregiver's last name. Question Clarification: If the caregiver uses a hyphenated last name, print both names with the hyphen. If the child uses more than one last name and it is NOT hyphenated, enter only the last name in the sequence (e.g., Julio Rodriguez Sanchez's last name would be entered as "Sanchez").
Date of birth: MM/DD/YYYY	Instructions: Enter the caregiver's date of birth, including month, day, and four-digit year.
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	Instructions: Mark the appropriate box indicating the gender as perceived by the parent/caregiver. Question Clarification: If the caregiver discloses he/she is transgender, check the box.
Zip code:	Instructions: Enter zip code of caregiver's primary home address. Question Clarification: If a caregiver is homeless, indicate the zip code as 99999.
Primary language: <i>(check only one.)</i> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Khmer <input type="checkbox"/> Other: _____	Instructions: Mark the appropriate box indicating the caregiver's primary language spoken at home. If the parent uses two languages equally in the home, mark two boxes. Question Clarification: If the participant speaks a language not provided on the list, mark "Other" and write the participant's primary language in the space provided.
Race/Ethnicity: <i>(check all that apply.)</i> <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Alaskan Native or American Indian <input type="checkbox"/> Multiracial <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Other: _____	Instructions: Mark the appropriate box(es) indicating the race/ethnicity of the caregiver. Mark all that apply. Question Clarification: If the participant identifies with an ethnicity not provided, mark "Other" and write the participant's race/ethnicity in the space provided.

<p>Relationship to child: <i>(check one only.)</i></p> <p><input type="checkbox"/> Mother (birth, adoptive, step, foster)</p> <p><input type="checkbox"/> Other female guardian (e.g., grandmother, aunt)</p> <p><input type="checkbox"/> Father (birth, adoptive, step, foster)</p> <p><input type="checkbox"/> Other male guardian (grandfather, uncle)</p> <p><input type="checkbox"/> Other non-relative</p>	<p>Instructions: Mark the appropriate box indicating the relationship of the caregiver to the child. Mark only one.</p>
<p>Family referred from: <i>(check one only)</i></p> <p><input type="checkbox"/> Family Wellness Court</p> <p><input type="checkbox"/> Foster Care</p> <p><input type="checkbox"/> Informal Supervision</p> <p><input type="checkbox"/> IND Clinic</p> <p><input type="checkbox"/> Other: _____</p>	<p>PUBLIC HEALTH NURSING ONLY</p> <p>Instructions: Mark the appropriate box indicating who referred the family for services.</p>
<p>Family referred to: <i>(check all that apply)</i></p> <p><input type="checkbox"/> Dental services</p> <p><input type="checkbox"/> Early Start</p> <p><input type="checkbox"/> Family planning services</p> <p><input type="checkbox"/> KidConnections/RACS</p> <p><input type="checkbox"/> IND Clinic</p> <p><input type="checkbox"/> Other: _____</p>	<p>PUBLIC HEALTH NURSING ONLY</p> <p>Instructions: Mark the appropriate box(es) indicating the referrals made for the family.</p>
<p>Is birth mother currently pregnant?</p> <p><input type="checkbox"/> Yes, due date: ____/____/____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	<p>PUBLIC HEALTH NURSING ONLY</p> <p>Instructions: Mark the appropriate box indicating the birth mother's current pregnancy status.</p>
<p>Follow-up interval <i>(Mark (X) one only)</i></p> <p><input type="checkbox"/> 6 mos. <input type="checkbox"/> 12 mos.</p> <p><input type="checkbox"/> 18 mos. <input type="checkbox"/> 24 mos.</p> <p><input type="checkbox"/> Other: _____</p>	<p>FOLLOW-UP ONLY</p> <p>Instructions: Mark the box that indicates how much time has elapsed since the initial interview.</p> <p>Question Clarification: Use initial provision of service date as the "zero point" in time.</p>
<p>Open Date: MM /DD/YYYY</p> <p>Closed Date: MM /DD/YYYY</p> <p>Family services completed:</p> <p><input type="checkbox"/> Service completed</p> <p><input type="checkbox"/> Referred out to another agency</p> <p>Family lost to follow-up:</p> <p><input type="checkbox"/> Unable to locate (no follow-up completed)</p>	<p>FOLLOW-UP ONLY</p> <p>Instructions: Indicate the date that services were initiated with the family.</p> <p>If applicable, indicate the date the services were closed with the family. Then, mark the box that indicates the primary reason for terminating services with the family (e.g., service completed, referred out).). If services have not been terminated, leave these items blank.</p> <p>If applicable, indicate that a follow-up interview could not be conducted because the family could not be located. If this does not apply, leave this item blank.</p>

Below, summarize your service delivery since the data of last data collection (i.e., initial or last follow-up).	
<p>Average frequency of service contact: (Mark (X) one only.) Consider both the instances you spend working directly with the family as well as instances working with other service providers on behalf of family.</p> <p> <input type="checkbox"/> Daily <input type="checkbox"/> 2-3 times a week <input type="checkbox"/> Weekly <input type="checkbox"/> 2-3 times a month <input type="checkbox"/> Once a month <input type="checkbox"/> Less than once a month </p>	<p>FOLLOW-UP ONLY</p> <p>Instructions: Mark only one box indicating the average frequency of services during the past 6 months (or since last initial or follow-up interview was completed).</p> <p>Question Clarification: Some participants require high intensity support (e.g., daily visits or phone calls), and others require low intensity support (e.g., weekly or monthly check-ins). Report the <i>average</i> frequency of services provided to the family for the time period you are reporting. Use your best judgment and mark the <i>average</i> frequency.</p>
<p>Average time per service contact: (Mark (X) one only.) Consider both the time you spend working directly with the family as well as time working with other service providers on behalf of family.</p> <p> <input type="checkbox"/> 0-29 minutes <input type="checkbox"/> 90-119 minutes <input type="checkbox"/> 30-59 minutes <input type="checkbox"/> 120+ minutes <input type="checkbox"/> 60-89 minutes </p>	<p>FOLLOW-UP ONLY</p> <p>Instructions: Mark only one box indicating the average session length during the past 6 months.</p> <p>Question Clarification: Session time includes the time spent directly with the participant each time you met with him/her, either in person or on the phone. It should not include travel time. We understand that the duration of each service contact may vary. Use your best judgment and mark the <i>average</i> duration.</p>
<p>Proportion of goals completed: (mark one)</p> <p> <input type="checkbox"/> 0% - 19% <input type="checkbox"/> 20-39% <input type="checkbox"/> 40% - 59% <input type="checkbox"/> 60-79% <input type="checkbox"/> 80% - 100% <input type="checkbox"/> Not applicable </p>	<p>FOLLOW-UP ONLY</p> <p>Instructions: Mark only one box indicating the percentage of treatment goals completed.</p> <p>Question Clarification: Indicate the percentage of goals completed for this interval. For example, if a participant completed 2 out of 4 goals, indicate 40%-59%.</p>
<p>Please rate the level of family engagement in services/care coordination: (Mark (X) one only.)</p> <p> <input type="checkbox"/> Very low and sporadic: Enrolled and completed initial visit, but involvement was sporadic. <input type="checkbox"/> Low, but consistent: Kept appointments and steady involvement, with some motivation displayed. <input type="checkbox"/> Average/active: Active involvement in services. Attention paid to provider (and other family members as relevant). Engaged in discussion, responded to questions, and asked for advice. <input type="checkbox"/> High: Used program information and ideas between sessions. Completed all activities and followed up on recommendations. <input type="checkbox"/> Very high/reaching beyond program: Sought information about or support for issues beyond services provision. </p>	<p>FOLLOW-UP ONLY</p> <p>Instructions: Mark only one box indicating the family's level of engagement (as perceived by you, the service provider).</p> <p>Question Clarification: Participant's engagement levels will vary. Use your best judgment to report the <i>average</i> level of engagement of the participant for the time period you are reporting.</p>
<p>Indicate of the family received the following: (check all that apply)</p> <p> <input type="checkbox"/> General home visitation services <input type="checkbox"/> SafeCare home visitations services <input type="checkbox"/> Therapeutic services. <i>Specify recipient(s)</i> <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Triple P Level 4 <input type="checkbox"/> Triple P Level 5 <input type="checkbox"/> Other: <input type="checkbox"/> None of the above/don't know </p>	<p>FOLLOW-UP ONLY</p> <p>Instructions: Mark all the boxes indicating the services the family received.</p>

GENERAL FAMILY INFORMATION

This section is to be completed by the service provider while interviewing the caregiver. *Note: When conducting the interviews, read questions aloud to the parent/caregiver.*

Sample Introduction: We are asking families in FIRST 5 programs to complete an interview. Your answers will help us to serve you and others in the community better. You do not have to complete this interview, and you can choose not to answer any question. We are here to help you if you do not understand a question.

1. What is closest to your family's total income last year? (check only one)

- \$5,000 or less
- \$5,001 - \$10,000
- \$10,001 - \$20,000
- \$20,001 - \$30,000
- \$30,001 - \$40,000
- \$40,001 - \$50,000
- \$50,001 and above
- Unknown/Declined

Instructions: Read question only. Based on participant's response, mark the appropriate box indicating the family **pre-taxed income** level for the last 12 months. *Note: if the participant has trouble estimating for the past 12 months, it is acceptable for the participant to report income from their last tax return.*

Question Clarification: Include the income of all household family members, including those who are related to the parent/caregiver by birth, marriage, or adoption. If the family shares the home with non-family members, do **not** include those members' wages. This is the definition of family used by the U.S. Census. Include in the total wage or salary income (before taxes); self-employment income; interest/dividends, net rental or royalty income; income from estates/trusts; Social Security income; Supplemental Security Income; public assistance or welfare payments; retirement, survivor, or disability pensions; and all other income.

Rationale: Data on the median household income combined with the number of people living in the household are used to calculate whether families are living below, at, or above the federal poverty level. Poverty and its associated conditions can have significant negative effects on children's development and well-being, particularly in early childhood. These data will be used in combination with the number of family members from Question 2 to calculate poverty status using the methodology from the U.S. Census. This question will help service providers tailor and individualize services to families' strengths and needs.

2. How many total family members live with you?

Number of children ages 0-5: _____
Number of children ages 6-18: _____
Number of adults: ____

Instructions: Read question only. Enter the number of children in the household between the ages of 0-5 and 6-18, and the number of adults in the household (including interviewee). This question refers only to children and adults living in the home of the interviewee.

Question Clarification: Family members in the household are those who are related to the parent/caregiver by birth, marriage, or adoption. If the family shares the home with non-family members, do **not** include those people in the count. This is the definition of family used by the U.S. Census.

Rationale: Data on the median household income combined with the number of people living in the household are used to calculate whether families are living below, at, or above the federal poverty level. Poverty and its associated conditions can have significant negative effects on children's development and well-being, particularly in early childhood. This question will help service providers tailor and individualize services to families' strengths and needs.

3. In the past 3 months, how much have you been concerned about ...?

	Not Concerned	A little concerned	Concerned
a) Having enough food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Having housing you can afford.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Having enough money or a good job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Feeling unsafe or threatened by someone in your home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Someone in your close family having a drug or alcohol problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Feeling sad or depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: Read each question and all response options. Read questions 3a–3f one at a time, allowing the caregiver to answer each one before proceeding. Mark the box indicating the appropriate response for each question.

Question Clarification: This question requests the parent’s opinion about concerns they may have for themselves or their family. If the parent declines to answer a question, leave the item blank.

Rationale: This question will help service providers tailor and individualize services to families’ strengths and needs. Parental (e.g., substance abuse, mental health problems, domestic violence) and environmental risk factors (e.g., poverty, homelessness, isolation) can have significant negative effects on children’s development, health, behavior, and well-being. Having an untreated mental health or substance abuse issue increases the likelihood that parents will have poor parenting skills, such as less frequent cognitively-stimulating and supportive interactions with their children.

4. In the past 3 months, how much do you agree with the following statements?

	Strongly agree	Agree	Disagree	Strongly disagree
a) I can get the services my family needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I feel connected to my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I have people in my community I can turn to for support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: Read each question and all response options. Read questions 4a–4c one at a time, allowing the parent/guardian to answer each one before proceeding. Mark the box indicating the appropriate response for each question.

Question Clarification: These questions refer to the participant’s perception of social support and connection to the community, including access to community services. A parent’s sense of belonging is defined as the degree to which they feel as though characteristics of their neighborhood or community (e.g., friends, neighbors, places of worship) add to their sense of connectedness to the community.

Rationale: Having a social support system and sense of belonging to the community can reduced parent-child stress, increase levels of cognitive stimulation in the home, increase the frequency of developmentally appropriate parenting behaviors (less abuse / neglect), lessen parental symptoms of depression, and increase the frequency of positive youth behavior (e.g., less involvement with drugs and crime as adolescents).

5. What is the highest grade of schooling that you completed? (check one only)

- Some grade school or high school
- High school diploma/GED
- Associate degree or technical degree
- Bachelor degree
- Master, Doctorate or degree
- Other/Unknown//Declined

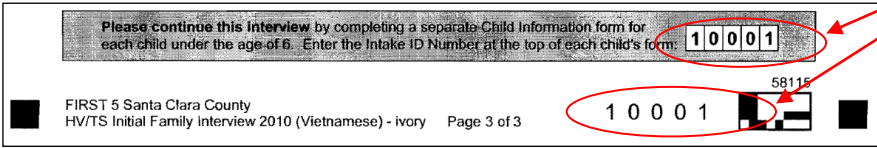
Instructions: Read question only. Based on participant’s response, mark the appropriate box.

Rationale: This question will help service providers tailor and individualize services to families’ strengths and needs. Children with more highly educated parents are more likely to have access to a greater amount of resources. In addition, parental educational attainment is strongly associated with children’s increased school readiness and improved educational achievement. Higher levels of parent education are also strongly associated with improved health and health-related behaviors for both parents and children.

<p>6. What is your current employment status? <i>(check one only)</i></p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Other/Declined</p>	<p>Instructions: Read question only. Based on participant's response, mark the appropriate box.</p> <p>Question Clarification: Include as "full or part-time" employed (as applicable) those participants who are employed but currently on strike, on vacation, not working due to sickness or injury, on maternity or family leave, and/or self-employed. Include as "unemployed" those participants who do not have an employer (e.g., are students) and/or who are retired, laid off, an unpaid worker (e.g., volunteer), and/or on disability.</p> <p>Rationale: This question will help service providers tailor and individualize services to families' strengths and needs. Children with parents who are employed are more likely to have access to a greater amount of resources.</p>
<p>7. What is your current marital status? <i>(check one only)</i></p> <p><input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other/Declined</p>	<p>Instructions: Read question only. Mark the appropriate box indicating the marital status of the parent/caregiver responding to this interview.</p> <p>Rationale: This question will help service providers tailor and individualize services to families' strengths and needs. Children in single-parent homes tend to receive lower levels of parental supervision, and over one third of all single-parent families headed by an unmarried mother live in poverty.</p>
<p>8. In the past 3 months, how often did you volunteer in ways to improve your community? <i>(Such as working with religious, political, school, or community groups).</i> <i>(check one only)</i></p> <p><input type="checkbox"/> Never <input type="checkbox"/> 1 or 2 times <input type="checkbox"/> 3 to 6 times <input type="checkbox"/> More than 6 times <input type="checkbox"/> Don't know/Declined</p>	<p>Instructions: Read question only. Based on participant's response, mark the appropriate box.</p> <p>Question Clarification: This question refers to the civic engagement of the parent/guardian in decision-making, planning, or activities that improve the conditions of the community for children and families.</p> <p>Rationale: Parents who are engaged in community action and advocacy can help to identify needs and effective solutions for their family and their community. When local residents are involved in community development, programs are more often tailored to community needs, parents and professionals build stronger partnerships, and parent isolation is diminished, leading to better child and family outcomes.</p>
<p>9. Do any of these programs serve you or another family member? <i>(check all that apply)</i></p> <p><input type="checkbox"/> None of these programs <input type="checkbox"/> Child Welfare/CPS services <input type="checkbox"/> Differential Response Program <input type="checkbox"/> Mental Health services <input type="checkbox"/> Court programs/workshops <input type="checkbox"/> Early Start/Special Education <input type="checkbox"/> Probation or parole services <input type="checkbox"/> Alcohol and Drug services <input type="checkbox"/> Public assistance (e.g., WIC, CalWorks) <input type="checkbox"/> FIRST 5 Home Visitor <input type="checkbox"/> Other: _____</p>	<p>Instructions: Read each question and all response options, except first option "None". Read options one at a time, allowing the parent/guardian to respond to each one before proceeding. Mark the box indicating the appropriate response for each question if the participant affirms that services were received.</p> <p>Question Clarification: This question refers to whether other programs in the county are providing services to the family. See below for examples for some of the services listed:</p> <ul style="list-style-type: none"> • Court programs/workshops: referrals from judges, commissioners, and courts staff of families with children under the age of 6 to FIRST 5 court specialists who are located in the identified courts (e.g., Family Court, Domestic Violence Criminal Court, Juvenile Dependency Court, Family Wellness Court). Services include (but are not limited to) child development assessments, resource and referral, parent education programs (e.g., Parenting Without Violence), supervised visitation. • Public Assistance: Includes TANF, Food Stamps, free/reduced cost school breakfast/lunch program, SSI, WIC, CalWorks, and childcare/health insurance assistance (through MediCal or Healthy Families).

CHILD INFORMATION

This section is to be completed by the service provider while interviewing the caregiver. **Complete one form for each child** under the age of 6 receiving F5SCC services. *Note: When conducting the interviews, read questions aloud to the parent/caregiver.*

STARTS Referral ID: <input style="width: 100%;" type="text"/>	Instructions: Enter the STARTS Referral number provided on the FIRST 5 STARTS Referral Form.
<input type="checkbox"/> Not applicable (Referral source: _____)	Instructions: If child/family was not referred through STARTS, check this box and indicate referral source (e.g., KidScope, pediatrician).
Intake ID #: <input style="width: 100%;" type="text"/>	Instructions: Transfer the 5-digit ID from the bottom right-hand corner of the Family Information form into the box. The number to transfer is pre-printed on the Family Interview form and found here:
FOLLOW-UP ONLY: Follow-up ID #: <input style="width: 100%;" type="text"/>	
Caregiver's first name:	Instructions: Enter the caregiver's first name. Question Clarification: The caregiver's complete first legal name (e.g., Guadalupe or Thomas) should be used, as opposed to a partial first name or nickname (e.g., Lupe or Tom).
Caregiver's middle name:	Instructions: Enter the caregiver's middle name. Question Clarification: This question is optional and may be left unanswered.
Caregiver's last name:	Instructions: Enter the caregiver's last name. Question Clarification: If the caregiver uses a hyphenated last name, print both names with the hyphen. If the child uses more than one last name and it is NOT hyphenated, enter only the last name in the sequence (e.g., Julio Rodriguez Sanchez's last name would be entered as "Sanchez").
Date of birth: MM/DD/YYYY	Instructions: Enter the caregiver's date of birth, including month, day, and four-digit year.
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	Instructions: Mark the appropriate box indicating the gender as perceived by the parent/caregiver. Question Clarification: If the caregiver discloses he/she is transgender, check the box.
Date form completed: MM /DD/YYYY	Instructions: Enter date that the interview was conducted, including month, day, and four-digit year
Person completing form:	Instructions: Enter the name of the person completing the form.
Child's first name:	Instructions: Enter the child's first name. Question Clarification: The child's first name (e.g., Guadalupe or Thomas) should be used, as opposed to a partial first name or nickname (e.g., Lupe or Tom).
Child's middle name:	Instructions: Enter the child's middle name. Question Clarification: This question is optional and may be left unanswered.
Child's last name:	Instructions: Enter the last name of the child. Question Clarification: If the child uses a hyphenated last name, print both names with the hyphen. If the child uses more than one last name and it is NOT hyphenated, enter only the last name in the sequence (e.g., Julio Rodriguez Sanchez's last name would be entered as "Sanchez").

Date of birth: MM/DD/YYYY	Instructions: Enter the child's date of birth, including month, day, and four-digit year.
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Instructions: Mark the appropriate box indicating the gender of the child as perceived by the caregiver.
Primary language: <i>(check one only)</i> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Khmer <input type="checkbox"/> Other: _____	Instructions: Mark the appropriate box indicating the family's primary language spoken at home. If the parent uses two languages equally in the home, mark two boxes. Question Clarification: If the participant speaks a language not provided on the list, mark "Other" and write the participant's language in the space provided. Note, if the child is too young to have determined his/her primary language, check the "Other" box and write in "pre-verbal."
Race/Ethnicity: <i>(check all that apply.)</i> <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Alaskan Native or American Indian <input type="checkbox"/> Multiracial <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Other: _____	Instructions: Mark the appropriate box(es) indicating the ethnicity of the child. Mark all that apply. Question Clarification: If the participant identifies with an ethnicity not provided, mark "Other" and write the participant's race/ethnicity in the space provided.
Child's health insurance <input type="checkbox"/> Uninsured <input type="checkbox"/> Insurance purchased directly by parent/guardian <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Employer-purchased health insurance <input type="checkbox"/> Healthy Families <input type="checkbox"/> Healthy Kids <input type="checkbox"/> Other or application pending (specify): _____ <input type="checkbox"/> <i>Don't know/Declined</i>	Instructions: Read question only. Definitions are provided for reference only. Based on participant's response, mark the appropriate box. If the parent doesn't know, ask for permission to see their insurance card. If the parent doesn't have an insurance card, mark "Don't know/Declined." Question Clarification: Health insurance refers to any type of assistance received to help pay for the child's medical care. Rationale: Health insurance facilitates access to health care. Children not covered by health insurance are more likely to have gone without needed medical care. Lack of access of health care services may lead to the development of preventable conditions or the worsening of existing conditions. Children who are uninsured are more likely to have health problems that routine health care could either prevent or help to manage. Definitions: <ul style="list-style-type: none"> • Uninsured: No health insurance. • Insurance purchased directly by the parent/guardian: Private health insurance purchased by child's parent/guardian. This also includes COBRA (Consolidated Omnibus Budget Reconciliation Act) temporary insurance coverage purchased by the parent/guardian. • Medi-Cal: Pays the cost of medical care for low-income persons, such as the elderly, disabled, and those receiving public assistance and others with limited resources. Medi-Cal eligibility depends primarily on the income and resources a person has. Includes full scope or emergency Medi-Cal. • Employer-purchased health insurance: Health insurance through parents'/guardians' employer. • Healthy Families: Low-cost insurance for children and teens provided by the State Children's Health Insurance Program (SCHIP). It provides health, dental and vision coverage to children who do not have insurance and do not qualify for free Medi-Cal. • Healthy Kids: Health insurance to eligible children under the age of 19 covering hospital care, doctor visits, immunizations, prescription drugs, dental and vision care, mental health benefits, and other services. • Other or Application Pending: If a child is covered by an insurance type not listed on the form, write in the type of insurance coverage s/he has. If parents/guardians have applied for insurance coverage but are not yet fully covered, write in the type of coverage to which they have an application submitted.

<p>Follow-up interval <i>(Mark (X) one only)</i></p> <p><input type="checkbox"/> 6 mos. <input type="checkbox"/> 12 mos. <input type="checkbox"/> 18 mos. <input type="checkbox"/> 24 mos. <input type="checkbox"/> Other: _____</p>	<p>FOLLOW-UP ONLY</p> <p>Instructions: Mark the box that indicates how much time has elapsed since the initial interview. Question Clarification: Use initial provision of service date as the “zero point” in time.</p>
<p>Open Date: MM /DD/YYYY Closed Date: MM /DD/YYYY</p> <p>Child services completed:</p> <p><input type="checkbox"/> Service completed <input type="checkbox"/> Aged out <input type="checkbox"/> Referred out to other services</p> <p>Child lost to follow-up:</p> <p><input type="checkbox"/> Unable to locate (no follow-up completed) <input type="checkbox"/> Other: _____</p>	<p>FOLLOW-UP ONLY</p> <p>Instructions: Indicate the date that services were initiated with the child. If applicable, indicate the date the services were closed with the child. Then, mark the box that indicates the primary reason for terminating services with the child (e.g., service completed, aged out, referred out).). If services have not been terminated, leave these items blank. If applicable, indicate that a follow-up interview could not be conducted because the child could not be located or some other reason (please specify). If this does not apply, leave this item blank.</p>
<p>Was this child born positive tox?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	<p>PUBLIC HEALTH NURSING ONLY</p> <p>Instructions: Read question only. Based on participant's response, mark the appropriate box. If the parent doesn't know, mark "Don't know/Declined."</p>

Enter data on the most recently completed screening and assessment tools, as applicable.

Ages and Stages (ASQ; ASQ:SE)

Date ASQ completed: / /

Not completed/Not applicable.

Reason:

Interval of ASQ:

- 2 months 4 months 6 months 8 months 9 months
 10 months 12 months 14 months 16 months 18 months
 20 months 22 months 24 months 27 months 30 months
 33 months 36 months 42 months 48 months 54 months
 60 months Unknown

ASQ Subscale Scores

ASQ Area	Cutoff Score	Child's Total Score
Communication	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Gross Motor	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Fine Motor	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Problem-solving	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Personal-social	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Date ASQ:SE completed: / /

Not completed/Not applicable.

Reason:

Interval of ASQ:SE

- 6 months 12 months 18 months 24 months 30 months
 36 months 48 months 60 months Unknown

Social-emotional: Cutoff Child's Total Score:

Instructions: Enter the date of the most recent administration of the ASQ and ASQ:SE, including month, day, and four-digit year. If the ASQ or ASQ:SE was not completed, check the box and provide a reason (e.g., "Child too young").

Mark the appropriate box indicating the age version of the ASQ and ASQ:SE administered (mark only one). Use the 60-month version for children between the age of 5 and 6. Enter the ASQ and ASQ:SE subscale scores and cutoff scores for each subscale, based on the age version completed.

Question Clarification: Cutoff scores are derived from research with a normative population of children. Children who score *below* the ASQ cutoff score are classified as at risk and in need of follow-up, while children who score above the cutoff score do not need follow-up. **(Note: This scoring pattern on the ASQ:SE is the opposite of that of the ASQ, on which low scores, or the absence of sufficient social-emotional skills, indicates referral for further assessment.)**

N. Carolina Family Assessment Scale (NCFAS)

Date completed: / /

Not completed/Not applicable.

Reason:

NCFAS Subscale Scores

NCFAS Subscales	Rating (+2 to -3)	Check if item scored +2	Check if item scored -3
Overall Environment	<input type="checkbox"/>		
Overall Parental Capabilities	<input type="checkbox"/>		
Overall Family Interactions	<input type="checkbox"/>		
Overall Family Safety	<input type="checkbox"/>		
Overall Child Well-Being	<input type="checkbox"/>		
Overall Caregiver/Child Ambivalence	<input type="checkbox"/>		
Overall Readiness for Reunification	<input type="checkbox"/>		

HOME VISITORS ONLY

Instructions: NCFAS should be completed with children receiving home visitation services due to developmental concerns only. Enter the date of the most recent administration of the NCFAS, including month, day, and four-digit year. If the NCFAS was not completed, check the box and provide a reason (e.g., "Child receiving mental health services.")

Enter the rating for each subscale (from +2 to -3). If an item scored +2 or -3, check the item number in the following columns.

Question Clarification: By indicating the items rated on the extreme ends (+2 or -3), service providers may be alerted to the family's particular strengths and needs.

NCAST

Date completed: / /

Not completed/Not applicable.

Reason:

NCAST Subscale	Total Score	Clinical range?
Caregiver's sensitivity to cues	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Response to the child's distress	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fostering of social-emotional growth	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fostering of cognitive growth	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Score	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

PUBLIC HEALTH NURSING ONLY

Instructions: Enter the date of the most recent administration of the NCAST, including month, day, and four-digit year. If the NCAST was not completed, check the box and provide a reason (e.g., "Mother refused.").

Enter the total scores for each subscale. Indicate whether the score is in the clinical range.

Edinburgh Postnatal Depression Scale

Date completed: / /

Not completed/Not applicable.

Reason:

Total Score:

Clinical range? (*Depressed*) Yes No

PUBLIC HEALTH NURSING ONLY

Instructions: Enter the date of the most recent administration of the Edinburgh, including month, day, and four-digit year. If the Edinburgh was not completed, check the box and provide a reason (e.g., "Mother refused.").

Enter the total score. Indicate whether the mother's total score is in the clinical range for depression.

<p>1. In the past 12 months, how many times did this child see a doctor for a “well-child” check-up? <i>A “well-child” check-up is a general check-up when your child is <u>not</u> sick or hurt.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2-3 times <input type="checkbox"/> 4-5 times <input type="checkbox"/> 6 times or more <input type="checkbox"/> <i>Don't know/Declined</i> 	<p>Instructions: Read question only. Based on participant’s response, mark the appropriate box.</p> <p>Question Clarification: “Well-child check-up” is visiting a health care provider when your child is not sick. These visits are sometimes referred to as a general checkup and include a complete health history and a physical exam. They are routine visits.</p> <p>Rationale: Lack of access to a regular medical home or provider for preventive care, such as immunizations, may foster delayed diagnosis of health problems, the development of preventable conditions, or the worsening of existing conditions.</p>
<p>2. In the past 12 months, how many times did you visit the emergency room with this child?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Once <input type="checkbox"/> 2-3 times <input type="checkbox"/> 4-5 times <input type="checkbox"/> 6 or more times <input type="checkbox"/> <i>Don't know/Declined</i> 	<p>Instructions: Read question only. Based on participant’s response, mark the appropriate box.</p> <p>Question Clarification: This question refers specifically to times when the child is sick or injured.</p> <p>Rationale: Lack of access to a regular medical home or provider for preventive care, such as immunizations, may delay the diagnosis of health problems, the development of preventable conditions, or the worsening of existing conditions.</p>
<p>3. When did this child last see a dentist or dental hygienist for dental care?</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Child is under 1 year of age</i> <input type="checkbox"/> Less than a year ago <input type="checkbox"/> Between 1 to 2 years ago <input type="checkbox"/> 2 years ago or more <input type="checkbox"/> Never <input type="checkbox"/> <i>Don't know/Declined</i> 	<p>Instructions: Read question only. Based on participant’s response, mark the appropriate box. If the child is under 1 year of age mark, “Child is under 1 year of age” and do not ask the question.</p> <p>Question Clarification: This includes routine dental care when the child was not experiencing a specific oral health problem. Routine dental check-ups can include cleanings, X-rays, and fluoride treatments.</p> <p>Rationale: Annual dental exams provide preventive care and facilitate early diagnosis and treatment of oral problems. Poor dental health can contribute to other health problems and difficulties in school.</p>
<p>4. Is there a place or person you usually take this child to be cared for during the day?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Head Start <input type="checkbox"/> Child Care center <input type="checkbox"/> Other preschool program <input type="checkbox"/> Family daycare center <input type="checkbox"/> Relative/neighbor or babysitter <input type="checkbox"/> My child is not cared for by someone else outside of our home (skip to question 5) <input type="checkbox"/> <i>Don't know/Declined</i> 	<p>Instructions: Read question only (not the portion in italics).</p> <p>Question Clarification: This question refers to both family-based and center-based preschool programs and child care that the child attends on a regular basis.</p> <p>Rationale: Participation in early education programs can help low- and middle-income children prepare for school. Children who participate in preschool or child care the year before entering kindergarten are more successful in kindergarten, first grade, and second grade. Children are more likely to score above average on national standardized tests, less likely to be retained, and less likely to be placed in programs that provide extra services for educationally disadvantaged children.</p>

4b. If this child attends preschool, or child care, please rate how you feel about its:

	Low	Average	Excellent
a) Convenience (hours, location)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very expensive	Average	Very affordable
c) Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you receiving child care subsidy?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Instructions: Read question and all response options only if the participant indicated his/her child attended preschool or child care on a regular basis.

Rationale: See above for rationale. See a list of definitions below:

- **Convenience:** Preschool or child care center is easy to access, nearby home or work, and is open convenient hours for the participant's schedule.
- **Quality:** Preschool or child care center staff is focusing on the child's overall cognitive, social, emotional and physical development. Teachers provide a safe and engaging environment for the children.
- **Cost:** The amount paid (out of pocket) to the preschool or child care center is not overly burdensome to the participant.

5. Sometimes parents have concerns about how their child is developing. Do you have any concerns about....?

	Are you...?		
	Not Concerned	Concerned	A Little Concerned
a) Do you have any concerns about how your child talks and makes speech sounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Do you have any concerns about how your child understands what you say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Do you have any concerns about how your child uses his or her arms and legs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Do you have any concerns about how your child gets along with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: Read questions 5a-d, row by row, and all response options. Mark the box indicating the response for each question. If the parent declines to answer a question, they can leave the item blank. If the parent feels that the question is not applicable to their child due to the child's age, mark "Not Concerned."

Question Clarification: Difficulty with these activities *may* indicate developmental delays or other special needs.

Rationale: Research suggests that there is a strong relationship between parents' concerns and children's developmental status. These items are derived from the Parents' Evaluation of Developmental Status (PEDS) screening test (Glascoe, 2009). Early identification of and intervention for children with special needs are important for enhancing development. Studies have found that children who participated in early intervention programs had more positive outcomes at age 19 than nonparticipants.

6. In a usual day, how many servings does this child have of...? (Note: only one answer if this child is 1 year of age or older.)

	0	1	2	3	4	5 or more
a) Glasses of milk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Glasses of soda or other sweetened drinks (fruit punch).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Servings of fruit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Servings of vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Servings of sweets (cookies, candy, pastries).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Servings of fast foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: Read question only. Based on participant's response, mark the appropriate box. If the child is younger than 1 year of age, do not ask the question and leave all responses blank.

Rationale: Answers to these questions can help service providers tailor and individualize services to families' strengths and needs. Good eating habits are key to a child's healthy growth and development. Obesity, as well as a child being underweight, is associated with many negative health consequences. Research has shown that programs designed to educate children about proper nutrition are more effective for preschool-age children than for school-age children. Nutritionists recommend that toddlers eat five or more servings of fruits and vegetables every day. Parents should offer healthy food choices and expose children to a new food more than once.

7. What is your child's height? _____ feet. _____ inches

Your child's weight? _____ pounds

Instructions: **Read question only.** If the child is younger than 1 year of age, do not ask the question and leave all responses blank.

Question Clarification: Indicate height and weight without shoes if possible. Enter height in feet and inches and weight in pounds. Both weight and height are used to calculate a child's body mass index (BMI) to determine whether children are over- or underweight for optimal health.

Rationale: Obesity is associated with many negative health consequences. A child who is underweight also may suffer many negative health consequences. Conditions like high blood pressure and cholesterol levels are showing up earlier in children. Type II diabetes, which was thought to only affect adults, is now found in children. These children also face an increased risk of many chronic diseases like heart disease. Childhood obesity also lowers self esteem, affects relationships with peers and contributes to poor self image. These social and psychological consequences impact children's ability to learn and feel accepted. These problems can be prevented with the help of parents, caregivers and family.

8. In a usual week, how many times does your family do these things with this child?

	Not at All	1-2 times	3-6 times	Every day
a) Color, draw, paint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Go on outings (to the playground, library, museum).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Read to or show pictures books.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Tell stories or sing songs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Exercise or play sports together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Have a bedtime routine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: **Read questions only.**

Question Clarification: Item (a) refers to activities conducted with the child by anyone in the family that involve using a book. It does not include stories or singing songs without using a book. In item (b), songs can include nursery rhymes, songs from the radio, folk songs, or any type of music with words.

Rationale: Children who are exposed to reading early in their development achieve greater success in school. Recent studies suggest that singing songs with children develops literacy skills, and may be particularly important for families and cultures that do not regularly use written materials. Parent-child activities and routines (such as regular meal times and bed times) build positive parent-child relationships and reduce family isolation and stress.

9. In a usual day, how often does this child...?

	Never to Not Yet	Sometimes	Often or Always
a) Have a tantrum.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Let you know what he or she needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Comfort or calm him or himself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Explore new things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Get easily distracted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Play well with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Show an interest in books.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Use gestures or words to communicate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Try to solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Follow rules and directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: **Read question only.** Based on participant's response, mark the appropriate box.

Question Clarification: This question refers to children's school readiness skills. Note: Depending on the age and development of the child, some of these skills may not be expected to be achieved.

Rationale: School readiness is important because children whose knowledge and skills are far behind those of their classmates enter school at a disadvantage. Investments in children's early development can help them enter school ready to engage in learning and relationships. These questions help determine the supports that families need for children's school readiness.

10. For the next items, rate how much you knew **BEFORE** you received Home Visitation and Therapeutic Services (1=Low, 3=Average, 5=High). Then rate how much you know **NOW** after participating in these services.

	BEFORE Receiving these services				
	Low 1	2	Avg. 3	4	High 5
a) I know how to keep my child healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I know how to guide my child's behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I know how to meet my child's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I know what my child should be able to do at this age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I know how to help my child learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I know how to be a good parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I know how to read to my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I know how to help my child learn new vocabulary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I know how to encourage my child in positive ways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I know how to get the services my family needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOW				
Low 1	2	Avg. 3	4	High 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOLLOWUP ONLY

Instructions: **Read each question.** For each question, parents should first rate how much they know NOW, after receiving HV & TS services. Then, parents should rate how much they knew BEFORE receiving HV & TS services.

Note: if a parent declines to answer any of items 10a-j, leave the item blank and write "no answer" next to the specific item.

Question Clarification: This question requests the parent's opinion of his/her parenting skills. If the parent declines to answer a question, leave the item blank.

Rationale: Family support programs (such as home visitation, therapeutic services, parent workshops, SEEDS, Triple P, and Abriendo Puertas) assist parents in caring for their children appropriately, having more realistic expectations for their children, and building parenting skills. Parenting skills reduce parenting stress and build positive parent-child relationships, which foster positive child outcomes. These questions help to assess the success of family support programs to create environments that are playful and nurturing, full of conversation, and balanced between safety and freedom to explore.

<p>10. Please ask only biological mother: How many months pregnant were you with this child when you first saw a doctor? (<i>Check one only.</i>)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0-4 months pregnant <input type="checkbox"/> More than 4 months pregnant <input type="checkbox"/> I did not see a doctor during this pregnancy <input type="checkbox"/> <i>Don't know/Declined</i> 	<p>PUBLIC HEALTH NURSING ONLY</p> <p>Instructions: Read question only. Ask question <u>only</u> of mothers. Do not ask question of fathers or other guardians. If father/other guardian is the respondent, mark "Don't know/Declined."</p> <p>Rationale: Appropriate prenatal care can address inadequate nutrition, smoking, anemia, and diabetes—all of which can adversely affect pregnancy outcomes. Getting late or no prenatal care is associated with a greater likelihood of having a baby who is born at low birth weight, who is stillborn, or who dies in the first year of life.</p>
<p>11. Please ask only biological mother: Did you ever breastfeed this child? (<i>Check one only.</i>)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No →(<i>Skip to Question 12</i>) <input type="checkbox"/> <i>Declined/Not applicable</i> →(<i>Skip to Question 12</i>) <p>11a. If yes, how old was this child when breastfeeding ended?</p> <p>___ ___ <i>Number of months when ended</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Still breastfeeding</i> <input type="checkbox"/> <i>Don't know/Declined/Not applicable</i> 	<p>PUBLIC HEALTH NURSING ONLY</p> <p>Instructions: Read question only. Ask question <u>only</u> of mothers. Do not ask question of fathers or other guardians. If father/other guardian is the respondent, mark "Don't know/Declined." If parent/guardian responds "No," skip question 12.</p> <p>Question Clarification: To breastfeed means to feed the child with mother's milk, either from the breast or pumped and given with a bottle.</p> <p>Rationale: There is strong evidence that breastfeeding decreases the incidence and/or severity of a wide range of diseases in infants (e.g., diarrhea, lower respiratory infection, middle ear infection). Breastfeeding may also be related positively to children's cognitive development and to positive mother-infant social-emotional bonding. For these reasons, the American Academy of Pediatrics recommends that infants be exclusively breastfed for about the first 6 months of life, continuing through 1 year with the addition of appropriate foods.</p>
<p>12. Has your child received all of the recommended vaccines for his/her age?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, child has received all vaccines <input type="checkbox"/> No, child is missing some vaccines <input type="checkbox"/> No, child has not received any vaccines <input type="checkbox"/> <i>Don't know/Declined/Not applicable</i> 	<p>PUBLIC HEALTH NURSING ONLY</p> <p>Instructions: Read question and all response options except "Don't know/Declined."</p> <p>Question Clarification: "Vaccines" refers to medicines administered to give protection against specific diseases.</p> <p>Rationale: Vaccines prevent some of the diseases that can result in long-term severe developmental disability, sensory impairments, or death. Diseases that once spread quickly and killed thousands are now controlled by vaccines. Required immunizations result in higher school attendance and better physical health among children. Because children are highly susceptible to disease, the Center for Disease Control and Prevention recommends vaccinating children against most vaccine-preventable diseases by the time they are 2 years old.</p>