Wisconsin Home Visiting

Using DAISEY for improved family services coordination & measurement

DAISEY, which stands for Data Application and Integration Solutions for the Early Years, is a shared measurement system. DAISEY was designed by social scientists to help communities see the difference they are making in the lives of at-risk children, youth and families. Implementation of a shared measurement system will allow Wisonsin Home Visiting programs to improve data quality, track progress toward shared goals, and enhance communication and collaboration.

Data Dictionary

This tool provides information on the data elements collected in DAISEY. Each section of this document represents a form. Each form section has information about the data elements in that form, including a definitions/descriptions, possible responses, and the purpose of each element.

This document will not provide all information necessary for preparing data for Import into DAISEY. For detailed information on Import requirements, see the Data Crosswalk.

Last Updated: May 17, 2023

Contents

Instructions

Profile Forms
Caregiver Profile Form
Child Profile Form

Assessments/Screeners
Abuse Assessment Screen
ASQ-3
ASQ:SE-2
Childhood Experiences Survey
Edinburgh Postnatal Depression Scale
Parent Child Interaction Assessment
Perceived Stress Scale
Tobacco/Substance Abuse Assessment
Abusive Head Trauma Form

Encounter Forms
Expected Frequency Form
Home Visit Form
Postpartum Medical Visit Form

Additional Forms
Caregiver Demographic Form
Child Health and Wellness Form
Child Insurance and Routine Care
Family Engagement Form

Instructions

This Data Dictionary is organized into sections by Form. Each Form section provides information for the categories below with each row representing one data element.

This Data Dictionary is organized by Form with each row representing a single question. The columns are divided into catagories and provide information for each question, also referred to as a Data Element.

Form Name

Question Label	Description / Definition	Data Type	Response Format	Response Options	Sysetm Required?	Purpose of Question/Element
The data element or question as it appears in DAISEY	A definition or description of the data element or question	The format of response options in DAISEY. May include: Drop-down list (single choice), Drop-down list (multiple choice), Date, **Text, Narrative,** and System Generated.	Format of response options/field in DAISEY. May include: Alphanumeric, Numeric, Text, Date (mm/dd/yyyy), Phone (555-555-5555), Dynamic.	If the data element or question includes a menu of possible responses, the possible responses are listed here.	Whether the field is required to be completed before the user can save the form.	Specific report that the data element will inform, or other purpose for including the data element or question.

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Caregiver ID		Auto-generated	Alphanumeric		No	Unique ID for each client in DAISEY; used to link forms to clients
First Name	Caregiver's first name	Text	Alphanumeric		No	
Middle Name	Caregiver's middle name	Text	Alphanumeric		No	
Last Name	Caregiver's last name	Text	Alphanumeric		No	
SPHERE ID	Caregiver's SPHERE ID	Text	Alphanumeric		No	Available for programs to link DAISEY records and SPHERE records outside of DAISEY
Alternate ID	Caregiver's alternate data system ID (e.g. ETO ID, Penelope ID)	Text	Alphanumeric		No	Available for programs to link DAISEY records and other data system records outside of DAISEY

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date of Birth	Caregiver's date of birth	Date	Date (mm/dd/yyyy)		No	Federally required data; used to calculate number of adult home visiting participants by age
Gender	Caregiver identified gender; If the client does not wish to disclose this information select "Did not report".	Drop-down list (single choice)	Text	1,Female|2,Male|3,Gender Non-binary|4,Did not report	No	Federally required data; used to calculate number of adult home visiting participants by gender
Ethnicity	Caregiver identified ethnicity	Drop-down list (single choice)	Text	1,Hispanic or Latino|2,Not Hispanic or Latino	No	Federally required data; used to calculate number of adult home visiting participants by ethnicity
Race	Caregiver identified race	Drop-down list (multiple choice)	Text	1,American Indian or Alaska Native|2,Asian|3,Black or African American|4,Native Hawaiian or Other Pacific Islander|5,White|6,Other |99999,Unknown	No	Federally required data; used to calculate number of adult home visiting participants by race
Is this the primary caregiver of the child?	Primary caregiver is the adult who signs up to participate in the home visiting program; only one individual per household may be identified as the primary caregiver	Drop-down list (single choice)	Text	Yes|No	No	Used to calculate federal performance measures

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
If No, Select Primary Caregiver	Primary caregiver is the adult who signs up to participate in the home visiting program; only one individual per household may be identified as the primary caregiver	Hidden	Text		No	Used to calculate federal performance measures
Active Status	This is an **optional** field that will only affect the 'status' column of the Search Caregiver grid in DAISEY. It will have no effect on reporting data or enrollment status of the profile.	Drop-down list (single choice)	Text	Active|Inactive	No	
Home Visitor	First and last name of home visitor assigned to work with family; only one home visitor may be identified per household	Text	Alphanumeric		No	Used to compile program reports at the individual home visitor level
Enrollment Date	Date caregiver enrolls in home visiting services; for Family Foundations Home Visiting, enrollment date is the date caregiver is considered enrolled in Family Foundations Home Visiting program; enrollment date in primary caregiver profile should match enrollment date in Family Engagement Form	Date	Date (mm/dd/yyyy)		No	Used to compile federal reports and calculate federal performance measures

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Enrollment Type:	Enrollment type refers to a caregiver's FFHV status. Any caregiver referred to FFHV services or any caregiver receiving services from a home visitor for whom at least 25% of his/her personnel costs is paid for with FFHV funding is considered FFHV.	Drop-down list (single choice)	Alphanumeric	1,FFHV|2,Non-FFHV	No	Used to compile federal reports and calculate federal performance measures
Is this caregiver pregnant at time of enrollment?	Documentation of whether or not caregiver is pregnant at time of enrollment in program services	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Not applicable|99999,Unknown	No	Used to compile federal reports and calculate federal performance measures
How many weeks pregnant at time of enrollment?	For a caregiver who is pregnant at time of enrollment in program services, weeks pregnant refers to completed weeks of gestation at time of caregiver's enrollment	Text	Numeric		No	Federal performance measure; used to calculate percentage of infants among mothers who enrolled in home visiting prenatally before 37 weeks who are born preterm
Evidence based home visiting model	Evidence based home visiting model refers to whether the family is receiving services in accordance with one of the following models: Early Head Start, Healthy Families America, Nurse-Family Partnership, or Parents as Teachers	Drop-down list (single choice)	Alphanumeric	1,EHS|2,HFA|3,NFP|4,PAT	No	Federally required data; used to calculate number of households by evidence-based home visiting model

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Program enrolling subsequent pregnancy in home visiting?	Subsequent pregnancy refers to a caregiver who enrolls in home visiting services for a pregnancy/child and later, while still enrolled, becomes pregnant again; programs should enroll a subsequent pregnancy in home visiting services if the program intends to serve the child from the later pregnancy as an index (or target) child	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Available for programs to document home visiting services related to a subsequent pregnancy
Date client began receiving home visiting services for subsequent pregnancy	Date program decides that the child resulting from subsequent pregnancy will be served as an index (or target) child in the program; for Family Foundations Home Visiting program this date represents the start of a new clock for the purposes of following screening and assessment timelines for the primary caregiver	Date	Date (mm/dd/yyyy)		No	Available for programs to document home visiting services related to a subsequent pregnancy
Expected due date of subsequent pregnancy	Expected due date of child resulting from subsequent pregnancy	Date	Date (mm/dd/yyyy)		No	Available for programs to document home visiting services related to a subsequent pregnancy

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Discharge Date	Date caregiver leaves/completes home visiting services; for Family Foundations Home Visiting, discharge date is the date caregiver is considered no longer enrolled in Family Foundations Home Visiting program	Date	Date (mm/dd/yyyy)		No	Used to compile federal reports and calculate federal performance measures

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Discharge Reason	Reason caregiver leaves/completes home visiting services	Drop-down list (single choice)	Alphanumeric	1,Adult/parent/caretaker died|2,Child died|3,Client completed program|4,Client moved from service area|5,Custody/caregiver change; new placement refused services|6,Dissatisfied with program/service|7,Family refused change or unavailable after change in worker|8,Feels program no longer needed|9,Feels they have adequate support from family/friends/others|10,Inconsistent client participation|11,Needs met by other service agency(ies)|12,Pregnancy loss or stillbirth|13,Other household members object to program services|14,Safety of staff|15,Too busy and/or work or school conflicts|16,Unable to locate|17,Uncomfortable with someone in home or want privacy|18,Other	No	Federally required data; used to calculate number of households completing services and number of households stopping services before completion

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Other discharge reason (please specify):	Reason caregiver leaves/completes home visiting services if not listed above	Text	Text		No	Available for programs to document reason caregiver leaves/completes home visiting services if not listed above
Has client re-enrolled (2nd Enrollment)?	Refers to a caregiver who previously was enrolled in home visiting services, was discharged, and later returns to and re-enrolls in services; re-enrollment can be related to the same pregnancy/child or a new pregnancy/child	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Used to compile federal reports and calculate federal performance measures
2nd Enrollment Date	Date caregiver re-enrolls in home visiting services; for Family Foundations Home Visiting, re-enrollment date is the date caregiver is considered re-enrolled in Family Foundations Home Visiting program	Date	Date (mm/dd/yyyy)		No	Used to compile federal reports and calculate federal performance measures
2nd Enrollment Type:	Enrollment type refers to a caregiver's FFHV status; any caregiver receiving services from a home visitor for whom at least 25% of his/her personnel costs is paid for with FFHV funding is considered an FFHV enrollment	Drop-down list (single choice)	Alphanumeric	1,FFHV|2,Non-FFHV	No	Used to compile federal reports and calculate federal performance measures

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Is this caregiver pregnant at time of 2nd enrollment?	Documentation of whether or not caregiver is pregnant at time of enrollment in program services	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Not applicable|99999,Unknown	No	Used to compile federal reports and calculate federal performance measures
How many weeks pregnant at time of 2nd enrollment?	For a caregiver who is pregnant at time of enrollment in program services, weeks pregnant refers to completed weeks of gestation at time of caregiver's enrollment	Text	Numeric		No	Federal performance measure; used to calculate percent of infants among mothers who enrolled in home visiting prenatally before 37 weeks who are born preterm
Evidence based home visiting model	Evidence based home visiting model refers to whether the family is receiving services in accordance with one of the following models: Early Head Start, Healthy Families America, Nurse-Family Partnership, or Parents as Teachers	Drop-down list (single choice)	Alphanumeric	1,EHS|2,HFA|3,NFP|4,PAT	No	Used to compile state and program reports by model; used in assessments of model fidelity

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Program enrolling subsequent pregnancy in home visiting?	Subsequent pregnancy refers to a caregiver who enrolls in home visiting services for a pregnancy/child and later, while still enrolled, becomes pregnant again; programs should enroll a subsequent pregnancy in home visiting services if the program intends to serve the child from the later pregnancy as an index (or target) child	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Available for programs to document home visiting services related to a subsequent pregnancy
Date client began receiving home visiting services for subsequent pregnancy	Date program decides that the child resulting from subsequent pregnancy will be served as an index (or target) child in the program; for Family Foundations Home Visiting program this date represents the start of a new clock for the purposes of following screening and assessment timelines for the primary caregiver	Date	Date (mm/dd/yyyy)		No	Available for programs to document home visiting services related to a subsequent pregnancy
Expected due date of subsequent pregnancy	Expected due date of child resulting from subsequent pregnancy	Date	Date (mm/dd/yyyy)		No	Available for programs to document home visiting services related to a subsequent pregnancy

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
2nd Discharge Date	Date caregiver leaves/completes home visiting services; for Family Foundations Home Visiting, discharge date is the date caregiver is considered no longer enrolled in Family Foundations Home Visiting program	Date	Date (mm/dd/yyyy)		No	Used to compile federal reports and calculate federal performance measures

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
2nd Discharge Reason	Reason caregiver leaves/completes home visiting services	Drop-down list (single choice)	Alphanumeric	1,Adult/parent/caretaker died|2,Child died|3,Client completed program|4,Client moved from service area|5,Custody/caregiver change; new placement refused services|6,Dissatisfied with program/service|7,Family refused change or unavailable after change in worker|8,Feels program no longer needed|9,Feels they have adequate support from family/friends/others|10,Inconsistent client participation|11,Needs met by other service agency(ies)|12,Pregnancy loss or stillbirth|13,Other household members object to program services|14,Safety of staff|15,Too busy and/or work or school conflicts|16,Unable to locate|17,Uncomfortable with someone in home or want privacy|18,Other	No	Federally required data; used to calculate number of households completing services and number of households stopping services before completion

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Other discharge reason (please specify):	Reason caregiver leaves/completes home visiting services if not listed above	Text	Text		No	Available for programs to document reason caregiver leaves/completes home visiting services if not listed above
Has client re-enrolled (3rd Enrollment)?	Refers to a caregiver who previously was enrolled in home visiting services, was discharged, and later returns to and re-enrolls in services; re-enrollment can be related to the same pregnancy/child or a new pregnancy/child	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Used to compile federal reports and calculate federal performance measures
3rd Enrollment Date	Date caregiver re-enrolls in home visiting services; for Family Foundations Home Visiting, re-enrollment date is the date caregiver is considered re-enrolled in Family Foundations Home Visiting program	Date	Date (mm/dd/yyyy)		No	Used to compile federal reports and calculate federal performance measures
3rd Enrollment Type:	Enrollment type refers to a caregiver's FFHV status; any caregiver receiving services from a home visitor for whom at least 25% of his/her personnel costs is paid for with FFHV funding is considered an FFHV enrollment	Drop-down list (single choice)	Alphanumeric	1,FFHV|2,Non-FFHV	No	Used to compile federal reports and calculate federal performance measures

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Is this caregiver pregnant at time of 3rd enrollment?	Documentation of whether or not caregiver is pregnant at time of enrollment in program services	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Not applicable|99999,Unknown	No	Used to compile federal reports and calculate federal performance measures
How many weeks pregnant at time of 3rd enrollment	For a caregiver who is pregnant at time of enrollment in program services, weeks pregnant refers to completed weeks of gestation at time of caregiver's enrollment	Text	Numeric		No	Federal performance measure; used to calculate percent of infants among mothers who enrolled in home visiting prenatally before 37 weeks who are born preterm
Evidence based home visiting model	Evidence based home visiting model refers to whether the family is receiving services in accordance with one of the following models: Early Head Start, Healthy Families America, Nurse-Family Partnership, or Parents as Teachers	Drop-down list (single choice)	Alphanumeric	1,EHS|2,HFA|3,NFP|4,PAT	No	Used to compile state and program reports by model; used in assessments of model fidelity

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Program enrolling subsequent pregnancy in home visiting?	Subsequent pregnancy refers to a caregiver who enrolls in home visiting services for a pregnancy/child and later, while still enrolled, becomes pregnant again; programs should enroll a subsequent pregnancy in home visiting services if the program intends to serve the child from the later pregnancy as an index (or target) child	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Available for programs to document home visiting services related to a subsequent pregnancy
Date client began receiving home visiting services for subsequent pregnancy	Date program decides that the child resulting from subsequent pregnancy will be served as an index (or target) child in the program; for Family Foundations Home Visiting program this date represents the start of a new clock for the purposes of following screening and assessment timelines for the primary caregiver	Date	Date (mm/dd/yyyy)		No	Available for programs to document home visiting services related to a subsequent pregnancy
Expected due date of subsequent pregnancy	Expected due date of child resulting from subsequent pregnancy	Date	Date (mm/dd/yyyy)		No	Available for programs to document home visiting services related to a subsequent pregnancy

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
3rd Discharge Date	Date caregiver leaves/completes home visiting services; for Family Foundations Home Visiting, discharge date is the date caregiver is considered no longer enrolled in Family Foundations Home Visiting program	Date	Date (mm/dd/yyyy)		No	Used to compile federal reports and calculate federal performance measures

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
3rd Discharge Reason	Reason caregiver leaves/completes home visiting services	Drop-down list (single choice)	Alphanumeric	1,Adult/parent/caretaker died|2,Child died|3,Client completed program|4,Client moved from service area|5,Custody/caregiver change; new placement refused services|6,Dissatisfied with program/service|7,Family refused change or unavailable after change in worker|8,Feels program no longer needed|9,Feels they have adequate support from family/friends/others|10,Inconsistent client participation|11,Needs met by other service agency(ies)|12,Pregnancy loss or stillbirth|13,Other household members object to program services|14,Safety of staff|15,Too busy and/or work or school conflicts|16,Unable to locate|17,Uncomfortable with someone in home or want privacy|18,Other	No	Federally required data; used to calculate number of households completing services and number of households stopping services before completion

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Other discharge reason (please specify):	Reason caregiver leaves/completes home visiting services if not listed above	Text	Text		No	Available for programs to document reason caregiver leaves/completes home visiting services if not listed above
Has client re-enrolled (4th Enrollment)?	Refers to a caregiver who previously was enrolled in home visiting services, was discharged, and later returns to and re-enrolls in services; re-enrollment can be related to the same pregnancy/child or a new pregnancy/child	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Used to compile federal reports and calculate federal performance measures
4th Enrollment Date	Date caregiver re-enrolls in home visiting services; for Family Foundations Home Visiting, re-enrollment date is the date caregiver is considered re-enrolled in Family Foundations Home Visiting program	Date	Date (mm/dd/yyyy)		No	Used to compile federal reports and calculate federal performance measures
4th Enrollment Type:	Enrollment type refers to a caregiver's FFHV status; any caregiver receiving services from a home visitor for whom at least 25% of his/her personnel costs is paid for with FFHV funding is considered an FFHV enrollment	Drop-down list (single choice)	Alphanumeric	1,FFHV|2,Non-FFHV	No	Used to compile federal reports and calculate federal performance measures

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Is this caregiver pregnant at time of 4th enrollment?	Documentation of whether or not caregiver is pregnant at time of enrollment in program services	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Not applicable|99999,Unknown	No	Used to compile federal reports and calculate federal performance measures
How many weeks pregnant at time of 4th enrollment?	For a caregiver who is pregnant at time of enrollment in program services, weeks pregnant refers to completed weeks of gestation at time of caregiver's enrollment	Text	Numeric		No	Federal performance measure; used to calculate percent of infants among mothers who enrolled in home visiting prenatally before 37 weeks who are born preterm
Evidence based home visiting model	Evidence based home visiting model refers to whether the family is receiving services in accordance with one of the following models: Early Head Start, Healthy Families America, Nurse-Family Partnership, or Parents as Teachers	Drop-down list (single choice)	Alphanumeric	1,EHS|2,HFA|3,NFP|4,PAT	No	Used to compile state and program reports by model; used in assessments of model fidelity

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Program enrolling subsequent pregnancy in home visiting?	Subsequent pregnancy refers to a caregiver who enrolls in home visiting services for a pregnancy/child and later, while still enrolled, becomes pregnant again; programs should enroll a subsequent pregnancy in home visiting services if the program intends to serve the child from the later pregnancy as an index (or target) child	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Available for programs to document home visiting services related to a subsequent pregnancy
Date client began receiving home visiting services for subsequent pregnancy	Date program decides that the child resulting from subsequent pregnancy will be served as an index (or target) child in the program; for Family Foundations Home Visiting program this date represents the start of a new clock for the purposes of following screening and assessment timelines for the primary caregiver	Date	Date (mm/dd/yyyy)		No	Available for programs to document home visiting services related to a subsequent pregnancy
Expected due date of subsequent pregnancy	Expected due date of child resulting from subsequent pregnancy	Date	Date (mm/dd/yyyy)		No	Available for programs to document home visiting services related to a subsequent pregnancy

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
4th Discharge Date	Date caregiver leaves/completes home visiting services; for Family Foundations Home Visiting, discharge date is the date caregiver is considered no longer enrolled in Family Foundations Home Visiting program	Date	Date (mm/dd/yyyy)		No	Used to compile federal reports and calculate federal performance measures

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
4th Discharge Reason	Reason caregiver leaves/completes home visiting services	Drop-down list (single choice)	Alphanumeric	1,Adult/parent/caretaker died|2,Child died|3,Client completed program|4,Client moved from service area|5,Custody/caregiver change; new placement refused services|6,Dissatisfied with program/service|7,Family refused change or unavailable after change in worker|8,Feels program no longer needed|9,Feels they have adequate support from family/friends/others|10,Inconsistent client participation|11,Needs met by other service agency(ies)|12,Pregnancy loss or stillbirth|13,Other household members object to program services|14,Safety of staff|15,Too busy and/or work or school conflicts|16,Unable to locate|17,Uncomfortable with someone in home or want privacy|18,Other	No	Federally required data; used to calculate number of households completing services and number of households stopping services before completion

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Other discharge reason (please specify):	Reason caregiver leaves/completes home visiting services if not listed above	Text	Text		No	Available for programs to document reason caregiver leaves/completes home visiting services if not listed above
Has client re-enrolled (5th Enrollment)?	Refers to a caregiver who previously was enrolled in home visiting services, was discharged, and later returns to and re-enrolls in services; re-enrollment can be related to the same pregnancy/child or a new pregnancy/child	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Used to compile federal reports and calculate federal performance measures
5th Enrollment Date	Date caregiver re-enrolls in home visiting services; for Family Foundations Home Visiting, re-enrollment date is the date caregiver is considered re-enrolled in Family Foundations Home Visiting program	Date	Date (mm/dd/yyyy)		No	Used to compile federal reports and calculate federal performance measures
5th Enrollment Type:	Enrollment type refers to a caregiver's FFHV status; any caregiver receiving services from a home visitor for whom at least 25% of his/her personnel costs is paid for with FFHV funding is considered an FFHV enrollment	Drop-down list (single choice)	Alphanumeric	1,FFHV|2,Non-FFHV	No	Used to compile federal reports and calculate federal performance measures

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Is this caregiver pregnant at time of 5th enrollment?	Documentation of whether or not caregiver is pregnant at time of enrollment in program services	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Not applicable |99999,Unknown	No	Used to compile federal reports and calculate federal performance measures
How many weeks pregnant at time of 5th enrollment?	For a caregiver who is pregnant at time of enrollment in program services, weeks pregnant refers to completed weeks of gestation at time of caregiver's enrollment	Text	Numeric		No	Federal performance measure; used to calculate percent of infants among mothers who enrolled in home visiting prenatally before 37 weeks who are born preterm
Evidence based home visiting model	Evidence based home visiting model refers to whether the family is receiving services in accordance with one of the following models: Early Head Start, Healthy Families America, Nurse-Family Partnership, or Parents as Teachers	Drop-down list (single choice)	Alphanumeric	1,EHS|2,HFA|3,NFP|4,PAT	No	Used to compile state and program reports by model; used in assessments of model fidelity

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Program enrolling subsequent pregnancy in home visiting?	Subsequent pregnancy refers to a caregiver who enrolls in home visiting services for a pregnancy/child and later, while still enrolled, becomes pregnant again; programs should enroll a subsequent pregnancy in home visiting services if the program intends to serve the child from the later pregnancy as an index (or target) child	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Available for programs to document home visiting services related to a subsequent pregnancy
Date client began receiving home visiting services for subsequent pregnancy	Date program decides that the child resulting from subsequent pregnancy will be served as an index (or target) child in the program; for Family Foundations Home Visiting program this date represents the start of a new clock for the purposes of following screening and assessment timelines for the primary caregiver	Date	Date (mm/dd/yyyy)		No	Available for programs to document home visiting services related to a subsequent pregnancy
Expected due date of subsequent pregnancy	Expected due date of child resulting from subsequent pregnancy	Date	Date (mm/dd/yyyy)		No	Available for programs to document home visiting services related to a subsequent pregnancy

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
5th Discharge Date	Date caregiver leaves/completes home visiting services; for Family Foundations Home Visiting, discharge date is the date caregiver is considered no longer enrolled in Family Foundations Home Visiting program	Date	Date (mm/dd/yyyy)		No	Used to compile federal reports and calculate federal performance measures

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
5th Discharge Reason	Reason caregiver leaves/completes home visiting services	Drop-down list (single choice)	Alphanumeric	1,Adult/parent/caretaker died|2,Child died|3,Client completed program|4,Client moved from service area|5,Custody/caregiver change; new placement refused services|6,Dissatisfied with program/service|7,Family refused change or unavailable after change in worker|8,Feels program no longer needed|9,Feels they have adequate support from family/friends/others|10,Inconsistent client participation|11,Needs met by other service agency(ies)|12,Pregnancy loss or stillbirth|13,Other household members object to program services|14,Safety of staff|15,Too busy and/or work or school conflicts|16,Unable to locate|17,Uncomfortable with someone in home or want privacy|18,Other	No	Federally required data; used to calculate number of households completing services and number of households stopping services before completion

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Other discharge reason (please specify):	Reason caregiver leaves/completes home visiting services if not listed above	Text	Text		No	Available for programs to document reason caregiver leaves/completes home visiting services if not listed above

Family Engagement Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date of Activity	Date home visitor/staff start Family Engagement Form	Date	Dynamic Date		Yes	
Which caregiver was involved?	Name of primary caregiver referred for home visiting services	Drop-down list (single choice)	Dynamic Caregiver		Yes	
Date Referral Made	Date that referral source completed referral form; for self-referrals, date that caregiver/family first contacted agency/program to learn more about services	Date	Date (mm/dd/yyyy)		No	Used to track program referrals, engagement activities, and engagement outcomes
Date Referral Received	Date the home visiting agency/program received the referral; for self-referrals, date that caregiver/family first contacted agency/program to learn more about services	Date	Date (mm/dd/yyyy)		No	Used to track program referrals, engagement activities, and engagement outcomes

Family Engagement Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Referral Source	Documentation of who referred family to home visiting program	Drop-down list (single choice)	Alphanumeric	1,Child Welfare Services| 2,Clinic| 3,Family/Friend| 4,FoodShare agency| 5,Home Visiting Client (current or past)| 6,Hospital| 7,Individual Healthcare Provider/OBGYN| 8,Judicial System| 9,Managed Care Organization| 10,Medicaid| 11,Other home visiting program| 12,PNCC| 13,Pregnancy Testing Clinic| 14,School| 15,Self| 16,TANF| 17,WIC| 18,Other	No	Used to track program referrals, engagement activities, and engagement outcomes
Other referral source (specify):	Documentation of who referred family to home visiting program if not listed above	Text	Text		No	Available for programs to track who referred family to home visiting program if not listed above

Family Engagement Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Contact Attempted?	Program attempted to contact family following referral to program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Used to track program referrals, engagement activities, and engagement outcomes
Date of First Contact Attempt	-Date home visitor/staff first attempted to contact family following referral to program. -If two different types of contact attempts happen in the same day (ex: phone call and text), this should be documented as two contact attempts. -If a contact is successful, it should be documented as both a contact attempt and a successful contact.	Date	Date (mm/dd/yyyy)		No	Used to track program referrals, engagement activities, and engagement outcomes
Date of Second Contact Attempt	-Date home visitor/staff made second attempt to contact family following referral to program (if applicable) -If two different types of contact attempts happen in the same day (ex: phone call and text), this should be documented as two contact attempts. -If a contact is successful, it should be documented as both a contact attempt and a successful contact.	Date	Date (mm/dd/yyyy)		No	Used to track program referrals, engagement activities, and engagement outcomes

Family Engagement Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date of Third Contact Attempt	-Date home visitor/staff made third attempt to contact family following referral to program (if applicable) -If two different types of contact attempts happen in the same day (ex: phone call and text), this should be documented as two contact attempts. -If a contact is successful, it should be documented as both a contact attempt and a successful contact.	Date	Date (mm/dd/yyyy)		No	Used to track program referrals, engagement activities, and engagement outcomes
Date of First Successful Contact	~~Date home visitor/staff first made contact with referred family to talk about the program (contact may be over the phone or face-to-face)~~ Date of First Successful Contact is the first time the program connects with the family to provide information about the program	Date	Date (mm/dd/yyyy)		No	Used to track program referrals, engagement activities, and engagement outcomes
~~Date of First Face-to-Face Contact~~	~~Date home visitor/staff first meet with face-to-face with referred family to talk about the program~~	~~Date~~	~~Date (mm/dd/yyyy)~~		~~No~~	~~Used to track program referrals, engagement activities, and engagement outcomes~~

Family Engagement Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Services offered?	Documentation of whether or not home visiting services were offered to family following referral to program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Used to track program referrals, engagement activities, and engagement outcomes
Date Services Offered	Date home visiting services were offered to family	Date	Date (mm/dd/yyyy)		No	Used to track program referrals, engagement activities, and engagement outcomes
Client Commits to a First Home Visit?	Documentation of whether or not family agreed to a first home visit with program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Used to track program referrals, engagement activities, and engagement outcomes
Date of First Home Visit	~~Date of first completed home visit~~ Date of first completed home visit that meets model fidelity expectations	Date	Date (mm/dd/yyyy)		No	Used to track program referrals, engagement activities, and engagement outcomes
Engagement Outcome	Result of program's engagement activities with family	Drop-down list (single choice)	Alphanumeric	1,Client enrolled in services|2,Client declined services|3,Client not eligible for services|4,Client did not respond to engagement attempts|5,Other	No	Used to track program referrals, engagement activities, and engagement outcomes

Family Engagement Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Other engagement outcome (specify):	Result of program's engagement activities with family if not listed above	Text	Text		No	Available for programs to track result of engagement activities with family if not listed above
Date Services Declined	Date caregiver declines to enroll in home visiting services	Date	Date (mm/dd/yyyy)		No	Used to track program referrals, engagement activities, and engagement outcomes
Reason Services Declined (select all that apply):	Reason caregiver declines to enroll in home visiting services	Drop-down list (multiple choice)	Alphanumeric	1,Don't think I need it|2,Currently receiving other services|3,Other household members do not want the services|4,Too busy or work/school conflicts|5,Have enough support from family/friends/others|6,Already received services with earlier pregnancy|7,Not comfortable having someone in my home/want privacy|8,Other	No	Used to track program referrals, engagement activities, and engagement outcomes

Family Engagement Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Other reason services declined (specify):	Reason caregiver declines to enroll in home visiting services if not listed above	Text	Text		No	Available for programs to track reason caregiver declines to enroll in home visiting services if not listed above
Date client determined not eligible for services	Date home visitor/staff informs caregiver she/he is not eligible for home visiting services	Date	Date (mm/dd/yyyy)		No	Used to track program referrals, engagement activities, and engagement outcomes
Date program ended engagement attempts	Date home visitor/staff stops trying to contact family that has been unresponsive to engagement attempts	Date	Date (mm/dd/yyyy)		No	Used to track program referrals, engagement activities, and engagement outcomes
Enrollment Date	Date caregiver enrolls in home visiting services; for Family Foundations Home Visiting, enrollment date is the date caregiver is considered enrolled in Family Foundations Home Visiting program; enrollment date in Family Engagement Form should match enrollment date in primary caregiver profile	Date	Date (mm/dd/yyyy)		No	Used to track program referrals, engagement activities, and engagement outcomes

Family Engagement Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Does individual give consent for data to be shared?	Refers to whether or not caregiver who declines services consented to complete and share information from the Program Refusal Survey	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Used to track information on families that decline to enroll home in visiting services
Relationship Status	For caregiver who declines services, relationship status at time Program Refusal Survey is completed	Drop-down list (single choice)	Alphanumeric	1,Single|2,Married	No	Used to track information on families that decline to enroll home in visiting services
Are you currently living with a partner?	For caregiver who declines services, cohabitation status at time Program Refusal Survey is completed	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Used to track information on families that decline to enroll home in visiting services
Number of children in your home	For caregiver who declines services, total number of children living in the home at time Program Refusal Survey is completed	Text	Numeric		No	Used to track information on families that decline to enroll home in visiting services
Number of adults in your home	For caregiver who declines services, total number of adults living in the home at time Program Refusal Survey is completed	Text	Numeric		No	Used to track information on families that decline to enroll home in visiting services
What is your oldest biological child's date of birth?	For female caregiver who declines services, date of birth of oldest biological child	Date	Date (mm/dd/yyyy)		No	Used to track information on families that decline to enroll home in visiting services

Family Engagement Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
If you or your partner is pregnant now, what is your due date?	For pregnant caregiver who declines services, expect due date for current pregnancy	Date	Date (mm/dd/yyyy)		No	Used to track information on families that decline to enroll home in visiting services
Estimated Take-Home Household Income (in dollars):	For caregiver who declines services, household income refers to the gross income for the household; includes all cash sources that come into the household to support the well being of the family (i.e., income from a job/employment, TANF/W2, child support, SSI/SSDI, and other cash benefits)	Text	Numeric		No	Used to track information on families that decline to enroll home in visiting services
Income Frequency	For caregiver who declines services, multiplier of gross household income listed above to calculate annual income	Drop-down list (single choice)	Alphanumeric	1,Annually|2,Monthly|3,Bi-weekly|4,Weekly	No	Used to track information on families that decline to enroll home in visiting services
Highest level of education completed	For caregiver who declines survey, highest level of education at time Program Refusal Survey is completed; some college/training includes those who are currently enrolled and those who attended in past; technical training or certification, Associate's degree, and Bachelor's degree or higher include those who obtained training/certification/degree in the past	Drop-down list (single choice)	Alphanumeric	1,Less than high school diploma|2,High school diploma/GED|3,Some college/training|4,Technical training completion or certification|5,Associate's Degree|6,Bachelor's Degree or higher	No	Used to track information on families that decline to enroll home in visiting services

Family Engagement Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Are you currently enrolled in high school or a GED program?	For caregiver who declines services, refers to whether or not caregiver is enrolled in high school or a GED program at time Program Refusal Survey is completed	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Used to track information on families that decline to enroll home in visiting services

Home Visit Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date of Activity	Date of visit	Date	Dynamic Date		Yes	
Which caregiver was involved?	Name of primary caregiver (or secondary caregiver if primary was not present at the visit)	Drop-down list (single choice)	Dynamic Caregiver		Yes	
Enrollment Status	Family's enrollment status in the home visiting program	Drop-down list (single choice)	Alphanumeric	1,Enrolled|0,Not Enrolled	No	Used to distinguish visits conducted during family's enrollment in home visiting program from initial visits that may be conducted prior to enrollment in home visiting services
Did primary caregiver identify any concerns regarding their child's development, behavior, or learning?	Documentation of parental concerns regarding child's development, behavior, or learning; home visitor is expected to ask this question at each home visit (excluding prenatal)	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Home visitor did not ask|2,Not applicable (prenatal)	No	Federal performance measure; used to calculate the percentage of home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning
Did you do any of the following during the visit?	Documentation of state-required family activities and education	Drop-down list (multiple choice)	Alphanumeric	1,Shaken Baby Education|2,Reproductive Life Planning|3,Safe Sleep Education	No	State performance measure; used to calculate the percentage of families that participate in reproductive life planning, safe sleep education, and shaken baby education

Home Visit Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
What was the setting of the home visit?	Documentation of whether visit was in-person or virtual. For Video Conference: Video conference may include: Zoom, Skype, FaceTime, etc. For phone call: Please refer to model specific guidance for specific definitions.	Drop-down list (single choice)	Alphanumeric	1,In-person|2,Video conference|3,Phone call	No	Required for federal reporting; used to provide breakdown of in-person vs virtual (Video conference or Phone call)

Caregiver Demographic Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date of Activity	Date home visitor completed Caregiver Demographic form with caregiver	Date	Dynamic Date		Yes	
Which caregiver was involved?	Name of caregiver who completed Caregiver Demographic form	Drop-down list (single choice)	Dynamic Caregiver		Yes	
Timing of completion:	Refers to when during caregiver's enrollment the form was completed (e.g., at 6 months post-enrollment, at 12 months post-enrollment)	Drop-down list (single choice)	Alphanumeric	1,Enrollment|6,6 month update|12,12 month update|24,24 month update|36,36 month update|48,48 month|60,60 month|2,Other	No	Used to compile federal reports and calculate federal performance measures
Current Marital/Relationship Status	Caregiver's marital/relationship status at time form is completed	Drop-down list (single choice)	Alphanumeric	1,Single and never married|2,Not married but living together with partner|3,Married|4,Separated/Divorced/Widowed	No	Federally required data; used to calculate the number of adult participants by marital status
Current Educational Attainment	Caregiver's highest level of education at time form is completed; some college/training includes those who are currently enrolled and those who attended in past; technical training or certification, Associate's degree, and Bachelor's degree include those who obtained training/certification/degree in the past	Drop-down list (single choice)	Alphanumeric	1,Less than high school diploma|2,High school diploma/GED|3,Some college/training|4,Technical training completion or certification|5,Associate's Degree|6,Bachelor's Degree or higher	No	Federally required data; used to calculate the number of adult participants by educational attainment

Caregiver Demographic Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Are you currently enrolled in middle school, high school or a GED program?	Refers to whether or not caregiver is enrolled in middle school, high school or a GED program at time form is completed	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Federal performance measure; used to calculate the percentage of primary caregivers without a high school degree or equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent
Are you currently enrolled in any educational or training program?	Enrolled indicates that the caregiver is considered a full- or part-time student by the educational or training institution he/she is attending at time form is completed	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	Yes	Federally required data; used to calculate the number of participants by educational status
Current Employment Status	Full-time employment refers to an employee who works an average of at least 30 hours per week at time form is completed; Part-time employment refers to an employee who works an average of less than 30 hours per week at time form is completed; Not employed refers to a caregiver who is not working for pay at the time form is completed	Drop-down list (single choice)	Alphanumeric	1,Employed full-time (works an average of at least 30 hours per week)|2,Employed part-time (works an average of less than 30 hours per week)|3,Not employed	No	Federally required data; used to calculate the number of adult participants by employment status

Caregiver Demographic Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Current Housing Status	Homeless refers to a caregiver who lacks a fixed, regular and adequate nighttime residence at time form is completed	Drop-down list (single choice)	Alphanumeric	1,Homeless - lack a fixed/regular/and adequate nighttime residence|0,Not homeless	No	Federally required data; used to calculate the number of adult participants by housing status
If homeless:	Homeless and sharing housing refers to a caregiver who is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; Homeless and living in an emergency or transitional shelter refers to a caregiver who is living in emergency or transitional shelters, is abandoned in a hospital, or is awaiting foster care placement; Some other arrangement includes caregivers who are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accomodations, caregivers who have a primary nighttime residence that is a public private place not designed for or ordinarily used as a regular sleeping accomodation for human beings, and caregivers who are living in cars, parks, public space, abandoned buildings, substandard housing, bur or train settings, or similar settings	Drop-down list (single choice)	Alphanumeric	1,Homeless and sharing housing|2,Homeless and living in an emergency or transitional shelter|3,Some other arrangement	No	Federally required data; used to calculate the number of adult participants by housing status

Caregiver Demographic Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
If not homeless:	Caregiver's housing situation if not homeless at time form is completed	Drop-down list (single choice)	Alphanumeric	1,Owns or shares own home/condominium/or apartment|2,Rents or shares home or apartment|3,Lives in public housing|4,Lives with parent or family member|5,Some other arrangement	No	Federally required data; used to calculate the number of adult participants by housing status
Primary Language Spoken at Home	Refers to the language used in the home the majority of the time	Drop-down list (single choice)	Alphanumeric	1,English|2,Spanish|3,Other	No	Federally required data; used to calculate the number of percentage of index children by primary language spoken at home
Other Primary Language:	Language used in the home the majority of the time if not listed above	Text	Text		No	Available for programs to document the language used in the home the majority of the time if not listed above
Number of children in home	Total number of children living in the home at time form is completed; includes children of both home visiting enrollees and non-enrollees who participate in the support and well being of the family enrolled in home visiting services	Text	Numeric		No	Federally required data; used to calculate household income in relation to federal poverty guidelines

Caregiver Demographic Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Number of adults in home	Total number of adults living in the home at time form is completed; includes both home visiting enrollees and non-enrollees who participate in the support and well being of the family enrolled in home visiting services; enrolled caregivers, regardless of age, should be counted as adults	Text	Numeric		No	Federally required data; used to calculate household income in relation to federal poverty guidelines
Household Income	Refers to whether caregiver provides or declines to provide income information at time form is completed	Drop-down list (single choice)	Alphanumeric	1,Client Provided|0,Client Refused	No	Federally required data; used to calculate household income in relation to federal poverty guidelines
Household Income (dollars)	Household income refers to the gross income for the household; includes all cash sources that come into the household to support the well being of the family enrolled in home visiting services (i.e., income from a job/employment, TANF/W2, child support, SSI/SSDI, and other cash benefits)	Text	Numeric		No	Federally required data; used to calculate household income in relation to federal poverty guidelines
Income Frequency	Multiplier of gross household income listed above to calculate annual income	Drop-down list (single choice)	Alphanumeric	1,Annually|2,Monthly|3,Bi-weekly|4,Weekly	no	Federally required data; used to calculate household income in relation to federal poverty guidelines

Caregiver Demographic Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Low Income Household	A household whose total annual income before taxes is equal to, or less than, 200% of the Federal Poverty Threshold; and/or if a household is receiving SSI or if household qualifies for Head Start, WIC, child care subsidy, free/reduced lunch, TANF, Food Share, or BadgerCare	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Unknown	No	Federally required data; used to calculate the number of households by priority population characteristics
Pregnant woman under 21 years of age	Households with expectant mothers who are enrolled in the program and are under 21 years old at the time the form is completed.	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Unknown	No	Federally required data; used to calculate the number of households by priority population characteristics
Household has a history of child abuse or neglect or has had interactions with child welfare services	Based on self-report, a household with members who have a history of abuse or neglect or have had involvement with child welfare services either as a child or as an adult.	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Unknown	No	Federally required data; used to calculate the number of households by priority population characteristics
Household has a history of substance abuse or needs substance abuse treatment	Based on self-report, a household with members who have a history of substance abuse or who have been identified as needing substance abuse services through a substance abuse screening administered upon enrollment.	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Unknown	No	Federally required data; used to calculate the number of households by priority population characteristics

Caregiver Demographic Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Someone in the household uses tobacco products in the home	Based on self-report, a household with members who use tobacco products in the home or who have been identified as using tobacco through a substance abuse screening administered during intake. Tobacco use is defined as combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and electronic nicotine delivery systems (ENDS).	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Unknown	No	Federally required data; used to calculate the number of households by priority population characteristics
Someone in the household has attained low student achievement or has a child with low student achievement	Based on self-report, a household with members who have perceived themselves or their child(ren) as having low student achievement.	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Unknown	No	Federally required data; used to calculate the number of households by priority population characteristics
Household has a child with developmental delays or disabilities	Based on self-report or home visitor/staff observation, a household with members who have a child or children suspected of having a developmental delay or disability.	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Unknown	No	Federally required data; used to calculate the number of households by priority population characteristics

Caregiver Demographic Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Household includes individuals who are serving or formerly served in the US armed forces	Based on self-report, households that include individuals who are serving or formerly served in the Armed Forces, including such households that have members of the Armed Forces who have had multiple deployments outside of the United States. For this criterion, definition includes a military member's dependent acquired through marriage, adoption, or other action during the course of a member's current tour of assigned duty.	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Unknown	No	Federally required data; used to calculate the number of households by priority population characteristics
Do you have health insurance or Medicaid?	Caregiver's health insurance status at time form is completed; no insurance or Medicaid indicates that that the caregiver is currently not covered by any source of insurance	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Unknown	No	Federally required data; used to calculate number of adult participants by health insurance coverage
If yes, primary coverage type (select one)	Refers to caregiver's primary health insurance coverage type; for the purpose of federal reporting, receipt of health care provided by the Indian Health Service or another safety net health care provider such as a Federally Qualified Health Center will not be counted as insurance coverage	Drop-down list (single choice)	Alphanumeric	1,BadgerCare/Medicaid|2,Tri-Care|3,Private Health Insurance|4,Indian Health Services|5,Other Health Insurance	No	Federally required data; used to calculate number of adult participants by health insurance coverage

Caregiver Demographic Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Have you had continuous health insurance coverage for the past 6 months?	Continuous health insurance coverage refers to a caregiver who has health insurance coverage without any lapses for at least 6 months in a row	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Federal performance measure; used to calculate the percentage of primary caregivers who had continuous health insurance coverage for at least 6 consecutive months

Caregiver Demographic Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
County	County of caregiver's primary residence at time form is completed	Drop-down list (single choice)	Alphanumeric	Adams|Ashland|Barron|Bayfield|Brown|Buffalo|Burnett|Calumet|Chippewa|Clark|Columbia|Crawford|Dane|Dodge|Door|Douglas|Dunn|Eau Claire|Florence|Fond du Lac|Forest|Grant|Green|Green Lake|Iowa|Iron|Jackson|Jefferson|Juneau|Kenosha|Kewaunee|La Crosse|Lafayette|Langlade|Lincoln|Manitowoc|Marathon|Marinette|Marquette|Menominee|Milwaukee|Monroe|Oconto|Oneida|Outagamie|Ozaukee|Pepin|Pierce|Polk|Portage|Price|Racine|Richland|Rock|Rusk|Saint Croix|Sauk|Sawyer|Shawano|Sheboygan|Taylor|Trempealeau|Vernon|Vilas|Walworth|Washburn|Washington|Waukesha|Waupaca|Waushara|Winnebago|Wood	No	Federally required data; used to calculate number of households served by county
Zip Code	Zip code of caregiver's primary residence at time form is completed	Text	Numeric			Federally required data; used to report on zip codes in which enrolled households reside

Caregiver Demographic Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
How many times have you been pregnant before?	Number of times female caregiver has been pregnant at time form is completed; if currently pregnant, do not count current pregnancy	Text	Numeric		No	Used to assess caregiver's pregnancy history at time of enrollment
Number of full-term babies	Number of full-term babies born to female caregiver at time form is completed	Text	Numeric		No	Used to assess caregiver's pregnancy history at time of enrollment
Number of babies born more than three weeks early	Number of babies born more than three weeks early to female caregiver at time form is completed	Text	Numeric		No	Used to assess caregiver's pregnancy history at time of enrollment
Number of miscarriages or other pregnancy losses at 20 or more weeks	Number of miscarriages or other pregnancy losses at 20 or more weeks for female caregiver at time form is completed	Text	Numeric		No	Used to assess caregiver's pregnancy history at time of enrollment
Number of miscarriages or other pregnancy losses before 20 weeks	Number of miscarriages or other pregnancy losses before 20 weeks for female caregiver at time form is completed	Text	Numeric		No	Used to assess caregiver's pregnancy history at time of enrollment
Number of living children	Number of living children born to female caregiver at time form is completed	Text	Numeric		No	Used to assess caregiver's pregnancy history at time of enrollment
Number of babies weighing less than 5 ½ pounds at birth	Number of babies weighing less than 5 1/2 pounds born to female caregiver at time form is completed	Text	Numeric		No	Used to assess caregiver's pregnancy history at time of enrollment

Caregiver Demographic Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Number of babies weighing more than 9 pounds at birth	Number of babies weighing more than 9 pounds born to female caregiver at time form is completed	Text	Numeric		No	Used to assess caregiver's pregnancy history at time of enrollment
Date last pregnancy ended	Date female caregiver's last pregnancy ended	Date	Date (mm/dd/yyyy)		No	Used to assess caregiver's pregnancy history at time of enrollment
What is your oldest biological child's date of birth ?	Date of birth of female caregiver's oldest biological child		Date (mm/dd/yyyy)		No	Used to assess caregiver's pregnancy history at time of enrollment

Tobacco and Substance Abuse Assessment Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date of Activity	Date home visitor completed Tobacco and Substance Use Assessment with caregiver	Date	Dynamic Date		Yes	
Which caregiver was involved?	Name of caregiver who completed Tobacco and Substance Use Assessment	Drop-down list (single choice)	Dynamic Caregiver		Yes	
Have you smoked at least 100 cigarettes in your entire life?	Caregiver response to Question 1	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Used to assess caregiver and/or child risk for poor health outcomes
Do you now smoke cigarettes or use tobacco?	Caregiver response to Question 2. Tobacco use is defined as combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and electronic nicotine delivery systems (ENDS)	Drop-down list (single choice)	Alphanumeric	1,Every day|2,Some days|3,Not at all	No	Federal performance measure; used to calculate percentage of primary caregivers who reported using tobacco at enrollment and were referred to tobacco cessation counseling/services within 3 months of enrollment; used to assess caregiver and/or child risk for poor health outcomes

Tobacco and Substance Abuse Assessment Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Does anyone (including yourself) who lives in your household smoke tobacco?	Caregiver response to Question 3	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Used to assess caregiver and/or child risk for poor health outcomes
Does anyone (including yourself) who cares for your child smoke tobacco?	Caregiver response to Question 4	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Unknown|2,Not applicable	No	Used to assess caregiver and/or child risk for poor health outcomes
Already receiving services?	Documentation of services caregiver is already receiving for identified concern	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Used to track caregiver's receipt of services related to identified concern
Receiving services from?	Provider of services caregiver is already receiving for identified concern	Drop-down list (single choice)	Alphanumeric	1,First Breath|2,Wisconsin Quit Line|3,Primary Care Provider/Health System|4,Other	No	Used to track caregiver's receipt of services related to identified concern

Tobacco and Substance Abuse Assessment Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Other services already being received (please specify)	Provider of services caregiver is already receiving for identified concern if not listed above	Text	Text		No	Used to track caregiver's receipt of services related to identified concern
Was a referral made?	Documentation of referral for services for identified concern	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Client declines referral at this time	No	Federal performance measure; used to calculate percentage of primary caregivers who reported using tobacco at enrollment and were referred to tobacco cessation counseling/services within 3 months of enrollment
Referral to	Provider caregiver is referred to for identified concern	Drop-down list (single choice)	Alphanumeric	1,First Breath (including First Breath services provided by home visitor/agency)|2,Wisconsin Quit Line|3,Primary Care Provider/Health System|4,Othe	No	Used to track caregiver's receipt of services related to identified concern
Date Referral Made	Date of referral to First Breath for identified concern	Date	Date (mm/dd/yyyy)		No	Federal performance measure; used to calculate percentage of primary caregivers who reported using tobacco at enrollment and were referred to tobacco cessation counseling/services within 3 months of enrollment

Tobacco and Substance Abuse Assessment Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Receiving services?	Documentation of whether or not caregiver received or is receiving services from First Breath for identified concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Used to track caregiver's receipt of services related to identified concern
Date Started Receiving Services	Date caregiver first received services from First Breath for identified concern	Date	Date (mm/dd/yyyy)		No	Used to track caregiver's receipt of services related to identified concern
Reason Not Receiving Services	Reason caregiver did not/could not receive services from First Breath for identified concern	Drop-down list (single choice)	Alphanumeric	1,Client did not follow through|2,Client not eligible for services|3,Other|99999,Unknown	No	Used to track caregiver's receipt of services related to identified concern
Other reason not receiving services	Reason caregiver did not/could not receive services from First Breath for identified concern if not listed above	Text	Text		No	Available for programs to document reason caregiver did not receive services if not listed above

Tobacco and Substance Abuse Assessment Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date Referral Made	Date of referral to Wisconsin Quit Line for identified concern	Date	Date (mm/dd/yyyy)		No	Federal performance measure; used to calculate percentage of primary caregivers who reported using tobacco at enrollment and were referred to tobacco cessation counseling/services within 3 months of enrollment
Receiving services?	Documentation of whether or not caregiver received or is receiving services from Wisconsin Quit Line for identified concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Used to track caregiver's receipt of services related to identified concern
Date Started Receiving Services	Date caregiver first received services from Wisconsin Quit Line for identified concern	Date	Date (mm/dd/yyyy)		No	Used to track caregiver's receipt of services related to identified concern
Reason Not Receiving Services	Reason caregiver did not/could not receive services from First Breath for identified concern	Drop-down list (single choice)	Alphanumeric	1,Client did not follow through|2,Client not eligible for services|3,Other|99999,Unknown	No	Used to track caregiver's receipt of services related to identified concern

Tobacco and Substance Abuse Assessment Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Other reason not receiving services	Reason caregiver did not/could not receive services from Wisconsin Quit Line for identified concern if not listed above	Text	Text		No	Available for programs to document reason caregiver did not receive services if not listed above
Date Referral Made	Date of referral to Primary Care Provider/Health System for identified concern	Date	Date (mm/dd/yyyy)		No	Federal performance measure; used to calculate percentage of primary caregivers who reported using tobacco at enrollment and were referred to tobacco cessation counseling/services within 3 months of enrollment
Receiving services?	Documentation of whether or not caregiver received or is receiving services from Primary Care Provider/Health System for identified concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Used to track caregiver's receipt of services related to identified concern
Date Started Receiving Services	Date caregiver first received services from Primary Care Provider/Health System for identified concern	Date	Date (mm/dd/yyyy)		No	Used to track caregiver's receipt of services related to identified concern

Tobacco and Substance Abuse Assessment Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Reason Not Receiving Services	Reason caregiver did not/could not receive services from Primary Care Provider/Health System for identified concern	Drop-down list (single choice)	Alphanumeric	1,Client did not follow through|2,Client not eligible for services|3,Other|99999,Unknown	No	Used to track caregiver's receipt of services related to identified concern
Other reason not receiving services	Reason caregiver did not/could not receive services from Primary Care Provider/Health System for identified concern if not listed above	Text	Text		No	Available for programs to document reason caregiver did not receive services if not listed above
Date Referral Made	Date of referral to Other Provider for identified concern	Date	Date (mm/dd/yyyy)		No	Federal performance measure; used to calculate percentage of primary caregivers who reported using tobacco at enrollment and were referred to tobacco cessation counseling/services within 3 months of enrollment
Receiving services?	Documentation of whether or not caregiver received or is receiving services from Other Provider for identified concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Used to track caregiver's receipt of services related to identified concern

Tobacco and Substance Abuse Assessment Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date Started Receiving Services	Date caregiver first received services from Other Provider for identified concern	Date	Date (mm/dd/yyyy)		No	Used to track caregiver's receipt of services related to identified concern
Reason Not Receiving Services	Reason caregiver did not/could not receive services from Other Provider for identified concern	Drop-down list (single choice)	Alphanumeric	1,Client did not follow through|2,Client not eligible for services|3,Other|99999,Unknown	No	Used to track caregiver's receipt of services related to identified concern
Other reason not receiving services	Reason caregiver did not/could not receive services from Other Provider for identified concern if not listed above	Text	Text		No	Available for programs to document reason caregiver did not receive services if not listed above

Expected Frequency Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date of Activity	Date expected visit frequency takes effect	Date	Dynamic Date		Yes	
Which caregiver was involved?	Name of primary caregiver	Drop-down list (single choice)	Dynamic Caregiver		Yes	
Expected Visit Frequency:	How often home visitor is expected to meet with family according to evidence-based model guidelines; may change over the course of service	Drop-down list (single choice)	Alphanumeric	1,Weekly|2,2x per month|3,Monthly|4,Quarterly|5,Creative Outreach / No Visits Expected	No	Model fidelity indicator; used to calculate the percentage of expected visits the family receives

Abusive Head Trauma Form (Period of Purple Crying)

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Which caregiver was involved?	Select the **primary** Caregiver	Drop-down list (single choice)	Dynamic Caregiver		Yes	
Date of Activity	Date of Activity represents the date the Home Visitor met with the Primary caregiver.	Date	Dynamic Date		Yes	◉ First Home Visiting contact with the primary Caregiver

Abusive Head Trauma Form (Period of Purple Crying)

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Which Period of Purple Crying (PPC) dose was administered:	Ideally, Dose 1 should be completed within 1 month of the child's birth.	Drop-down list (single choice)	Text	1,Dose 1|2,Dose 2	No	If child enrolls: • Prenatally: as close to the due date; <1 month before. Dose 2 between 1-3 months. • Age 0-1 mo.: Dose 1 by 1 mo., Dose 2 between 1-3 mo. • Age 1-3 mo.: Dose 1 between1-2 mo., Dose 2 between 2-3 mo. • Age 3-12 mo., Dose 1: As soon as possible, Dose 2: the next visit after Dose 1 • Age >1 year, AHT still can occur until a child is 5 yr, but at >1 yr, crying is not the main trigger. • Use professional judgement in sharing information about crying and AHT, but do not count as "doses".

Abusive Head Trauma Form (Period of Purple Crying)

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Who provided the Period of Purple Crying (PPC) dose?	Entity providing dose.	Drop-down list (single choice)	Text	1,Home Visiting Program|2,Hospital|3,Clinic/Primary Care Provider|4,Other	No	◉ Depending upon who gave the dose different sub-questions will open. ◉ If the primary Caregiver already received a Dose, e.g., a conversation in the hospital or with their Clinic/Primary Care Provider, report that as the 1st dose. ◉ 'Other' is to record someone other than Home Visitor, Hospital, or Clinic/Primary Care Provider.
Please specify who provided the Period of Purple Crying (PPC) dose:	Branches from response of "Other" to "Who provided the Period of Purple Crying (PPC) dose?	Text	Text		No	This should be rare; a quick email to the WI State CQI Coordinator or Data Coordinator to confirm is suggested.

Abusive Head Trauma Form (Period of Purple Crying)

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date a Period of Purple Crying (PPC) dose was administered:	Branches from response of "Hospital", "Clinic/Primary Care Provider" or "Other" to "Who provided the Period of Purple Crying (PPC) dose?	Date	Dynamic Date		No	As the caregiver is self-reporting a Dose was received, this date is likely *before* the Home Visitor Activity Date. If the exact date is not known, an estimate or best guess date is fine.
How many caregivers were present for the dose?	Branches from response of "Home Visiting Program" to "Who provided the Period of Purple Crying (PPC) dose?	Numeric	Numeric		No	Enter the total number of caregivers present.
How many male caregivers were present for the dose?	Branches from response of "Home Visiting Program" to "Who provided the Period of Purple Crying (PPC) dose?	Numeric	Numeric		No	Enter the total number of caregivers present that are male.

Abuse Assessment Screen

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date of Activity	Date home visitor completed Abuse Assessment Screen (AAS) with caregiver	Date	Dynamic Date		Yes	Federal performance measure; used to calculate percent of primary caregivers who are screened for intimate partner violence within 6 months of enrollment
Which caregiver was involved?	Name of caregiver who completed AAS	Drop-down list (single choice)	Dynamic Caregiver		Yes	
1. Have you ever been emotionally or physically abused by your partner or someone important to you?	Caregiver response to Question 1	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Client declines to disclose	No	Used to assess caregiver history of/risk for intimate partner violence
If yes, by whom (check all that apply)	Caregiver response to Question 1 (by whom)	Drop-down list (multiple choice)	Alphanumeric	1,Spouse/Partner/boyfriend/girlfriend|2,Other Family Member|3,Other Household Member|4,Other|5,Client declines to disclose	No	Used to assess caregiver history of/risk for intimate partner violence
Other: Please specify:	Caregiver response to Question 1 (by whom) if not listed above	Text	Text		No	Used to assess caregiver history of/risk for intimate partner violence
Within the last year?	Caregiver response to Question 1 (within last year, Spouse/Partner/boyfriend/girlfriend)	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Client declines to disclose	No	Used to assess caregiver history of/risk for intimate partner violence

Abuse Assessment Screen

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
How many times?	Caregiver response to Question 1 (number of times, Spouse/Partner/boyfriend/girlfriend)	Text	Numeric		No	Used to assess caregiver history of/risk for intimate partner violence
Within the last year?	Caregiver response to Question 1 (within last year, Other Family Member)	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Client declines to disclose	No	Used to assess caregiver history of/risk for intimate partner violence
How many times?	Caregiver response to Question 1 (number of times, Other Family Member)	Text	Numeric		No	Used to assess caregiver history of/risk for intimate partner violence
Within the last year?	Caregiver response to Question 1 (within last year, Other Household Member)	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Client declines to disclose	No	Used to assess caregiver history of/risk for intimate partner violence
How many times?	Caregiver response to Question 1 (number of times, Other Family Member)	Text	Numeric		No	Used to assess caregiver history of/risk for intimate partner violence
Within the last year?	Caregiver response to Question 1 (within last year, Other)	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Client declines to disclose	No	Used to assess caregiver history of/risk for intimate partner violence

Abuse Assessment Screen

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
How many times?	Caregiver response to Question 1 (number of times, Other)	Text	Numeric		No	Used to assess caregiver history of/risk for intimate partner violence
2. Within the last year, have you been hit, slapped, kicked, or otherwise physically hurt by someone?	Caregiver response to Question 2	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Client declines to disclose	No	Used to assess caregiver history of/risk for intimate partner violence
If yes, by whom (check all that apply)	Caregiver response to Question 2 (by whom)	Drop-down list (multiple choice)	Alphanumeric	1,Spouse/Partner/boyfriend/girlfriend|2,Other Family Member|3,Other Household Member|4,Other|5,Client declines to disclose	No	Used to assess caregiver history of/risk for intimate partner violence
Other: Please specify:	Caregiver response to Question 2 (by whom) if not listed above	Text	Text		No	Used to assess caregiver history of/risk for intimate partner violence
If yes, how many times?	Caregiver response to Question 2 (number of times)	Text	Numeric		No	Used to assess caregiver history of/risk for intimate partner violence

Abuse Assessment Screen

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
3. If pregnant, since you have been pregnant, have you been hit, slapped, kicked, or otherwise physically hurt by someone?	Caregiver response to Question 3	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Client declines to disclose	No	Used to assess caregiver history of/risk for intimate partner violence
If yes, by whom (check all that apply)	Caregiver response to Question 3 (by whom)	Drop-down list (multiple choice)	Alphanumeric	1,Spouse/Partner/boyfriend/girlfriend|2,Other Family Member|3,Other Household Member|4,Other|5,Client declines to disclose	No	Used to assess caregiver history of/risk for intimate partner violence
Other: Please specify:	Caregiver response to Question 3 (by whom) if not listed above	Text	Text		No	Used to assess caregiver history of/risk for intimate partner violence
If yes, how many times?	Caregiver response to Question 3 (number of times)	Text	Numeric		No	Used to assess caregiver history of/risk for intimate partner violence
4. Within the last year, has anyone forced you to have sexual activities?	Caregiver response to Question 4	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Client declines to disclose	No	Used to assess caregiver history of/risk for intimate partner violence

Abuse Assessment Screen

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
If yes, by whom (check all that apply)	Caregiver response to Question 4 (by whom)	Drop-down list (multiple choice)	Alphanumeric	1,Spouse/Partner/boyfriend/girlfriend|2,Other Family Member|3,Other Household Member|4,Other|5,Client	No	Used to assess caregiver history of/risk for intimate partner violence
Other: Please specify:	Caregiver response to Question 4 (by whom) if not listed above	Text	Text		No	Used to assess caregiver history of/risk for intimate partner violence
If yes, how many times?	Caregiver response to Question 4 (number of times)	Text	Numeric		No	Used to assess caregiver history of/risk for intimate partner violence
5. Are you afraid of your partner or anyone you listed above?	Caregiver response to Question 5	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Client declines to disclose	No	Used to assess caregiver history of/risk for intimate partner violence
Positive Screen for Abuse/Violence:	System assesses caregiver's responses and indicates if screen is positive for abuse/violence; user must complete field	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	Yes	Federal performance measure; used to calculate percent of primary caregivers with positive sccren for intimate partner violence (IPV) who receive referral to IPV resources

Abuse Assessment Screen

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Positive Screen for Domestic Violence:	System assesses caregiver's responses and indicates if screen is positive for domestic violence; user must complete field	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	Yes	Federal performance measure; used to calculate percent of primary caregivers with positive sccren for intimate partner violence (IPV) who receive referral to IPV resources
Provider concern for undisclosed Abuse, Violence, or Domestic Violence:	Documentation of home visitor concerns regarding abuse, violence, or domestic violence if not disclosed by caregiver	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	Yes	Used to assess caregiver history of/risk for intimate partner violence
Already receiving services?	Documentation of services caregiver is already receiving for identified concern	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Used to track caregiver's receipt of services related to identified concern
Was a referral made?	Documentation of referral for services for identified concern	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Client declines referral at this time	No	Federal performance measure; used to calculate percent of primary caregivers with positive sccren for intimate partner violence (IPV) who receive referral to IPV resources
Date Referral Made	Date of referral to IPV resources for identified concern	Date	Date (mm/dd/yyyy)		No	Used to track caregiver's receipt of services related to identified concern
Receiving Services?	Documentation of whether or not caregiver received or is receiving services for identified concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Used to track caregiver's receipt of services related to identified concern
Date Started Receiving Services	Date caregiver first received services for identified concern	Date	Date (mm/dd/yyyy)		No	Used to track caregiver's receipt of services related to identified concern

Abuse Assessment Screen

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Reason not receiving services	Reason caregiver did not/could not receive services for identified concern	Drop-down list (single choice)	Alphanumeric	1,Client did not follow through|2,Client not eligible for services|3,Other|99999,U	No	Used to track caregiver's receipt of services related to identified concern
Other reason not receiving services	Reason caregiver did not/could not receive services for identified concern if not listed above	Text	Text		No	Available for programs to document reason caregiver did not receive services if not listed above
Is a safety plan in place?	Documentation of whether or not caregiver has a safety plan in place; user should update this field if a safety plan is developed at a later time	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Safety plan already in place prior to AAS completion	No	Used to track caregiver's completion of safety plan related to identifed concern
If yes, date completed:	Date caregiver completed safety plan	Date	Date (mm/dd/yyyy)		No	Used to track caregiver's completion of safety plan related to identifed concern
If yes, who assisted with safety planning	Provider(s) who assisted caregiver with safety planning	Drop-down list (multiple choice)	Alphanumeric	1,Home Visitor|2,Domestic Violence Service Provider|3,Other	No	Used to track caregiver's completion of safety plan related to identifed concern
Other: Please state	Provider(s) who assisted caregiver with safety planning if not listed above	Text	Text		No	Available for programs to document provider who assisted caregiver with safety planning if not listed above

Abuse Assessment Screen

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
If no, please indicate why not	Reason caregiver did not/could not have a safety plan in place; user should update this field if a safety plan is developed at a later time	Drop-down list (single choice)	Alphanumeric	1,In progress|2,Lost to follow-up/unknown|3,Client declines safety plan at this time|4,Safety concerns|5,Other	No	Used to track caregiver's completion of safety plan related to identifed concern
Other: please indicate reason▯	Reason caregiver did not/could not have a safety plan in place if not listed above	Text	Text		No	Available for programs to document reason safety plan not in place if not listed above

Childhood Experiences Survey

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date of Activity	Date home visitor completed Childhood Experiences Survey (CES) with caregiver	Date	Dynamic Date		Yes	
Which caregiver was involved?	Name of caregiver who completed CES	Drop-down list (single choice)	Dynamic Caregiver		Yes	
1. As a child, how often did your family experience serious financial problems? Would you say never, rarely, sometimes, often, or very often?	Caregiver response to Question 1	Drop-down list (single choice)	Alphanumeric	1,Never|2,Rarely|3,Sometimes|4,Often|5,Very Often|7,Don't know|9,Refused	No	Used to identify potential risk factors related to childhood experience of family financial problems
2. How often were you hungry because your family could not afford food? Would you say never, rarely, sometimes, often, or very often?	Caregiver response to Question 2	Drop-down list (single choice)	Alphanumeric	1,Never|2,Rarely|3,Sometimes|4,Often|5,Very Often|7,Don't know|9,Refused	No	Used to identify potential risk factors related to childhood experience of food insecurity
3. How often were you homeless when you were growing up? Would you say never, rarely, sometimes, often, or very often?	Caregiver response to Question 3	Drop-down list (single choice)	Alphanumeric	1,Never|2,Rarely|3,Sometimes|4,Often|5,Very Often|7,Don't know|9,Refused	No	Used to identify potential risk factors related to childhood experience of homelessness

Childhood Experiences Survey

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
4. How often did a parent or adult in your home ever swear at you, insult you, or put you down? Would you say never, rarely, sometimes, often, or very often?	Caregiver response to Question 4	Drop-down list (single choice)	Alphanumeric	1,Never|2,Rarely|3,Sometimes|4,Often|5,Very Often|7,Don't know|9,Refused	No	Used to identify potential risk factors related to childhood experience of psychological abuse
5. How often were you bullied or severely teased by other children or adolescents? Would you say never, rarely, sometimes, often, or very often?	Caregiver response to Question 5	Drop-down list (single choice)	Alphanumeric	1,Never|2,Rarely|3,Sometimes|4,Often|5,Very Often|7,Don't know|9,Refused	No	Used to identify potential risk factors related to childhood experience of peer victimization
6. Before age 18, how often was there an adult in your household who tried hard to make sure your basic needs were met? By "basic needs" we mean food, shelter, clothing, and medical care. Would you say never, rarely, sometimes, most of the time, or always?	Caregiver response to Question 6	Drop-down list (single choice)	Alphanumeric	1,Never|2,Rarely|3,Sometimes|4,Most of the time|5,Always|7,Don't know|9,Refused	No	Used to identify potential risk factors related to childhood experience of physical neglect

Childhood Experiences Survey

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
7. How often was there an adult in your household who made you feel safe and protected? Would you say never, rarely, sometimes, most of the time, or always?	Caregiver response to Question 7	Drop-down list (single choice)	Alphanumeric	1,Never|2,Rarely|3,Sometimes|4,Most of the time|5,Always|7,Don't know|9,Refused	No	Used to identify potential risk factors related to childhood experience of emotional neglect
8. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Never, once, or more than once?	Caregiver response to Question 8	Drop-down list (single choice)	Alphanumeric	1,Never|2,Once|3,More than once|7,Don't know|9,Refused	No	Used to identify potential risk factors related to childhood experience of physical abuse
9. How often did your parents or adults in your home ever slap, hit, beat, kick, or physically hurt each other? Never, once, or more than once?	Caregiver response to Question 9	Drop-down list (single choice)	Alphanumeric	1,Never|2,Once|3,More than once|7,Don't know|9,Refused	No	Used to identify potential risk factors related to childhood experience of domestic violence

Childhood Experiences Survey

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
10. How often did an adult, or anyone at least 5 years older than you, touch you sexually, try to make you touch them sexually, or force you to have sex? Never, once, or more than once?	Caregiver response to Question 10	Drop-down list (single choice)	Alphanumeric	1,Never|2,Once|3,More than once|7,Don't know|9,Refused	No	Used to identify potential risk factors related to childhood experience of sexual abuse
11. Did you live with anyone who was depressed, mentally ill, or suicidal?	Caregiver response to Question 11	Drop-down list (single choice)	Alphanumeric	1,Yes|2,No|7,Don't know|9,Refused	No	Used to identify potential risk factors related to childhood experience of household mental illness
12. Did you live with anyone who was a problem drinker or alcoholic?	Caregiver response to Question 12	Drop-down list (single choice)	Alphanumeric	1,Yes|2,No|7,Don't know|9,Refused	No	Used to identify potential risk factors related to childhood experience of household alcohol abuse
13. Did you live with anyone who used illegal street drugs or who abused prescription medications?	Caregiver response to Question 13	Drop-down list (single choice)	Alphanumeric	1,Yes|2,No|7,Don't know|9,Refused	No	Used to identify potential risk factors related to childhood experience of household drug abuse
14. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	Caregiver response to Question 14	Drop-down list (single choice)	Alphanumeric	1,Yes|2,No|7,Don't know|9,Refused	No	Used to identify potential risk factors related to childhood experience of household crime

Childhood Experiences Survey

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
15. Were your parents separated or divorced?	Caregiver response to Question 15	Drop-down list (single choice)	Alphanumeric	1,Yes|2,No (Parents were married)|3,No (Parents were not married)|7,Don't know|9,Refused	No	Used to identify potential risk factors related to childhood experience of parental divorce
16. Was either one of your parents absent from your life for a long period of time? Do not include absence due to death of parent.	Caregiver response to Question 16	Drop-down list (single choice)	Alphanumeric	1,Yes|2,No|7,Don't know|9,Refused	No	Used to identify potential risk factors related to childhood experience of parental absence
17. Before age 18, did you experience the death of a parent, caregiver, or sibling?	Caregiver response to Question 17	Drop-down list (single choice)	Alphanumeric	1,Yes|2,No|7,Don't know|9,Refused	No	Used to identify potential risk factors related to childhood experience of death of parent or sibling
18. Before age 18, were you ever the victim of a violent crime? This refers to any violent act that was perpetrated by someone other than a parent or household family member.	Caregiver response to Question 18	Drop-down list (single choice)	Alphanumeric	1,Yes|2,No|7,Don't know|9,Refused	No	Used to identify potential risk factors related to childhood experience of violent crime victimization
19. Overall, how uncomfortable did you feel answering the questions on this survey?	Caregiver response to Question 19	Drop-down list (single choice)	Alphanumeric	1,Not at all|2,Slightly|3,Moderately|4,Very|5,Extremely	No	Used to assess level of caregiver discomfort

Perceived Stress Scale

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date of Activity	Date home visitor completed Perceived Stress Scale (PSS) with caregiver	Date	Dynamic Date		Yes	
Which caregiver was involved?	Name of caregiver who completed PSS	Drop-down list (single choice)	Dynamic Caregiver		Yes	
Age	Age of caregiver who completed PSS	Text	Numeric		No	Can be used to compare score on PSS to population means
Gender	Caregiver identified gender; If the client does not wish to disclose this information select "Did not report".	Drop-down list (single choice)	Alphanumeric	1,Female|2,Male|3,Gender Non-binary|4,Did not report	No	Can be used to compare score on PSS to population means
1. In the last month, how often have you been upset because of something that happened unexpectedly?	Caregiver response to Question 1	Drop-down list (single choice)	Alphanumeric	0,Never|1,Almost Never|2,Sometimes|3,Fairly Often|4,Very Often	No	Used to calculate caregiver score on PSS, assess for caregiver perception of stress
2. In the last month, how often have you felt that you were unable to control the important things in your life?	Caregiver response to Question 2	Drop-down list (single choice)	Alphanumeric	0,Never|1,Almost Never|2,Sometimes|3,Fairly Often|4,Very Often	No	Used to calculate caregiver score on PSS, assess for caregiver perception of stress
3. In the last month, how often have you felt nervous and "stressed"?	Caregiver response to Question 3	Drop-down list (single choice)	Alphanumeric	0,Never|1,Almost Never|2,Sometimes|3,Fairly Often|4,Very Often	No	Used to calculate caregiver score on PSS, assess for caregiver perception of stress

Perceived Stress Scale

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
4. In the last month, how often have you felt confident about your ability to handle your personal problems?	Caregiver response to Question 4	Drop-down list (single choice)	Alphanumeric	4,Never|3,Almost Never|2,Sometimes|1,Fairly Often|0,Very Often	No	Used to calculate caregiver score on PSS, assess for caregiver perception of stress
5. In the last month, how often have you felt that things were going your way?	Caregiver response to Question 5	Drop-down list (single choice)	Alphanumeric	4,Never|3,Almost Never|2,Sometimes|1,Fairly Often|0,Very Often	No	Used to calculate caregiver score on PSS, assess for caregiver perception of stress
6. In the last month, how often have you found that you could not cope with all the things that you had to do?	Caregiver response to Question 6	Drop-down list (single choice)	Alphanumeric	0,Never|1,Almost Never|2,Sometimes|3,Fairly Often|4,Very Often	No	Used to calculate caregiver score on PSS, assess for caregiver perception of stress
7. In the last month, how often have you been able to control irritations in your life?	Caregiver response to Question 7	Drop-down list (single choice)	Alphanumeric	4,Never|3,Almost Never|2,Sometimes|1,Fairly Often|0,Very Often	No	Used to calculate caregiver score on PSS, assess for caregiver perception of stress
8. In the last month, how often have you felt that you were on top of things?	Caregiver response to Question 8	Drop-down list (single choice)	Alphanumeric	4,Never|3,Almost Never|2,Sometimes|1,Fairly Often|0,Very Often	No	Used to calculate caregiver score on PSS, assess for caregiver perception of stress
9. In the last month, how often have you been angered because of things that were outside of your control?	Caregiver response to Question 9	Drop-down list (single choice)	Alphanumeric	0,Never|1,Almost Never|2,Sometimes|3,Fairly Often|4,Very Often	No	Used to calculate caregiver score on PSS, assess for caregiver perception of stress

Perceived Stress Scale

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	Caregiver response to Question 10	Drop-down list (single choice)	Alphanumeric	0,Never|1,Almost Never|2,Sometimes|3,Fairly Often|4,Very Often	No	Used to calculate caregiver score on PSS, assess for caregiver perception of stress
PSS Score	Total score on PSS; system calculates score based on item-level responses	Calculated	Numeric		Yes	Used to assess for caregiver perception of stress

Edinburgh Postnatal Depression Scale

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date of Activity	Date home visitor completed Edinburgh Postnatal Depression Scale (EPDS) with caregiver	Date	Dynamic Date		Yes	
Which caregiver was involved?	Name of caregiver who completed EPDS	Drop-down list (single choice)	Dynamic Caregiver		Yes	
Is client pregnant?	Documentation of whether or not caregiver is pregnant at time of screening	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Not applicable	No	Used to distinguish depression screens completed during pregnancy from those completed postpartum
1. I have been able to laugh and see the funny side of things.	Caregiver response to Question 1	Drop-down list (single choice)	Text	0,0 - As much as I always could|1,1 - Not quite so much now|2,2 - Definitely not so much now|3,3 - Not at all	No	Used to calculate caregiver score on EPDS, assess for caregiver risk for depression
2. I have looked forward with enjoyment to things.	Caregiver response to Question 2	Drop-down list (single choice)	Text	0,0 - As much as I ever did|1,1 - Rather less than I used to|2,2 - Definitely less than I used to|3,3 - Hardly at all	No	Used to calculate caregiver score on EPDS, assess for caregiver risk for depression
3. I have blamed myself unnecessarily when things went wrong.	Caregiver response to Question 3	Drop-down list (single choice)	Text	3,3 - Yes - most of the time|2,2 - Yes - some of the time|1,1 - Not very often|0,0 - No - never	No	Used to calculate caregiver score on EPDS, assess for caregiver risk for depression

Edinburgh Postnatal Depression Scale

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
4. I have been anxious or worried for no good reason.	Caregiver response to Question 4	Drop-down list (single choice)	Text	0,0 - No - not at all|1,1 - Hardly ever|2,2 - Yes - sometimes|3,3 - Yes - very often	No	Used to calculate caregiver score on EPDS, assess for caregiver risk for depression
5. I have felt scared or panicky for no very good reason.	Caregiver response to Question 5	Drop-down list (single choice)	Text	3,3 - Yes - quite a lot|2,2 - Yes - sometimes|1,1 - No - not much|0,0 - No - not at all	No	Used to calculate caregiver score on EPDS, assess for caregiver risk for depression
6. Things have been getting on top of me.	Caregiver response to Question 6	Drop-down list (single choice)	Text	3,3 - Yes - most of the time I haven't been able to cope at all|2,2 - Yes - sometimes I haven't been coping as well as usual|1,1 - No - most of the time I have coped quite well|0,0 - No - I have been coping as well as ever	No	Used to calculate caregiver score on EPDS, assess for caregiver risk for depression
7. I have been so unhappy that I have had difficulty sleeping.	Caregiver response to Question 7	Drop-down list (single choice)	Text	3,3 - Yes - most of the time|2,2 - Yes - sometimes|1,1 - Not very often|0,0 - No - not at all	No	Used to calculate caregiver score on EPDS, assess for caregiver risk for depression
8. I have felt sad or miserable.	Caregiver response to Question 8	Drop-down list (single choice)	Text	3,3 - Yes - most of the time|2,2 - Yes - quite often|1,1 - Not very often|0,0 - No - not at all	No	Used to calculate caregiver score on EPDS, assess for caregiver risk for depression

Edinburgh Postnatal Depression Scale

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
9. I have been so unhappy that I have been crying.	Caregiver response to Question 9	Drop-down list (single choice)	Text	3,3 - Yes - most of the time|2,2 - Yes - quite often|1,1 - Only occasionally|0,0 - No - never	No	Used to calculate caregiver score on EPDS, assess for caregiver risk for depression
10. The thought of harming myself has occurred to me.	Caregiver response to Question 10	Drop-down list (single choice)	Text	3,3 - Yes - quite often|2,2 - Sometimes|1,1 - Hardly ever|0,0 - Never	No	Used to calculate caregiver score on EPDS, assess for caregiver risk for depression
EPDS Score	Total score on EPDS; system calculates score based on item-level responses	Calculated	Numeric	q2534+q2535+q2536+q2537+q2538+q2539+q2540+q2541+q2542+q2543	Yes	Federal performance measure; used to calculate percentage of primary caregivers screened for depression within 3 months of enrollment (if not enrolled prenatally) or within 3 months of delivery (if enrolled prenatally)
Already receiving services?	Documentation of services caregiver is already receiving for identified concern	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Used to track caregiver's receipt of services related to identified concern

Edinburgh Postnatal Depression Scale

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
If yes, receiving services:	Provider of services caregiver is already receiving for identified concern	Drop-down list (multiple choice)	Alphanumeric	1, Primary Care Provider or OB/GYN Provider|2, Mental Health Professional (i.e. Psychiatrist/Psychologist/Professional Counselor)|3, Other Professional Provider|4,Mother/Infant Therapy group|5,Support/Play Group	No	Used to track caregiver's receipt of services related to identified concern
Other professional provider (specify):	Provider of services caregiver is already receiving for identified concern if not listed above	Text	Text		No	Available for programs to document provider of services caregiver is already receiving for identified concern if not listed above
Program Services (check all that apply):	Documentation of services/support provided by home visitor in response to identified concern	Drop-down list (multiple choice)	Alphanumeric	1,Ensure safety|2,Assess and address level of social support|3,Re-screen|4,Increase number of home visits|5,Provide information on depression|6,Provide ideas for promoting physical and mental health|7,Other	No	Used to track caregiver's receipt of services related to identified concern
Other program services (specify):	Documentation of services/support provided by home visitor in response to identified concern if not listed above	Text	Text		No	Used to track caregiver's receipt of services related to identified concern

Edinburgh Postnatal Depression Scale

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date program services provided:	Date services/support first provided by home visitor in response to identified concern	Date	Date (mm/dd/yyyy)		No	Used to track caregiver's receipt of services related to identified concern
Reason program services not provided:	Reason home visitor did not/could not provide services/support in response to identified concern	Drop-down list (single choice)	Alphanumeric	1,Client refused|2,Unable to contact after assessment|3,Other	No	Used to track caregiver's receipt of services related to identified concern
Was a referral made?	Documentation of referral for services for identified concern	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Client declines referral at this time	No	Federal performance measure; used to calculate percentage of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts
Referral to:	Provider caregiver is referred to for identified concern	Drop-down list (multiple choice)	Alphanumeric	1,Primary Care Provider or OB/GYN Provider|2,Mental Health Professional (i.e. Psychiatrist, Psychologist, Professional Counselor)|3,Other Professional Provider|4,Mother/Infant Therapy Group|5,Support/Play Group	No	Used to track caregiver's receipt of services related to identified concern
Date Referral Made	Date of referral to Primary Care Provider or OB/GYN Provider for identified concern	Date	Date (mm/dd/yyyy)		No	Used to track caregiver's receipt of services related to identified concern

Edinburgh Postnatal Depression Scale

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Receiving Services?	Documentation of whether or not caregiver received or is receiving services from Primary Care Provider or OB/GYN Provider for identified concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Federal performance measure; used to calculate percentage of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts
Date Started Receiving Services:	Date caregiver first received services from Primary Care Provider or OB/GYN Provider for identified concern	Date	Date (mm/dd/yyyy)		No	Used to track caregiver's receipt of services related to identified concern
Reason not receiving services:	Reason caregiver did not/could not receive services from Primary Care Provider or OB/GYN Provider for identified concern	Drop-down list (single choice)	Alphanumeric	1,Client did not follow through|2,Client not eligible for services |3,Other|99999,Unknown	No	Used to track caregiver's receipt of services related to identified concern
Other reason not receiving services:	Reason caregiver did not/could not receive services from Primary Care Provider or OB/GYN Provider for identified concern if not listed above	Text	Text		No	Available for programs to document reason caregiver did not receive services if not listed above
Date Referral Made	Date of referral to Mental Health Professional for identified concern	Date	Date (mm/dd/yyyy)		No	Used to track caregiver's receipt of services related to identified concern

Edinburgh Postnatal Depression Scale

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Receiving Services?	Documentation of whether or not caregiver received or is receiving services from Mental Health Provider for identified concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Federal performance measure; used to calculate percentage of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts
Date Started Receiving Services:	Date caregiver first received services from Mental Health Provider for identified concern	Date	Date (mm/dd/yyyy)		No	Used to track caregiver's receipt of services related to identified concern
Reason not receiving services:	Reason caregiver did not/could not receive services from Mental Health Provider for identified concern	Drop-down list (single choice)	Alphanumeric	1,Client did not follow through|2,Client not eligible for services|3,Other|99999,Unknown	No	Used to track caregiver's receipt of services related to identified concern
Other reason not receiving services:	Reason caregiver did not/could not receive services from Mental Health Provider for identified concern if not listed above	Text	Text		No	Available for programs to document reason caregiver did not receive services if not listed above
Community Referral - Other Professional Provider (specify):	Provider caregiver is referred to for identified concern if not listed above	Text	Text		No	Available for programs to document provider caregiver is referred to for identified concern if not listed above

Edinburgh Postnatal Depression Scale

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date Referral Made	Date of referral to Other Professional Provider for identified concern	Date	Date (mm/dd/yyyy)		No	Used to track caregiver's receipt of services related to identified concern
Receiving Services?	Documentation of whether or not caregiver received or is receiving services from Other Professional Provider for identified concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Federal performance measure; used to calculate percentage of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts
Date Started Receiving Services:	Date caregiver first received services from Other Professional Provider for identified concern	Date	Date (mm/dd/yyyy)		No	Used to track caregiver's receipt of services related to identified concern
Reason not receiving services:	Reason caregiver did not/could not receive services from Other Professional Provider for identified concern	Drop-down list (single choice)	Alphanumeric	1,Client did not follow through|2,Client not eligible for services|3,Other|99999,Unknown	No	Used to track caregiver's receipt of services related to identified concern
Other reason not receiving services:	Reason caregiver did not/could not receive services from Other Professional Provider for identified concern if not listed above	Text	Text		No	Available for programs to document reason caregiver did not receive services if not listed above

Edinburgh Postnatal Depression Scale

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date Referral Made	Date of referral to Monther/Infant Therapy Group for identified concern	Date	Date (mm/dd/yyyy)		No	Used to track caregiver's receipt of services related to identified concern
Receiving Services?	Documentation of whether or not caregiver received or is receiving services from Mother/Infant Therapy Group for identified concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Federal performance measure; used to calculate percentage of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts
Date Started Receiving Services:	Date caregiver first received services from Mother/Infant Therapy Group for identified concern	Date	Date (mm/dd/yyyy)		No	Used to track caregiver's receipt of services related to identified concern
Reason not receiving services:	Reason caregiver did not/could not receive services from Mother/Infant Therapy Group for identified concern	Drop-down list (single choice)	Alphanumeric	1,Client did not follow through|2,Client not eligible for services|3,Other|99999,Unknown	No	Used to track caregiver's receipt of services related to identified concern
Other reason not receiving services:	Reason caregiver did not/could not receive services from Mother/Infant Therapy Group for identified concern if not listed above	Text	Text		No	Available for programs to document reason caregiver did not receive services if not listed above
Date Referral Made	Date of referral to Support/Play Group for identified concern	Date	Date (mm/dd/yyyy)		No	Used to track caregiver's receipt of services related to identified concern

Edinburgh Postnatal Depression Scale

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Receiving Services?	Documentation of whether or not caregiver received or is receiving services from Support/Play Group for identified concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Federal performance measure; used to calculate percentage of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts
Date Started Receiving Services:	Date caregiver first received services from Support/Play Group for identified concern	Date	Date (mm/dd/yyyy)		No	Used to track caregiver's receipt of services related to identified concern
Reason not receiving services:	Reason caregiver did not/could not receive services from Support/Play Group for identified concern	Drop-down list (single choice)	Alphanumeric	1,Client did not follow through|2,Client not eligible for services|3,Other|99999,Unknown	No	Used to track caregiver's receipt of services related to identified concern
Other reason not receiving services:	Reason caregiver did not/could not receive services from Support/Play Group for identified concern if not listed above	Text	Text		No	Available for programs to document reason caregiver did not receive services if not listed above

Postpartum Medical Visit Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date of Activity	Date home visitor discussed Postpartum Medical Visit Form with caregiver	Date	Dynamic Date		Yes	
Which caregiver was involved?	Name of mother/postpartum caregiver	Drop-down list (single choice)	Dynamic Caregiver		Yes	
Did client have a postpartum medical visit?	Documentation of postpartum medical visit: A postpartum visit is a visit between the woman and her health care provider to assess the mother's current physical health, including the status of pregnancy-related conditions like gestational diabetes, screen for postpartum depression, provide counseling on infant care and family p[lanning as well as screening and referrals for the management of chronic conditions; American College of Obstetricians and Gynecologists recommends that mothers receive a postpartum care visit 4-6 weeks after delivery	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Unknown	No	Federal performance measure; used to calculate the percent of mothers enrolled prenatally or within 30 days of delivery who received a postpartum visit with a healthcare provider within 8 weeks of delivery

Postpartum Medical Visit Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date of postpartum medical visit	Date of mother's postpartum visit with her health care provider	Date	Date (mm/dd/yyyy)		No	Federal performance measure; used to calculate the percent of mothers enrolled prenatally or within 30 days of delivery who received a postpartum visit with a healthcare provider within 8 weeks of delivery
Postpartum medical visit scheduled?	Documentation of scheduled visit for mother who reports she has not yet had a postpartum visit with her health care provider	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Available for programs to follow-up and track mother's postpartum medical visit

Child Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Child ID		Auto-generated	Alphanumeric		No	Unique ID for each client in DAISEY; used to link forms to clients
First Name	Child's first name	Text	Alphanumeric		No	
Middle Name	Child's middle name	Text	Alphanumeric		No	
Last Name	Child's last name	Text	Alphanumeric		No	
SPHERE ID	Child's SPHERE ID	Text	Alphanumeric		No	Available for programs to link DAISEY records and SPHERE records outside of DAISEY
Alternate ID	Child's alternate data system ID (e.g. ETO ID, Penelope ID)	Text	Alphanumeric		No	Available for programs to link DAISEY records and other data system records outside of DAISEY
Date of Birth	Child's date of birth	Date	Date (mm/dd/yyyy)		No	Federally required data; used to calculate number of index children by age
Gender	Child's identified gender; If the client does not wish to disclose this information select "Did not report".	Drop-down list (single choice)	Alphanumeric	1,Female|2,Male|3,Gender Non-binary|4,Did not report	No	Federally required data; used to calculate number of index children by gender
Ethnicity	Child's identified ethnicity	Drop-down list (single choice)	Alphanumeric	1,Hispanic or Latino|2,Not Hispanic or Latino	No	Federally required data; used to calculate number of index children by ethnicity

Child Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Race	Child's identified race	Drop-down list (multiple choice)	Alphanumeric	1,American Indian or Alaska Native|2,Asian|3,Black or African American|4,Native Hawaiian or Other Pacific Islander|5,White|6,Other|99999,Unknown	No	Federally required data; used to calculate number of index children by race
Active Status		Drop-down list (single choice)	Text	Active|Inactive	No	
Relationship to Primary Caregiver	Child's relationship to the primary caregiver; primary caregiver is the adult who signs up to participate in the home visiting program; only one individual per household may be identified as the primary caregiver	Drop-down list (single choice)	Alphanumeric	1,Adopted Daughter|2,Adopted Son|3,Daughter|4,Foster Daughter|5,Foster Son|6,Granddaughter|7,Grandson|8,Nephew|9,Niece|10,Other|11,Son|12,Stepdaughter|13,Stepson	No	Used to identify family relationships among those served by home visiting
Primary Caregiver ID	Caregiver ID of primary caregiver of the child	Text	Alphanumeric		No	Links the child to their primary caregiver
Enrollment Date	Date index (or target) child enrolls in home visiting services; for Family Foundations Home Visiting, enrollment date is the date child is considered enrolled in Family Foundations Home Visiting program; for child whose mother enrolls while pregnant, child's date of birth is considered to be the child's enrollment date	Date	Date (mm/dd/yyyy)		No	Used to compile federal reports and calculate federal performance measures

Child Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Enrollment Type:	Enrollment type refers to a child's FFHV status. Any child whose caregiver was referred to FFHV services or any child receiving services from a home visitor for whom at least 25% of his/her personnel costs is paid for with FFHV funding is considered FFHV.	Drop-down list (single choice)	Alphanumeric	1,FFHV|2,Non-FFHV	No	Used to compile federal reports and calculate federal performance measures
Discharge Date	Date chile leaves/completes home visiting services; for Family Foundations Home Visiting, discharge date is the date child is considered no longer enrolled in Family Foundations Home Visiting program	Date	Date (mm/dd/yyyy)		No	Used to compile federal reports and calculate federal performance measures
Has client re-enrolled (2nd Enrollment)?	Refers to a child who previously was enrolled in home visiting services, was discharged, and later returns to and re-enrolls in services	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Used to compile federal reports and calculate federal performance measures
2nd Enrollment Date	Date index (or target) child re-enrolls in home visiting services; for Family Foundations Home Visiting, re-enrollment date is the date child is considered re-enrolled in Family Foundations Home Visiting program	Date	Date (mm/dd/yyyy)		No	Used to compile federal reports and calculate federal performance measures

Child Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
2nd Enrollment Type:	Enrollment type refers to a child's FFHV status; any child receiving services from a home visitor for whom at least 25% of his/her personnel costs is paid for with FFHV funding is considered an FFHV enrollment	Drop-down list (single choice)	Alphanumeric	1,FFHV|2,Non-FFHV	No	Used to compile federal reports and calculate federal performance measures
2nd Discharge Date	Date chile leaves/completes home visiting services; for Family Foundations Home Visiting, discharge date is the date child is considered no longer enrolled in Family Foundations Home Visiting program	Date	Date (mm/dd/yyyy)		No	Used to compile federal reports and calculate federal performance measures
Has client re-enrolled (3rd Enrollment)?	Refers to a child who previously was enrolled in home visiting services, was discharged, and later returns to and re-enrolls in services	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Used to compile federal reports and calculate federal performance measures
3rd Enrollment Date	Date index (or target) child re-enrolls in home visiting services; for Family Foundations Home Visiting, re-enrollment date is the date child is considered re-enrolled in Family Foundations Home Visiting program	Date	Date (mm/dd/yyyy)		No	Used to compile federal reports and calculate federal performance measures

Child Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
3rd Enrollment Type:	Enrollment type refers to a child's FFHV status; any child receiving services from a home visitor for whom at least 25% of his/her personnel costs is paid for with FFHV funding is considered an FFHV enrollment	Drop-down list (single choice)	Alphanumeric	1,FFHV|2,Non-FFHV	No	Used to compile federal reports and calculate federal performance measures
3rd Discharge Date	Date chile leaves/completes home visiting services; for Family Foundations Home Visiting, discharge date is the date child is considered no longer enrolled in Family Foundations Home Visiting program	Date	Date (mm/dd/yyyy)		No	Used to compile federal reports and calculate federal performance measures
Has client re-enrolled (4th Enrollment)?	Refers to a child who previously was enrolled in home visiting services, was discharged, and later returns to and re-enrolls in services	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Used to compile federal reports and calculate federal performance measures
4th Enrollment Date	Date index (or target) child re-enrolls in home visiting services; for Family Foundations Home Visiting, re-enrollment date is the date child is considered re-enrolled in Family Foundations Home Visiting program	Date	Date (mm/dd/yyyy)		No	Used to compile federal reports and calculate federal performance measures

Child Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
4th Enrollment Type:	Enrollment type refers to a child's FFHV status; any child receiving services from a home visitor for whom at least 25% of his/her personnel costs is paid for with FFHV funding is considered an FFHV enrollment	Drop-down list (single choice)	Alphanumeric	1,FFHV|2,Non-FFHV	No	Used to compile federal reports and calculate federal performance measures
4th Discharge Date	Date chile leaves/completes home visiting services; for Family Foundations Home Visiting, discharge date is the date child is considered no longer enrolled in Family Foundations Home Visiting program	Date	Date (mm/dd/yyyy)		No	Used to compile federal reports and calculate federal performance measures
Has client re-enrolled (5th Enrollment)?	Refers to a child who previously was enrolled in home visiting services, was discharged, and later returns to and re-enrolls in services	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Used to compile federal reports and calculate federal performance measures
5th Enrollment Date	Date index (or target) child re-enrolls in home visiting services; for Family Foundations Home Visiting, re-enrollment date is the date child is considered re-enrolled in Family Foundations Home Visiting program	Date	Date (mm/dd/yyyy)		No	Used to compile federal reports and calculate federal performance measures

Child Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
5th Enrollment Type:	Enrollment type refers to a child's FFHV status; any child receiving services from a home visitor for whom at least 25% of his/her personnel costs is paid for with FFHV funding is considered an FFHV enrollment	Drop-down list (single choice)	Alphanumeric	1,FFHV|2,Non-FFHV	No	Used to compile federal reports and calculate federal performance measures
5th Discharge Date	Date chile leaves/completes home visiting services; for Family Foundations Home Visiting, discharge date is the date child is considered no longer enrolled in Family Foundations Home Visiting program	Date	Date (mm/dd/yyyy)		No	Used to compile federal reports and calculate federal performance measures

Child Insurance and Routine Care

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date of Activity	Date home visitor completed Child Insurance and Routine Care form with household	Date	Dynamic Date		Yes	
Which child was involved?	Name of child assessed	Drop-down list (single choice)	Dynamic Child		Yes	
Does child have health insurance or Medicaid?	Child's health insurance status at time form is completed; no insurance or Medicaid indicates that that the child is currently not covered by any source of insurance	Drop-down list (single choice)	Alphanumeric	1,Yes| 0,No| 99999,Unknown	No	Federally required data; used to calculate number of index children by health insurance coverage
If yes, primary coverage type (select one)	Refers to child's primary health insurance coverage type; for the purpose of federal reporting, receipt of health care provided by the Indian Health Service or another safety net health care provider such as a Federally Qualified Health Center will not be counted as insurance coverage	Drop-down list (single choice)	Alphanumeric	1,BadgerCare/Medicaid| 2,Tri-Care| 3,Private Health Insurance| 4,Other Health Insurance| 5,Indian Health Services	No	Federally required data; used to calculate number of index children by health insurance coverage

Child Insurance and Routine Care

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Usual site for child's routine health care (select one)	Usual source of medical care refers to the particular professional, doctor's office, clinic, health centor, or other place where a child would usually be taken for sick or well child visits or if the caregiver is in need of advice about the child's health.	Drop-down list (single choice)	Alphanumeric	1,Doctor's/Nurse Practitioner's Office| 2,Hospital Emergency Room| 3,Hospital Outpatient| 4,Federally Qualified Health Center| 5,Retail Store or Minute Clinic| 6,Tribal Clinic| 7,Other| 0,None| 99999,Unknown	No	Federally required data; used to calculate number of index children by usual source of medical care
Does child have a usual source of dental care?	Refers to a usual source of dental care, or dental home, meaning that a child's oral health care is delivered in a comprehensive, continuouosly accessible, coordinated, and family-centered way by a licensed dentist. The concept of the dental home reflects the American Academy of Pediatric Dentistry's clinical guidelines and best principles for the proper delivery of oral health care to all children, with a concentration on infant/age 1 patients. The dental home should be established no later than 12 months of age.	Drop-down list (single choice)	Alphanumeric	1,Yes| 0,No| 99999,Unknown	No	Federally required data; used to calculate number of index children by usual source of dental care

Child Health and Wellness Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date of Activity	Date home visiting completed Child Health and Wellness form with household	Date	Dynamic Date		Yes	
Which child was involved?	Name of child assessed	Drop-down list (single choice)	Dynamic Child		Yes	
Child age interval (select one):	Age interval at which Family Foundations Home Visiting Programs must complete the Child Health and Wellness Form; if completing form at a different interval, leave question blank	Drop-down list (single choice)	Alphanumeric	1,1 month|3,3 months|6,6 months|12,12 months|18,18 months|24,24 months|30,30 months|36,36 months|48,48 months|60,60 months| "Not applicable"	No	Used to calculate federal performance measures
Are you completing this form during the last quarter of the federal fiscal year (July-September)?	Documents whether the form is being done between July and September, which is the last quarter of the federal fiscal year.	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Used for quality assurance purposes, to help determine if this form is being completed for each client during the last quarter of the federal fiscal year.
Is the gestational age at birth known?	Refers to child's gestational age at birth; complete on first Child Health and Wellness form.	Drop-down list (single choice)	Alphanumeric	1,Known|0,Unknown	No	Federal performance measure; used to calculate percentage of infants among mothers who enrolled in home visiting prenatally before 37 weeks who are born preterm

Child Health and Wellness Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Gestational age at birth in weeks:	Refers to child's gestational age at birth; complete on first Child Health and Wellness form.	Text	Numeric		No	Federal performance measure; used to calculate percentage of infants among mothers who enrolled in home visiting prenatally before 37 weeks who are born preterm
Birth Weight Pounds (lb)	Child's weight (pounds) at birth; complete on first Child Health and Wellness form.	Text	Numeric		No	Federal performance measure; used to calculate percentage of infants among mothers who enrolled in home visiting prenatally before 37 weeks who are born preterm
Birth Weight Ounces (oz)	Child's weight (ounces) at birth; complete on first Child Health and Wellness form.	Text	Numeric		No	Federal performance measure; used to calculate percentage of infants among mothers who enrolled in home visiting prenatally before 37 weeks who are born preterm
Calculate grams from pounds and ounces	System generated field that converts child's birth weight from pounds/ounces to grams; complete on first Child Health and Wellness form.	Calculated	Numeric		No	Available for programs to convert birth weight in pounds and ounces to grams
Pregnancy type	Pregnancy type refers to number of children resulting from pregnancy; complete on first Child Health and Wellness form.	Drop-down list (single choice)	Alphanumeric	1,Single|2,Twin|3,Three or more	No	Available for programs to track information on pregnancy type

Child Health and Wellness Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Which way do you most often lay your baby to sleep?	Caregiver report of position in which child is most often put to sleep [Age 0 - 12 months]	Drop-down list (single choice)	Alphanumeric	1,On his or her side|2,On his or her back|3,On his or her stomach	No	Federal performance measure; used to calculate percentage of infants that are always placed to sleep on their backs, without bed-sharing or soft bedding; used to assess child's sleep environment
Do you always lay your baby to sleep this way?	Caregiver report of whether child is always put to sleep in this position	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Federal performance measure; used to calculate percentage of infants that are always placed to sleep on their backs, without bed-sharing or soft bedding; used to assess child's sleep environment
Where does your baby normally sleep?	Caregiver report of where child is most often put to sleep	Drop-down list (single choice)	Alphanumeric	1,Crib or bassinet|2,Pack n' Play|3,Bed with parents|4,Bed with other children|5,Car seat|6,Sofa|7,Floor|8,Other	No	Used to assess child's sleep environment
Other location (please specify):	Caregiver report of where child is most often put to sleep if not listed above	Text	Text		No	Available for programs to document information on where child is most often put to sleep if not listed above
Who else sleeps in the same room as the baby?	Caregiver report of others who sleep in same room as child	Drop-down list (multiple choice)	Alphanumeric	1,Mother and/or father|2,Siblings|3,Nobody|4,Other	No	Used to assess child's sleep environment
Other person (please specify):	Caregiver report of others who sleep in same room as child if not listed above	Text	Text	1,Yes|0,No|99999,Not Assessed	No	Available for programs to document information on others who sleep in same room as child if not listed above

Child Health and Wellness Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
How often does your baby sleep in the same bed with you or anyone else?	Caregiver report of how often child shares a bed with caregiver or others	Drop-down list (single choice)	Alphanumeric	1,Always|2,Often|3,Sometimes|4,Rarely|5,Never	No	Federal performance measure; used to calculate percentage of infants that are always placed to sleep on their backs, without bed-sharing or soft bedding
Which of the following items are with the baby when asleep (check all that apply)?	Caregiver report of items placed in child's bed/sleep environment	Drop-down list (multiple choice)	Alphanumeric	1,Blanket|2,Pillow|3,Fitted crib sheet|4,Diapers|5,Soft toys|6,Nothing|7,Other soft bedding/items	No	Federal performance measure; used to calculate percentage of infants that are always placed to sleep on their backs, without bed-sharing or soft bedding
Has child been to the emergency room since the last completed Health & Wellness form?	Caregiver report of child's emergency room visits since the last completed Child Health and Wellness Form; if you are completing the form for the first time, include child emergency room visits since enrollment in home visiting services	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Federal performance measure; used to calculate the rate of injury-related visits to the emergency department since enrollment in home visiting services
Visit #1 (select one):	Reason for child's emergency room visit	Drop-down list (single choice)	Alphanumeric	1,Medical Illness|2,Physical Injury/Accident	No	Federal performance measure; used to calculate the rate of injury-related visits to the emergency department since enrollment in home visiting services
Visit #1 Month	Date of child's emergency room visit (month)	Drop-down list (single choice)	Numeric	1|2|3|4|5|6|7|8|9|10|11|12	No	Federal performance measure; used to calculate the rate of injury-related visits to the emergency department since enrollment in home visiting services

Child Health and Wellness Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Visit #1 Year	Date of child's emergency room visit (year)	Drop-down list (single choice)	Numeric	2016|2017|2018|2019|2020|2021|2022|2023|2024|2025|2026|2027|2028|2029|2030	No	Federal performance measure; used to calculate the rate of injury-related visits to the emergency department since enrollment in home visiting services
Visit #2 (select one):	Reason for child's emergency room visit	Drop-down list (single choice)	Alphanumeric	1,Medical Illness|2,Physical Injury/Accident	No	Federal performance measure; used to calculate the rate of injury-related visits to the emergency department since enrollment in home visiting services
Visit #2 Month	Date of child's emergency room visit (month)	Drop-down list (single choice)	Numeric	1|2|3|4|5|6|7|8|9|10|11|12	No	Federal performance measure; used to calculate the rate of injury-related visits to the emergency department since enrollment in home visiting services
Visit #2 Year	Date of child's emergency room visit (year)	Drop-down list (single choice)	Numeric	2016|2017|2018|2019|2020|2021|2022|2023|2024|2025|2026|2027|2028|2029|2030	No	Federal performance measure; used to calculate the rate of injury-related visits to the emergency department since enrollment in home visiting services
Visit #3 (select one):	Reason for child's emergency room visit	Drop-down list (single choice)	Alphanumeric	1,Medical Illness|2,Physical Injury/Accident	No	Federal performance measure; used to calculate the rate of injury-related visits to the emergency department since enrollment in home visiting services

Child Health and Wellness Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Visit #3 Month	Date of child's emergency room visit (month)	Drop-down list (single choice)	Numeric	1|2|3|4|5|6|7|8|9|10|11|12	No	Federal performance measure; used to calculate the rate of injury-related visits to the emergency department since enrollment in home visiting services
Visit #3 Year	Date of child's emergency room visit (year)	Drop-down list (single choice)	Numeric	2016|2017|2018|2019|2020|2021|2022|2023|2024|2025|2026|2027|2028|2029|2030	No	Federal performance measure; used to calculate the rate of injury-related visits to the emergency department since enrollment in home visiting services
Visit #4 (select one):	Reason for child's emergency room visit	Drop-down list (single choice)	Alphanumeric	1,Medical Illness|2,Physical Injury/Accident	No	Federal performance measure; used to calculate the rate of injury-related visits to the emergency department since enrollment in home visiting services
Visit #4 Month	Date of child's emergency room visit (month)	Drop-down list (single choice)	Numeric	1|2|3|4|5|6|7|8|9|10|11|12	No	Federal performance measure; used to calculate the rate of injury-related visits to the emergency department since enrollment in home visiting services
Visit #4 Year	Date of child's emergency room visit (year)	Drop-down list (single choice)	Numeric	2016|2017|2018|2019|2020|2021|2022|2023|2024|2025|2026|2027|2028|2029|2030	No	Federal performance measure; used to calculate the rate of injury-related visits to the emergency department since enrollment in home visiting services

Child Health and Wellness Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Visit #5 (select one):	Reason for child's emergency room visit	Drop-down list (single choice)	Alphanumeric	1,Medical Illness|2,Physical Injury/Accident	No	Federal performance measure; used to calculate the rate of injury-related visits to the emergency department since enrollment in home visiting services
Visit #5 Month	Date of child's emergency room visit (month)	Drop-down list (single choice)	Numeric	1|2|3|4|5|6|7|8|9|10|11|12	No	Federal performance measure; used to calculate the rate of injury-related visits to the emergency department since enrollment in home visiting services
Visit #5 Year	Date of child's emergency room visit (year)	Drop-down list (single choice)	Numeric	2016|2017|2018|2019|2020|2021|2022|2023|2024|2025|2026|2027|2028|2029|2030	No	Federal performance measure; used to calculate the rate of injury-related visits to the emergency department since enrollment in home visiting services
Visit #6 (select one):	Reason for child's emergency room visit	Drop-down list (single choice)	Alphanumeric	1,Medical Illness|2,Physical Injury/Accident	No	Federal performance measure; used to calculate the rate of injury-related visits to the emergency department since enrollment in home visiting services
Visit #6 Month	Date of child's emergency room visit (month)	Drop-down list (single choice)	Numeric	1|2|3|4|5|6|7|8|9|10|11|12	No	Federal performance measure; used to calculate the rate of injury-related visits to the emergency department since enrollment in home visiting services

Child Health and Wellness Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Visit #6 Year	Date of child's emergency room visit (year)	Drop-down list (single choice)	Numeric	2016|2017|2018|2019|2020|2021|2022|2023|2024|2025|2026|2027|2028|2029|2030	No	Federal performance measure; used to calculate the rate of injury-related visits to the emergency department since enrollment in home visiting services
Completed Infant/Child Health Exams (Well Visits):	Caregiver report of child's received health exams, select most recent completed well vist; schedule is based on the Updated AAP Recommendations for Pediatric Preventive Health Care	Drop-down list (multiple choice)	Alphanumeric	1,3-7 days|2,2-4 weeks|3,2-3 months|4,4-5 months|5,6-7 months|6,9-10 months|7,12-13 months|8,15-16 months|9,18-19	No	Federal performance measure; used to calculate the percentage of children who received their last recommended well child visit based on the American Academy of Pediatrics schedule
Child Health Exam Status (select one)	Health Exam Status refers to whether child is up-to-date for his or her age or in need of/past due for his or her last recommended well child visit according to AAP guidelines	Drop-down list (single choice)	Alphanumeric	1,Child received last recommended health exam for age|2,Child needs or is past due for last recommended health exam for age	No	Federal performance measure; used to calculate the percentage of children who received their last recommended well child visit based on the American Academy of Pediatrics schedule
Do you currently breastfeed or pump breast milk to feed your baby, even a little bit?	Caregiver report of breastfeeding at time of assessment	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Not Assessed	No	Federal performance measure; used to calculate the percentage of children among mother who enrolled prenatally who are breastfed any amount at 6 months of age
Did you ever breastfeed or pump breast milk to feed your baby, even for a short period of time?	Caregiver report of past breastfeeding	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Not Assessed	No	Federal performance measure; used to calculate the percentage of children among mother who enrolled prenatally who are breastfed any amount at 6 months of age

Child Health and Wellness Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
If yes, how long (select one):	Caregiver report of length of breastfeeding at time of assessment	Drop-down list (single choice)	Alphanumeric	1,Still breastfeeding or pumping milk to feed baby|2,1 day|3,2 days|4,3 days|5,1 week (4-10 days)|6,2 weeks (11-17 days)|7,3 weeks (18-24 days)|8,4 weeks (25-31 days)|9,5 weeks (32-38 days)|10,6 weeks (39-45 days)|11,7 weeks (46-52 days)|12,2 months|13,3 months|14,4 months|15,5 months|16,6 months|17,7 months|18,8 months|19,9 months|20,10 months|21,11 months|22,12 months|23,More than 12 months	No	Federal performance measure; used to calculate the percentage of children among mother who enrolled prenatally who are breastfed any amount at 6 months of age
If no, were you advised not to breastfeed due to medical condition?	Refers to whether mother was not recommended to breastfeed due to medical condition	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Federal performance measure; used to calculate the percentage of children among mother who enrolled prenatally who are breastfed any amount at 6 months of age

Child Health and Wellness Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
During a typical week, how many days do you or someone else in your family read, tell stories, and/or sing songs to your child?	**Reading** with children is defined broadly. Families can read anything and everything with their child. Some examples of reading material include but are not limited to: books, magazines, newspapers, letters, recipes, menus, and digital content. Examples of digital content include emails, text messages, written content online, and written content in digital games. **Singing** is defined as any singing of any kind of song. Singing with children is not just limited to kids songs or educational songs. **Storytelling** is defined as any storytelling. This could include, but is not limited to, sharing what happened while on an errand, planning for events in the future, or sharing stories about important events in the past.	Drop-down list (single choice)	Numeric	0|1|2|3|4|5|6|7	No	Federal performance measure; used to calculate the percentage of children with a family member who during a typical week read, told stories, and/or sang songs with the child every day

Child Health and Wellness Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
During a typical week, how many days does someone outside your family (e.g., child care provider) read, tell stories, or sing songs to your child?	**Reading** with children is defined broadly. Families can read anything and everything with their child. Some examples of reading material include but are not limited to: books, magazines, newspapers, letters, recipes, menus, and digital content. Examples of digital content include emails, text messages, written content online, and written content in digital games. **Singing** is defined as any singing of any kind of song. Singing with children is not just limited to kids songs or educational songs. **Storytelling** is defined as any storytelling. This could include, but is not limited to, sharing what happened while on an errand, planning for events in the future, or sharing stories about important events in the past.	Drop-down list (single choice)	Numeric	0|1|2|3|4|5|6|7	No	Available for programs to track early language and literacy activities that occur with caregivers outside of the family

ASQ-3

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date of Activity	Date home visitor completed ASQ-3 with family	Date	Dynamic Date		Yes	
Which child was involved?	Name of child screened	Drop-down list (single choice)	Dynamic Child		Yes	
Child more than 3 weeks premature:	To determine weeks premature, subtract the child's gestational age when born from 39 weeks (full-term pregnancy); you may also substract from 38 or 40 weeks depending on your program's definition of full-term	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Unknown	No	Used to identify recommended ASQ-3 questionnaire
Adjusted Age (Months)	Documentation of adjusted age (months) as calculated using the ASQ Calculator: http://agesandstages.com/free-resources/asq-calculator/	Drop-down list (single choice)	Alphanumeric	0|1|2|3|4|5|6|7|8|9|10|11|12|13|14|15|16|17|18|19|20|21|22|23|24|25|26|27|28|29|30|31|32|33|34|35|36|37|38|39|40|41|42|43|44|45|46|47|48|49|50|51|52|53|54|55|56|57|58|59|60	No	Used to identify recommended ASQ-3 questionnaire
Adjusted Age (Days)	Documentation of adjusted age (days) as calculated using the ASQ Calculator: http://agesandstages.com/free-resources/asq-calculator/	Drop-down list (single choice)	Alphanumeric	0|1|2|3|4|5|6|7|8|9|10|11|12|13|14|15|16|17|18|19|20|21|22|23|24|25|26|27|28|29|30	No	Used to identify recommended ASQ-3 questionnaire

ASQ-3

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Questionnaire Administered:	Documentation of ASQ-3 questionnaire interval used for child's screening. Refer to age window on screening tool.	Drop-down list (single choice)	Alphanumeric	2,2 month|4,4 month|6,6 month|8,8 month|9,9 month|10,10 month|12,12 month|14,14 month|16,16 month|18,18 month|20,20 month|22,22 month|24,24 month|27,27 month|30,30 month|33,33 month|36,36 month|42,42 month|48,48 month|54,54 month|60,60 month|None-child has identified delay	No	Used to identify ASQ-3 questionnaire administered
Communication	Child's score in Communication domain	Text	Numeric		No	Used to track developmental progress of children in program and/or identify children in need of referral or additional resources
Gross Motor	Child's score in Gross Motor domain	Text	Numeric		No	Used to track developmental progress of children in program and/or identify children in need of referral or additional resources
Fine Motor	Child's score in Fine Motor domain	Text	Numeric		No	Used to track developmental progress of children in program and/or identify children in need of referral or additional resources

ASQ-3

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Problem Solving	Child's score in Problem Solving domain	Text	Numeric		No	Used to track developmental progress of children in program and/or identify children in need of referral or additional resources
Personal-Social	Child's score in Personal-Social domain	Text	Numeric		No	Used to track developmental progress of children in program and/or identify children in need of referral or additional resources
Age appropriate scores in all ASQ-3 Domains:	Score is considered age appropriate if it is above the ASQ cutoff for the particular domain; scores in the monitoring zone are considered age appropriate	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	Yes	Federal performance measure; used to calculate percentage of children with positive screens for developmental delays who a) received individualized developmental support from a home visitor; b) were referred to Early Intervention services and received an evaluation within 45 days; or c) were referred to other community services and received services within 30 days
Parent(s) identified concern in Overall section of the ASQ-3 Questionnaire:	Documentation of parent-identified concern	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Unknown	Yes	Available for programs to track parental concerns that may require follow up

ASQ-3

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
ASQ-3 Results shared with primary health care provider:	Documentation of whether or not screening results were shared with child's health care provider	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Available for programs to track whether or not screening results were shared with child's health care provider
Notes		Narrative	Alphanumeric		No	Available for programs to document additional information related to screen
Already receiving services	Documentation of services child is already receiving for identified developmental concern; home visitors are still expected to provide and document additional support to child who is already receiving services	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Used to track child's receipt of services related to developmental concern
Receiving services from?	Provider of services child is already receiving for identified developmental concern	Drop-down list (multiple choice)	Alphanumeric	1,Primary Care Provider|2,Early Intervention - Birth to Three|3,Early Intervention - Early Childhood|4,Other professional provider	No	Used to track child's receipt of services related to developmental concern
In what domains?	Focus of services child is already receiving for identified developmental concern	Drop-down list (multiple choice)	Alphanumeric	1,Communication|2,Gross Motor|3,Fine Motor|4,Problem Solving|5,Personal - Social	No	Used to track child's receipt of services related to developmental concern
Other Professional Provider:	Provider of services child is already receiving for identified developmental concern if not listed above	Text	Text		No	Available for programs to document provider of services child is already receiving for developmental concern if not listed above

ASQ-3

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Program Services (check all that apply):	Documentation of services/support provided by home visitor in response to identified developmental concern	Drop-down list (multiple choice)	Alphanumeric	1,Re-screen|2,Consult and/or use curriculum/materials/activities specific to the potential delay|3,Consult and/or use additional program/agency personnel specific to the potential delay|4,Increase number of visits|5,Other individualized developmental support from home visitor	No	Federal performance measure; used to calculate percentage of children with positive screens for developmental delays who a) received individualized developmental support from a home visitor; b) were referred to Early Intervention services and received an evaluation within 45 days; or c) were referred to other community services and received services within 30 days
Date program services provided:	Date services/support first provided by home visitor in response to identified developmental concern	Date	Date (mm/dd/yyyy)		No	Federal performance measure; used to calculate percentage of children with positive screens for developmental delays who a) received individualized developmental support from a home visitor; b) were referred to Early Intervention services and received an evaluation within 45 days; or c) were referred to other community services and received services within 30 days
Reason program services not provided:	Reason home visitor did not/could not provide services/support in response to identified developmental concern	Drop-down list (single choice)	Alphanumeric	1, Client refused|2,Unable to contact after assessment|3,Other	No	Used to track child's receipt of services related to developmental concern

ASQ-3

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Was a referral made?	Documentation of referral for services for identified developmental concern	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Client declines referral at this time	No	Federal performance measure; used to calculate percentage of children with positive screens for developmental delays who a) received individualized developmental support from a home visitor; b) were referred to Early Intervention services and received an evaluation within 45 days; or c) were referred to other community services and received services within 30 days
Referral to	Provider child/family is referred to for identified developmental concern	Drop-down list (multiple choice)	Alphanumeric	1,Primary Care Provider|2,Early Intervention – Birth to Three|3,Early Intervention - Early Childhood Program|4,Other professional provider	No	Federal performance measure; used to calculate percentage of children with positive screens for developmental delays who a) received individualized developmental support from a home visitor; b) were referred to Early Intervention services and received an evaluation within 45 days; or c) were referred to other community services and received services within 30 days
Referral to other professional provider (specify)	Provider child/family is referred to for identified developmental concern if not listed above	Text	Text		No	Available for programs to document provider child/family is referred to for developmental concern if not listed above

ASQ-3

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date Referral Made	Date of referral to Primary Care Provider for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Federal performance measure; used to calculate percentage of children with positive screens for developmental delays who a) received individualized developmental support from a home visitor; b) were referred to Early Intervention services and received an evaluation within 45 days; or c) were referred to other community services and received services within 30 days
Received evaluation or individualized service plan:	Documentation of whether or not child received evaluation from Primary Care Provider for identified developmental concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Used to track child's receipt of services related to developmental concern
If Yes: Date received evaluation	Date of evaluation by Primary Care Provider for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Used to track child's receipt of services related to developmental concern

ASQ-3

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Receiving Services	Documentation of whether or not child received or is receiving services from Primary Care Provider for identified developmental concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Federal performance measure; used to calculate percentage of children with positive screens for developmental delays who a) received individualized developmental support from a home visitor; b) were referred to Early Intervention services and received an evaluation within 45 days; or c) were referred to other community services and received services within 30 days
If Yes: Date started receiving services	Date child first received services from Primary Care Provider for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Federal performance measure; used to calculate percentage of children with positive screens for developmental delays who a) received individualized developmental support from a home visitor; b) were referred to Early Intervention services and received an evaluation within 45 days; or c) were referred to other community services and received services within 30 days
Reason not receiving services	Reason child did not/could not receive services from Primary Care Provider for identified developmental concern	Drop-down list (single choice)	Alphanumeric	1,Client did not follow through|2,Client not eligible for services|3,Other|99999,Unknown	No	Used to track child's receipt of services related to developmental concern

ASQ-3

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Other reason not receiving services:	Reason child did not/could not receive services from Primary Care Provider for identified developmental concern if not listed above	Text	Text		No	Available for programs to document reason child did not receive services if not listed above
Date Referral Made	Date of referral to Early Intervention - Birth to Three for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Federal performance measure; used to calculate percentage of children with positive screens for developmental delays who a) received individualized developmental support from a home visitor; b) were referred to Early Intervention services and received an evaluation within 45 days; or c) were referred to other community services and received services within 30 days
Received evaluation or individualized service plan	Documentation of whether or not child received evaluation from Birth to Three for identified developmental concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Federal performance measure; used to calculate percentage of children with positive screens for developmental delays who a) received individualized developmental support from a home visitor; b) were referred to Early Intervention services and received an evaluation within 45 days; or c) were referred to other community services and received services within 30 days

ASQ-3

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
If Yes: Date received evaluation	Date of evaluation by Birth to Three for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Federal performance measure; used to calculate percentage of children with positive screens for developmental delays who a) received individualized developmental support from a home visitor; b) were referred to Early Intervention services and received an evaluation within 45 days; or c) were referred to other community services and received services within 30 days
Receiving Services	Documentation of whether or not child received or is receiving services from Birth to Three for identified developmental concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Used to track child's receipt of services related to developmental concern
If Yes: Date started receiving services	Date child first received services from Birth to Three for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Used to track child's receipt of services related to developmental concern
Reason not receiving services	Reason child did not/could not receive services from Birth to Three for identified developmental concern	Drop-down list (single choice)	Alphanumeric	1,Client did not follow through|2,Client not eligible for services|3,Other|99999,Unknown	No	Used to track child's receipt of services related to developmental concern
Other reason not receiving services	Reason child did not/could not receive services from Birth to Three for identified developmental concern if not listed above	Text	Text		No	Available for programs to document reason child did not receive services if not listed above

ASQ-3

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date Referral Made	Date of referral to Early Intervention - Early Childhood Program for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Federal performance measure; used to calculate percentage of children with positive screens for developmental delays who a) received individualized developmental support from a home visitor; b) were referred to Early Intervention services and received an evaluation within 45 days; or c) were referred to other community services and received services within 30 days
Received evaluation or individualized service plan	Documentation of whether or not child received evaluation from Early Childhood Program for identified developmental concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Federal performance measure; used to calculate percentage of children with positive screens for developmental delays who a) received individualized developmental support from a home visitor; b) were referred to Early Intervention services and received an evaluation within 45 days; or c) were referred to other community services and received services within 30 days

ASQ-3

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
If Yes: Date received evaluation	Date of evaluation by Early Childhood Program for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Federal performance measure; used to calculate percentage of children with positive screens for developmental delays who a) received individualized developmental support from a home visitor; b) were referred to Early Intervention services and received an evaluation within 45 days; or c) were referred to other community services and received services within 30 days
Receiving Services	Documentation of whether or not child received or is receiving services from Early Childhood Program for identified developmental concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Used to track child's receipt of services related to developmental concern
If Yes: Date started receiving services	Date child first received services from Early Childhood Program for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Used to track child's receipt of services related to developmental concern
Reason not receiving services	Reason child did not/could not receive services from Early Childhood Program for identified developmental concern	Drop-down list (single choice)	Alphanumeric	1,Client did not follow through|2,Client not eligible for services|3,Other|99999,Unknown	No	Used to track child's receipt of services related to developmental concern
Other reason not receiving services	Reason child did not/could not receive services from Early Childhood Program for identified developmental concern if not listed above	Text	Text		No	Available for programs to document reason child did not receive services if not listed above

ASQ-3

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date Referral Made	Date of referral to Other Professional Provider for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Federal performance measure; used to calculate percentage of children with positive screens for developmental delays who a) received individualized developmental support from a home visitor; b) were referred to Early Intervention services and received an evaluation within 45 days; or c) were referred to other community services and received services within 30 days
Received evaluation or individualized service plan	Documentation of whether or not child received evaluation from Other Professional Provider for identified developmental concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Used to track child's receipt of services related to developmental concern
If Yes: Date received evaluation	Date of evaluation by Other Professional Provider for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Used to track child's receipt of services related to developmental concern

ASQ-3

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Receiving Services	Documentation of whether or not child received or is receiving services from Other Professional Provider for identified developmental concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Federal performance measure; used to calculate percentage of children with positive screens for developmental delays who a) received individualized developmental support from a home visitor; b) were referred to Early Intervention services and received an evaluation within 45 days; or c) were referred to other community services and received services within 30 days
If Yes: Date started receiving services	Date child first received services from Other Professional Provider for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Federal performance measure; used to calculate percentage of children with positive screens for developmental delays who a) received individualized developmental support from a home visitor; b) were referred to Early Intervention services and received an evaluation within 45 days; or c) were referred to other community services and received services within 30 days
Reason not receiving services	Reason child did not/could not receive services from Other Professional Provider for identified developmental concern	Drop-down list (single choice)	Alphanumeric	1,Client did not follow through|2,Client not eligible for services|3,Other|99999,Unknown	No	Used to track child's receipt of services related to developmental concern

ASQ-3

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Other reason not receiving services	Reason child did not/could not receive services from Other Professional Provider for identified developmental concern if not listed above	Text	Text		No	Available for programs to document reason child did not receive services if not listed above

ASQ:SE-2

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date of Activity	Date home visitor completed ASQ:SE-2 with family	Date	Dynamic Date		Yes	
Which child was involved?	Name of child screened	Drop-down list (single choice)	Dynamic Child		Yes	
Child more than 3 weeks premature	To determine weeks premature, subtract the child's gestational age when born from 39 weeks (full-term pregnancy); you may also substract from 38 or 40 weeks depending on your program's definition of full-term	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Unknown	No	Used to identify recommended ASQ:SE-2 questionnaire
Adjusted Age (Months)	Documentation of adjusted age (months) as calculated using the ASQ Calculator: http://agesandstages.com/free-resources/asq-calculator/	Drop-down list (single choice)	Alphanumeric	0|1|2|3|4|5|6|7|8|9|10|11|12|13|14|15|16|17|18|19|20|21|22|23|24|25|26|27|28|29|30|31|32|33|34|35|36|37|38|39|40|41|42|43|44|45|46|47|48|49|50|51|52|53|54|55|56|57|58|59|60	No	Used to identify recommended ASQ:SE-2 questionnaire
Adjusted Age (Days)	Documentation of adjusted age (days) as calculated using the ASQ Calculator: http://agesandstages.com/free-resources/asq-calculator/	Drop-down list (single choice)	Alphanumeric	0|1|2|3|4|5|6|7|8|9|10|11|12|13|14|15|16|17|18|19|20|21|22|23|24|25|26|27|28|29|30	No	Used to identify recommended ASQ:SE-2 questionnaire

ASQ:SE-2

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
ASQ:SE-2 Questionnaire Administered	Documentation of ASQ:SE-2 questionnaire interval used for child's screening Refer to age window on screening tool.	Drop-down list (single choice)	Alphanumeric	2,2 month|6,6 month|12,12 month|18,18 month|24,24 month|30,30 month|36,36 month|48,48 month|60,60 month|None-child has identified delay	No	Used to identify ASQ:SE-2 questionnaire administered
ASQ:SE-2 Score	Child's total score on ASQ:SE-2	Text	Text		No	Used to track developmental progress of children in program and/or identify children in need of referral or additional resources
Age appropriate score	Score is considered age appropriate if it is below the ASQ:SE-2 cutoff; scores in the monitoring zone are considered age appropriate	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	Yes	Used to track developmental progress of children in program and/or identify children in need of referral or additional resources
Parent(s) identified concern on any scored item or in the Overall section of the ASQ:SE-2 Questionnaire	Documentation of parent-identified concern	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|99999,Unknown	Yes	Available for programs to track parental concerns that may require follow up
ASQ-3 Results shared with primary health care provider:	Documentation of whether or not screening results were shared with child's health care provider	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Available for programs to track whether or not screening results were shared with child's health care provider

ASQ:SE-2

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Notes:		Narrative	Text		No	Available for programs to document additional information related to screen
Already receiving services?	Documentation of services child is already receiving for identified developmental concern; home visitors are still expected to provide and document additional support to child who is already receiving services	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No	No	Used to track child's receipt of services related to developmental concern
Receiving services from?	Provider of services child is already receiving for identified developmental concern	Drop-down list (multiple choice)	Alphanumeric	1,Primary Care Provider|2,Early Intervention - Birth to Three|3,Early Intervention - Early Childhood|4,Other professional provider	No	Used to track child's receipt of services related to developmental concern
Other Professional Provider (specify)	Provider of services child is already receiving for identified developmental concern if not listed above	Text	Text		No	Available for programs to document provider of services child is already receiving for developmental concern if not listed above

ASQ:SE-2

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Program Services (check all that apply)	Documentation of services/support provided by home visitor in response to identified developmental concern	Drop-down list (multiple choice)	Alphanumeric	1,Re-screen|2,Consult and/or use curriculum/materials/activities specific to the potential delay|3,Consult and/or use additional program/agency personnel specific to the potential delay|4,Increase number of visits|5,Other individualized developmental support from home visitor	No	Used to track child's receipt of services related to developmental concern
Date program services provided	Date services/support first provided by home visitor in response to identified developmental concern	Date	Date (mm/dd/yyyy)		No	Used to track child's receipt of services related to developmental concern
Reason program services not provided	Reason home visitor did not/could not provide services/support in response to identified developmental concern	Drop-down list (single choice)	Alphanumeric	1,Client refused|2,Unable to contact after assessment|3,Other	No	Used to track child's receipt of services related to developmental concern
Was a referral made?	Documentation of referral for services for identified developmental concern	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Client declines referral at this time	No	Used to track child's receipt of services related to developmental concern

ASQ:SE-2

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Referral to	Provider child/family is referred to for identified developmental concern	Drop-down list (multiple choice)	Alphanumeric	1,Primary Care Provider|2,Early Intervention - Birth to Three|3,Early Intervention - Early Childhood Program|4,Other professional provider	No	Used to track child's receipt of services related to developmental concern
Referral to other professional provider (specify)	Provider child/family is referred to for identified developmental concern if not listed above	Text	Text		No	Available for programs to document provider child/family is referred to for developmental concern if not listed above
Date Referral Made	Date of referral to Primary Care Provider for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Used to track child's receipt of services related to developmental concern
Received evaluation or individualized service plan	Documentation of whether or not child received evaluation from Primary Care Provider for identified developmental concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Used to track child's receipt of services related to developmental concern
If Yes: Date received evaluation	Date of evaluation by Primary Care Provider for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Used to track child's receipt of services related to developmental concern
Receiving Services	Documentation of whether or not child received or is receiving services from Primary Care Provider for identified developmental concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Used to track child's receipt of services related to developmental concern

ASQ:SE-2

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
If Yes: Date started receiving services	Date child first received services from Primary Care Provider for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Used to track child's receipt of services related to developmental concern
Reason not receiving services	Reason child did not/could not receive services from Primary Care Provider for identified developmental concern	Drop-down list (single choice)	Alphanumeric	1,Client did not follow through|2,Client not eligible for services|3,Other|99999,Unknown	No	Used to track child's receipt of services related to developmental concern
Other reason not receiving services	Reason child did not/could not receive services from Primary Care Provider for identified developmental concern if not listed above	Text	Text		No	Available for programs to document reason child did not receive services if not listed above
Date Referral Made	Date of referral to Early Intervention - Birth to Three for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Used to track child's receipt of services related to developmental concern
Received evaluation or individualized service plan	Documentation of whether or not child received evaluation from Birth to Three for identified developmental concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Used to track child's receipt of services related to developmental concern
If Yes: Date received evaluation	Date of evaluation by Birth to Three for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Used to track child's receipt of services related to developmental concern
Receiving Services	Documentation of whether or not child received or is receiving services from Birth to Three for identified developmental concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Used to track child's receipt of services related to developmental concern

ASQ:SE-2

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
If Yes: Date started receiving services	Date child first received services from Birth to Three for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Used to track child's receipt of services related to developmental concern
Reason not receiving services	Reason child did not/could not receive services from Birth to Three for identified developmental concern	Drop-down list (single choice)	Alphanumeric	1,Client did not follow through|2,Client not eligible for services|3,Other|99999,Unknown	No	Used to track child's receipt of services related to developmental concern
Other reason not receiving services	Reason child did not/could not receive services from Birth to Three for identified developmental concern if not listed above	Text	Text		No	Available for programs to document reason child did not receive services if not listed above
Date Referral Made	Date of referral to Early Intervention - Early Childhood Program for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Used to track child's receipt of services related to developmental concern
Received evaluation or individualized service plan	Documentation of whether or not child received evaluation from Early Childhood Program for identified developmental concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Used to track child's receipt of services related to developmental concern
If Yes: Date received evaluation	Date of evaluation by Early Childhood Program for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Used to track child's receipt of services related to developmental concern
Receiving Services	Documentation of whether or not child received or is receiving services from Early Childhood Program for identified developmental concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Used to track child's receipt of services related to developmental concern

ASQ:SE-2

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
If Yes: Date started receiving services	Date child first received services from Early Childhood Program for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Used to track child's receipt of services related to developmental concern
Reason not receiving services	Reason child did not/could not receive services from Early Childhood Program for identified developmental concern	Drop-down list (single choice)	Alphanumeric	1,Client did not follow through|2,Client not eligible for services|3,Other|99999,Unknown	No	Used to track child's receipt of services related to developmental concern
Other reason not receiving services	Reason child did not/could not receive services from Early Childhood Program for identified developmental concern if not listed above	Text	Text		No	Available for programs to document reason child did not receive services if not listed above
Date Referral Made	Date of referral to Other Professional Provider for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Used to track child's receipt of services related to developmental concern
Received evaluation or individualized service plan	Documentation of whether or not child received evaluation from Other Professional Provider for identified developmental concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Used to track child's receipt of services related to developmental concern
If Yes: Date received evaluation	Date of evaluation by Other Professional Provider for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Used to track child's receipt of services related to developmental concern
Receiving Services	Documentation of whether or not child received or is receiving services from Other Professional Provider for identified developmental concern following referral by home visiting program	Drop-down list (single choice)	Alphanumeric	1,Yes|0,No|2,Unable to contact after assessment	No	Used to track child's receipt of services related to developmental concern

ASQ:SE-2

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
If Yes: Date started receiving services	Date child first received services from Other Professional Provider for identified developmental concern	Date	Date (mm/dd/yyyy)		No	Used to track child's receipt of services related to developmental concern
Reason not receiving services	Reason child did not/could not receive services from Other Professional Provider for identified developmental concern	Drop-down list (single choice)	Alphanumeric	1,Client did not follow through|2,Client not eligible for services|3,Other|99999,Unknown	No	Used to track child's receipt of services related to developmental concern
Other reason not receiving services	Reason child did not/could not receive services from Other Professional Provider for identified developmental concern if not listed above	Text	Text		No	Available for programs to document reason child did not receive services if not listed above

Parent-Child Interaction Assessment

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose of Question/Element
Date of Activity	Date home visitor completed parent-child interaction assessment with family	Date	Dynamic Date		Yes	
Which child was involved?	Name of child who participated in assessment	Drop-down list (single choice)	Dynamic Child		Yes	
Which caregiver was involved?	Name of caregiver who participated in assessment	Drop-down list (single choice)	Dynamic Caregiver		Yes	
Type of Assessment	Documentation of which assessment was completed with family	Drop-down list (single choice)	Alphanumeric	1,DANCE|2,HOME Inventory Infant/Toddler|3,HOME Inventory Early Childhood|4,KIPS|5,CHEERS Check-In	No	Federal performance measure; used to calculate percentage of primary caregivers who receive an observation of caregiver-child interaction using a validated tool