

THIS IS A WORKING DOCUMENT

This document will undergo revision as required with new releases and enhancements in the data collection system.

In addition, the data collection forms guidance is regularly reviewed internally and with our Innovations Advisory Committee and revised based on feedback from our network partners. We welcome your [feedback](#).

Before the launch of Flo', each guidance document will be formatted and uploaded individually. Guidance relates to data regardless of the collection platform used by the agency.

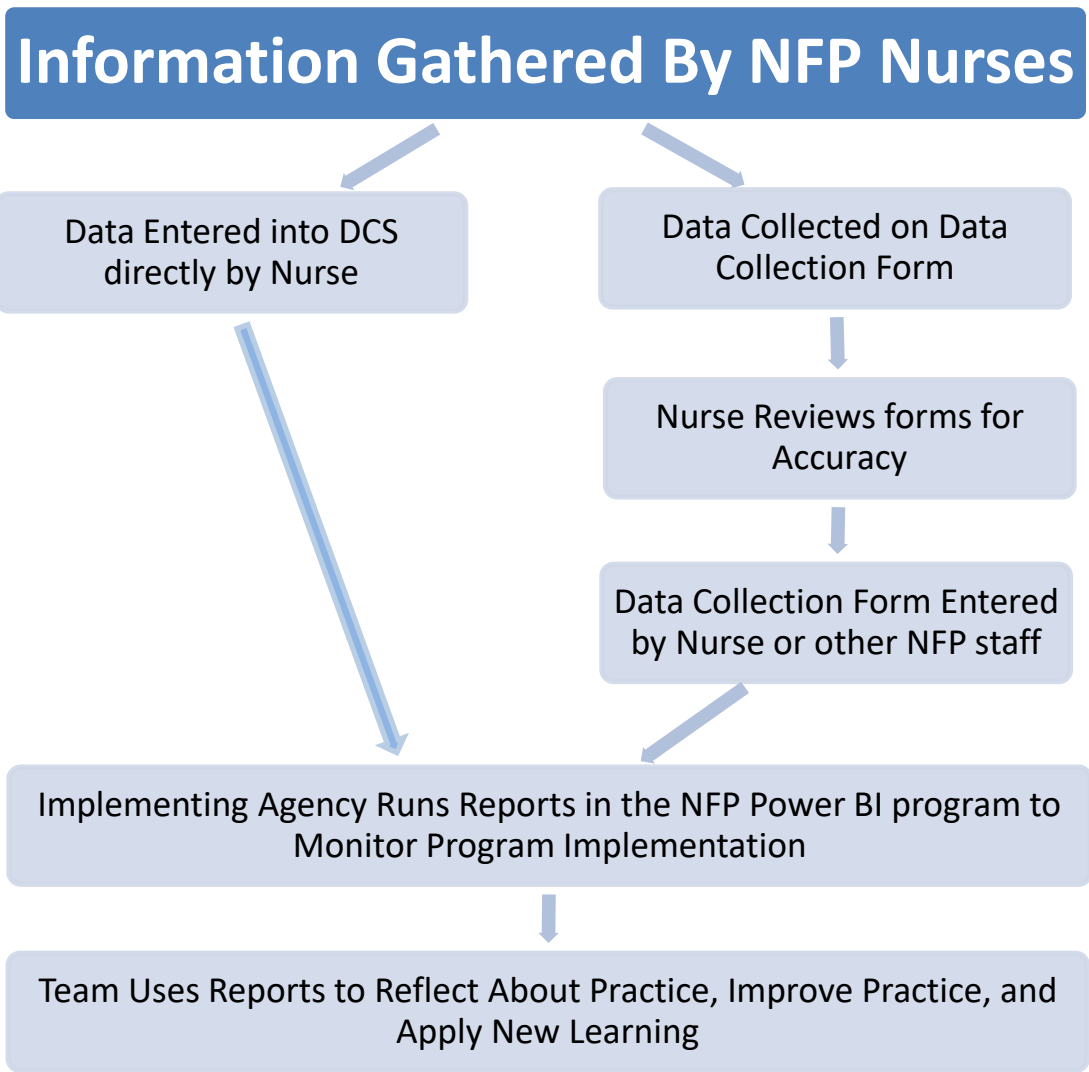
Data Collection System Manual

Why Collect Data?

Nursing practice in the Nurse-Family Partnership (NFP) program is determined and directed by the Nurse Practice Acts of each individual state in which nurse supervisors and nurse home visitors practice. State Nurse Practice Acts and Rules and Regulations, define competent practice and identify the general standards of nursing practice that nurse supervisors and nurse home visitors in the Nurse-Family Partnership program must follow. Those laws, rules and regulations require the use of the nursing process as a deliberate, problem-solving approach to the provision of nursing care. The first component of the nursing process is assessment. The information that nurses gather through the NFP data collection forms contributes to the nurse's assessment in NFP.

This information:

- Supports clinical practice by deepening insight into the client's story which allows the nurse to tailor the intervention to each individual client.
- Provides a record of services received by clients enrolled in program that can support the clinical documentation.
- Assist administrators and program staff in tracking families' progress in attaining NFP goals:
 - **Positive pregnancy outcomes**
 - **Improving child health and development**
 - **Self-sufficient, healthy families**
- Adds to the body of knowledge about NFP Nurse Home Visiting through our partnership with the Prevention Research Center (PRC) at the University of Colorado, Denver.
- Measure program effectiveness and program performance
- Assist supervisors in providing feedback to individual nurse home visitors on strengths and areas for improvement in implementing NFP.
- Assist administrators and program staff in planning quality improvements to enhance program implementation and outcomes attained locally
- Enhance funding opportunities for your program. The data provides evidence of effectiveness, which can be used to support sustainable funding at an agency.



Data Collection Techniques

Role of the NFP Nurse

The nursing process is core to the practice of nursing in Nurse-Family Partnership. Nurse supervisors and nurse home visitors utilize the standards of nursing practice and are accountable to themselves, their clients, their peers, and society for their professional actions. Information for the Nurse-Family Partnership program is gathered in the assessment phase of the nursing process throughout the NFP model. The information obtained from the data collection is one part of the nurse's assessment. The nurse synthesizes this data as part of her assessment to form tailored interventions for each client.

Baccalaureate nursing preparation is the entry into practice for public health nursing. As a specialty recognized by the American Nursing Association (ANA), public health nursing conforms its standards to the following model document - "Position Statement on Nursing Practice: Scope and Standards of Practice (ANA, 2010)". Likewise, the ANA Public Health Nursing Standards are informed by: ANA Nursing Standards, Essential Public Health Services, Principles of Public Health Nursing Practice, and Core Functions of Public Health Nursing.

The following are guidelines for the gathering of data in NFP that align with these nursing standards. Please refer to the [Position Statement on Nursing Practice for Nurse-Family Partnership](#) and the [Nurse-Family Partnership, American Nurses Association, and Public Health Nursing Standards Crosswalk](#) found on the NFP Community for further information.

Guidance for the Collection of Data in NFP

Remaining Neutral

It is important that the facts and opinions clients give are their own. Nurse home visitors are careful to avoid behavior, conscious or unconscious, which could affect how clients answer questions. Information can be collected directly through reviewing the data collection items electronically or on paper with the client. The answer to other questions may be gathered indirectly through conversations with the client, other participants, or care providers.

- **Attitude:** Approach client with a positive, self-assured and matter-of-fact manner when asking questions.
- **Read questions for validated screenings and tools slowly:** This may be the client's first exposure to the question. If they do not understand the question, read it again.
- **Ask questions in neutral conversational tone:** Do not use intonation that may change the meaning of the question or bias the response. Only those words underlined should be emphasized. When appropriate, tailor the question to the client.

Assure Confidentiality of Data

Some questions are sensitive or personal. Clients may offer information she might not tell a close friend or relative. Assure clients that all information they provide will be treated

confidentially (except when the nurse is mandated to report information by law e.g. possible child abuse or intimate partner violence).

- Nurse home visitors do not discuss data or personal observations about individual clients with anyone not associated with the program or in the presence of persons not associated with the program (without permission of client). This is particularly important to consider in the context of a home visit where others may be present.
- Nurses should follow agency protocol and ensure that they are following all HIPAA guidelines when collecting and storing HIPAA protected information

Identifiable health and non-health related information is shared with the Nurse-Family Partnership National Service Office for purposes of monitoring the implementation of the program and is protected by a HIPAA business associate agreement with the agency.

Understanding of the Data Collection and Program Goals

There are many data collection items that are gathered by the nurse home visitor throughout the life-cycle of the program. It is important to develop a relationship first with the client before collecting data. Some forms deal with sensitive subjects; read client cues related to her reaction to the topic. You may want to stop and revisit the form at a later visit. Clients who share too much information before they are ready may drop out of the program. Nurses and supervisors are encouraged to review the NFP education modules on client engagement and apply their learnings from these modules to the process of data collection in NFP. Please refer to the module on the NFP Community or consult with your nurse consultant for further guidance.

NHVs can familiarize themselves with the data collection questions and practice information gathering in the context of a conversation, as both answers to data collection questions and clinically relevant information may be shared.

- **Ask Questions in the Order Indicated:** Some questions are specifically ordered to prevent answers to some questions from influencing answers to others. If the client begins to talk about events related to questions that occur later in the questionnaire, do not skip ahead. Say, "We'll talk about that soon." Skipping ahead may cause some questions to be omitted.
- **Be Sure the Client Hears the Entire Question before Answering:** If a client interrupts to answer, ask her to wait consider her answer after hearing the entire question. You can repeat the question if the client if needed.
- **Do Not Explain A Question Unless The Client Does Not Understand The Intent Of The Question:** The client may ask for explanation of the question or part of a question. Try not to offer your own explanation as this may bias the client's response (some clients may ask for an explanation in order to try to figure out the "socially desirable" response). Simply repeat the question and encourage the client to answer to the best of her recollection or ability. If you feel that a client does not understand the question, rephrase the question being careful not to change the intent of the question.
- **Follow Designated Skip Patterns -** There are many skip instructions throughout the forms. The skip pattern directs you to omit a question or sequence of questions, depending upon the client's response to a question. Carefully follow all skip instructions to avoid asking questions which are not relevant for the client and avoid data quality problems.

- Questions on validated screening tools are required to be asked as written to maintain validity of the tool.
 - Validated tools used in NFP include questions 9 through 15 on the Maternal Health Assessment form (Self-Mastery Scale), EPDS, PHQ-9, GAD-7, and IPV questions 1-5. Please see individual form guidance for additional information

Use of Probes

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

- **An Expression of Interest & Understanding:** By saying things such as “*uh-huh*” or “*yes*” the nurse home visitor indicates that the response has been heard, that it is interesting, and that more is expected.
- **An Expectant Pause:** The simplest way to convey to a client that you know she has begun to answer the question, but has more to say, is to be silent. The pause allows the client to gather their thoughts and can indicate that you would like to hear more.
- **Probes to Clarify:** “Tell me more about what you mean?”, “Could you please explain that a little?”, “Help me understand...”
- **Probes to Specify:** “Can you be more specific about that?”, “Tell me more about that...” (who, what, where, when, why)
- **Probes for Relevance:** “Can you tell me what that means to you?”
- **Using reflection as a probe:** “I heard you say this..., is that right?”

The following are rules of probing that will help avoid introducing your bias to questions for which the standardization of the wording of the question is important e.g. a validated screening or assessment.

- **Don't ask whether a person means this or that.** This suggests only one of two possible answers, even though there may be many other possibilities the client is considering.
- **Don't ask whether the respondent meant something specific by a certain word.** This suggests one answer, when she might have another one in mind.

“I Don't Know” Response

An “I don't know,” response may mean:

- The client does not understand the question and says, “I don't know” to avoid saying she doesn't understand.
- The respondent is thinking the question over, and says, “I don't know” to fill the silence and give her time to think.
- The respondent may be evading the question because she feels uninformed, is afraid of giving a wrong answer or because the question seems too personal.
- The respondent may not know the information or have an opinion about the question.

Try to decide which of the above explanations apply and provide more information or context as needed. If you sit quietly, the respondent will usually think of what to say. You feel your respondent has answered “I don’t know” out of a fear of admitting ignorance or lack of understanding, you may want to reassure the respondent by saying, “There’s really no right answer.”

Many of the questions ask about recall of events over time. The “I don’t know” response will often mean, “I don’t remember.” You can assist the client with recall by contextualizing the timeframe. For example, when asking a client whose child is six months old, “How many months have you received food stamps since the birth of your child?” you might note that the number of months would have to be six or less. Try at least once more to obtain a reply to an “I don’t know” response, before accepting it as the final response. Be careful, however, not to force an answer if she states again that she does not know. In this situation you can tell the client that you’ll revisit the question later after she’s had time to think about it more. Forms can be saved as draft and the NHV can return to the question later in the visit, or at a later time in person or via telephone, within the specified time frame.

Form List and Timeline Guidance

Phase	Form	Data Entry
All Phases		
	Encounter	Every encounter
	Referral to Services	Every encounter when indicated
	Health Care Services	Every encounter when indicated AND at child's age 6,12,18, and 24 months
	STAR Framework: - STAR guides nursing assessment and planning each visit. The summation for data entry occurs as noted below	See Summary data entry time points below
Referral and Enrollment		
<i>The forms below are completed before and shortly after enrolling in NFP</i>		
Pre-Enrollment	Referral to NFP Program	Pre-enrollment
Enrollment	Client Funding Source	On date of enrollment, following agency protocol
Pregnancy		
<i>The forms below should be completed during the first five visits. The goal over the first few visits is to gain an understanding of her needs and to begin to build a connected, trusted relationship. Nurses are expected to apply nursing judgment regarding sensitive questions.</i>		
Initial Visits		
	Demographics: Pregnancy – Intake	1st – 5 th visit, as early as possible
	Maternal Health Assessment	1st – 5 th visit
	Use of Government & Community Services	1st – 5 th visit
	STAR Framework - STAR guides nursing	1st – 5 th visit

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	assessment and planning each visit, summation for data entry occurs within the first 5 visits.	
	Health Habits	1 st – 5 th visit
	Generalized Anxiety Disorder – 7 (GAD – 7)	1 st – 5 th visit*
	Edinburgh Postnatal Depression Scale (EPDS) <u>OR</u> Patient Health Questionnaire-9 (PHQ-9). PHQ-9 is encouraged.	1 st – 5 th visit*
	Clinical IPV Assessment- Should not be completed prior to 5 th visit	5 th – 7 th visit* <i>Should NOT be completed prior to 5th visit.</i>
End of Pregnancy		
	Health Habits	36 weeks pregnancy
	Edinburgh Postnatal Depression Scale (EPDS) OR Patient Health Questionnaire-9 (PHQ-9)	36 weeks pregnancy*
	STAR Framework- STAR guides nursing assessment and planning each visit, summation for data entry occurs at end of pregnancy.	36 weeks pregnancy
	Generalized Anxiety Disorder – 7 (GAD – 7)	36 weeks pregnancy*
Infancy		
	Infant Birth	1 st postpartum visit
	Use of Government & Community Services	1 st postpartum visit
	Edinburgh Postnatal Depression Scale (EPDS) OR Patient Health Questionnaire-9 (PHQ-9)	1 – 8 weeks postpartum*
	Generalized Anxiety Disorder – 7 (GAD – 7)	1 – 8 weeks postpartum*
	STAR Framework: STAR guides nursing assessment and planning each visit, the summation for data entry occurs in the around 8 weeks postpartum.	8 weeks
	DANCE	1 – 3 months
	Clinical IPV Assessment	3 months*
	ASQ-3	4 months*
	Edinburgh Postnatal Depression Scale OR	4 – 6 months*

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	Patient Health Questionnaire-9	
	Generalized Anxiety Disorder – 7 (GAD – 7)	4 – 6 months*
	Infant Health Care (ASQ-SE2)	6 months
	Health Care Services	6 months
	Demographics Update	6 months
	Use of Government & Community Services	6 months
	DANCE	8 – 10 months
	ASQ -3	10 months*
	Infant Health Care (ASQ-SE2)	12 months
	Health Care Services	12 months
	Demographics Update	12 months
	Use of Government & Community Services	12 months
	Health Habits	12 months
	Edinburgh Postnatal Depression Scale OR Patient Health Questionnaire-9	12 months*
	STAR Framework: STAR guides nursing assessment and planning each visit, summation for data entry occurs near the child's 1 st birthday.	12 months
	Generalized Anxiety Disorder – 7 (GAD – 7)	12 months*
Toddler		
	DANCE	15 – 17 months
	Clinical IPV Assessment	16 months*
	Infant Health Care (ASQ-SE2)	18 months
	Health Care Services	18 months
	Demographics Update	18 months
	ASQ-3	18 months*
	Use of Government & Community Services	18 months
	STAR Framework: STAR guides nursing assessment and planning each visit, summation for data entry occurs around the time the child is 18 months old.	18 months
	DANCE	21 – 23 months
	ASQ (ASQ-3) - optional	24 months*
	Infant Health Care Form ASQ-SE2	24 months
	Health Care Services	24 months
	Demographics Update	24 months
	Use of Government & Community Services	24 months

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	H.O.M.E. Inventory – Only if required by funder: not required by NFP-NSO	Child aged 6 and 18 months
	*In addition to the required collection time points, the EDPS, PHQ-9, GAD-7, Clinical IPV, ASQ-3, and ASQ-SE2 may be repeated as indicated by nursing judgment	
Discharge		
	Client Dismissal	On completion of NFP or date of discharge or transfer.
Supervisor Responsibility Data		
	1:1 clinical supervision: at every reflective supervision	Weekly
	Team Meeting and Case Conference	Weekly
	MAPS: 4 months after 1 st client enrollment and every 4 months thereafter	Every 4 months following the first home visit
	Community Advisory Board (CAB) Meeting	4 times per year

Intervals for Completing Forms

The NFP data collection forms are completed within one month of the designated timeframes. They can be completed one month before and one month after the designated time point for completing. For example, you can complete a form due at 6 months between 5 months 0 days and 6 months 29 days. Please refer to the guidance for each form for specific completion time. The nurse home visitor will skip missing forms that fall out of the timeframe for data collection and begin with the form that is appropriate for the client's phase. When there is uncertainty, the Nurse-Family Partnership National Service Office nurse consultant or tech support can provide guidance about specific circumstances.

- For example, a client doesn't have a visit for a 5-month interval during which the child turned one year old. Her next visit with you is when the child is 14 months. In this scenario skip the 12-month Infant Health Care form and next collect the information at the 18-month visit.
- Alternatively, if a client gives birth and does not have a home visit until 12 weeks postpartum, the nurse must complete the Infant Birth Form. The Infant Birth Form cannot be skipped and should be entered no matter the timeframe away from the NFP program.

The Dyadic Assessment of Naturalistic Caregiver Child Experiences (DANCE) is required at specific required time points in the infancy and toddler phases and can be used at other intervals at the nurses' discretion. Although there are specific time points for entry into the DCS, nurses integrate the information learned from the DANCE to plan their interventions with clients on an ongoing basis.

The Strength and Risk Framework (STAR) should be reviewed after each visit for protective and risk factors and movement through stages of change to support clinical documentation and care planning. The summation should be entered in the DCS at specific required time points to track changes in risk over time.

The National Service Office requires completion of paper DCS forms (if used) be within 24 hours of a visit and all data entered into the data collection system (DCS) within 5 business days of the visit.

Required Fields

A black diamond (◆) to the left of specific field or question indicates that the field is required.

Glossary

NFP Term	Athena Term	Notes
Nurse Home Visitor, Nurse Supervisor, Data Entry Staff	Worker	
Any person in the file, including referral, client, child, Father of Baby (FOB), Maternal Grandmother (MGM)	Individual	
Nurse Home Visiting Program (from ETO)	Service File	The virtual file cabinet holding all the data forms for the participants, with separate sections for Client and Child forms. Additional Service Files including NHV second index pregnancy (for clients that return after fetal demise) and Multip Pilot are added as necessary.
Referral and Intake Program (from ETO)	Pre-Enrollment List	
Family	Case	Anyone important to client. The collection of associated individuals.
	Members of a Case	All the Individuals added to a Case
Demographics Page (from ETO)	Individual Profile	Each individual has their own Individual Profile page in Flo
Client, Index Child and Non-Index Child (in the case of multiples)	Participant (in service file)	While there may be multiple individuals (Members) on a case, data is only entered on Participants in the service file.
Add a new Referral	Intake Wizard	Used to enter a Referral the first time a client enters an NFP Program
Add a Second Referral for clients that return after fetal demise or Multip Pilot	Add a Pre-Enrollment record	The second referral is not entered through the Intake Wizard (so you don't create a duplicate Case). You must enter the Referrals to Program document on the Individual Profile of the Client when entering a second referral on a Case.
Referral Source	Information entered in the Intake Wizard and updated on the Case	

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Referral Source for Second Referral	Information entered on the Referrals to NFP Program document	Document is located on the Individual Profile of the Client
Referral Reason	Reason to be listed on Pre-Enrollment List	
Non-client facing work to track in schedule such as a CAB meetings	Indirect Event	
Informal group events for agency (secure agency information/events, Weekly 1:1 supervision)	Informal Series	
Email (outgoing to clients)	External Communications	
Permissions Level (NS, NHV, Administrator)	Security Class	
Data forms, data assessment	Document	
data collection date (date the data was collected by the nurse)	Document Date	
Submit form	Signature	

ASQ (ASQ-3) Questionnaire

Infant ID Infant Name ♦ Infant DOB

Client ID Client Name DOB

Date Nurse Home Visitor ID Nurse Home Visitor

Check one: Infancy 4 Months Infancy 10 Months Toddler 18 Months Toddler 24 Months (optional)

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

- Communication.....
- Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening
- Gross Motor.....
- Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening
- Fine Motor.....
- Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening
- Problem Solving
- Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening
- Personal-social.....
- Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening

2. Was a referral to services made?

- Yes
 No (If no, please indicate the reason)
 Referral not needed at this time
 Monitoring prior to referral

Instructions for the ASQ

Purpose

- The purpose of this data collection is to gather information on the child's developmental milestones. This helps track child health and development outcomes for the children in the program.
- This is for referrals to early intervention referrals that the NHV generates only. The Use of Services will capture the services if the child receiving services referred by another provider.

General Guidelines

- **When to complete this data collection:** When the child is 4, 10, 18, and 24 months old. The 24-month time point is optional. The ASQ can also be used as needed based on the nurses' clinical judgment at other available times points.

Item Instructions

Item	Guidelines
ASQ	<ul style="list-style-type: none">• If a child is receiving early intervention services, use your nursing judgment, input from the caregiver and input from nurse supervisor about whether to complete developmental screening.• If the child is receiving early intervention services for a developmental delay and the parent, nurse, and/or supervisor decide that further screening is not indicated, select "not eligible" for developmental screening.• If the child is not receiving early intervention services, and the parent declines all or any portion of the developmental screening, select the box that indicates the client has "declined further screening."• The ASQ questionnaires are valid for 1 month before and 1 month after the designated age, creating a 2-month window for use. For example, a 10-month ASQ questionnaire can be used between the ages of 9 months and 10 months 30 days.• Indicate whether a referral for further developmental assessment or services was made because of the screening on the Referral to Services Form. Other interventions supporting development including PIPE, facilitators, ASQ-3 activity sheets, should be noted in the nurse's clinical documentation.

Frequently Asked Questions

What if a client's child was born preterm, how should the nurse home visitor complete and record the ASQ?

- Always adjust for prematurity when a child is born more than 3 weeks premature until the child is 24 months old.
- Adjust for prematurity by subtracting **the number of weeks of prematurity from the child's chronological age**. For example, if the child is 8 weeks preterm, the nurse would administer the 4-month ASQ when the child is 6 months old.

However, you could perform the 4-month screening for a child who was born 4 weeks premature when the child's chronological age is 4 months. The adjusted age for this child at this is 3 months and the screening tool is valid for one month before the designated age.

Client Dismissal

Client ID	<input type="text"/>	Client Name	<input type="text"/>	DOB	<input type="text"/>
Date	<input type="text"/>	Nurse Home Visitor ID	<input type="text"/>	Nurse Home Visitor Name	<input type="text"/>

Section I – Discharge Date/Reason – This section is entered into the Close Service File screen in DCS.

1. ♦Date the client was discharged from the program_____
2. ♦Please check the primary reason the client is leaving the program (check only one):
 - Child no longer in family's custody (parental rights terminated). **Please also complete section II**
 - Child reached 26 months
 - Client incarcerated **Please also complete section II**
 - Client is receiving services from another program
 - Client refused NFP continuation following report to Child Welfare Services
 - Client returned to work
 - Client returned to school
 - Client received what she needs from the program
 - Client transferred **If client is transferring please also complete section III**
 - Dissatisfied with program
 - Excessive missed appointments/attempted visits
 - Graduated
 - Infant death **Please also complete section II**
 - Maternal death **Please also complete section II**
 - Miscarried/fetal death **Please also complete section II**
 - Moved out of service area
 - Nurse resigned and no room in remaining nurses' caseloads
 - Pressure from family
 - Refused new nurse
 - Safety of the nurse
 - Unable to accommodate requested schedule
 - Unable to contact

- Unable to locate
- Unable to serve client due to language

Section II – Supplemental Discharge Information – This section is entered in the Dismissal Form in DCS.

Child no longer in family's custody (parental rights terminated)

Date child no longer in family's custody: _____

- Voluntary
- Involuntary

Client incarcerated

Date of client's incarceration: _____

Infant death

Date of infant's death: _____

Primary cause of infant's death:

- Disease
- Illness
- Congenital malformation
- Accidental
- Infanticide
- Critical Perinatal Event
- Unknown

Maternal death

Date of client's death: _____

Primary cause of client's death:

- Disease
- Illness
- Accidental
- Suicide
- Homicide
- Critical Perinatal Event
- Unknown

Miscarried/fetal death

Date of miscarriage/fetal death: _____

Section III – Client Transfer Reason – This section is entered in the Dismissal Form in DCS.

Client Transferred

- Caseload (full and/or Balance)
- Client requested change
- Funding Source Change
- Moved out of service area/zip code
- Nurse resigned
- Nurse returned from leave
- Nurse transferring teams
- Nurse went on leave
- Unable to accommodate requested schedule
- Unable to serve client due to language

◆ Permission to include in NFP Communication

- Yes (Please provide your current contact information)

Address

Zip Code

Email

Work Phone

Home
Phone

Cell Phone

- No

Instructions for Client Dismissals

Purpose

The primary purpose of this data collection is to record the discharge of the family from the program. This includes graduating from the program and clients who leave the program prior to the child's second birthday.

Because the Nurse-Family Partnership is a prevention program, it is important to retain families in the program until the child reaches their second birthday to attain the targeted program goals. Nurse home visitors routinely assess clients' engagement in the program and to tailor the frequency, location, and mode of visiting to accommodate client needs. Only consider closing cases only after a few months of consistent efforts to reestablish the relationship. Check with the nurse supervisor about agency-specific policies for documenting attempts to re-engage clients and client dismissals.

General Guidelines

This form is used when a client is **discharged** from the program or is **transferring to another agency or team within an agency**. **This does not need to be completed for clients transferring between nurses on the same team.**

- Enter this data after all attempts to re-engage the client have been unsuccessful.
- When closing a case indicate the **primary reason** that the case is being closed.
 - For example, if a client misses successive appointments and states she does not want further visits when the nurse attempts to re-engage her select "Dissatisfied with the program" as the reason for closure as or choose any other answer that best fits her circumstance.
 - On the other hand, if the client has missed many successive appointments, is unable to contact the client, and the nurse home visitor decides with the supervisor to close the case, the nurse home visitor would check "Excessive missed appointments/attempted visits" as the reason for closing the case even though she/he may suspect that the client's missing scheduled visits reflects a lack of commitment or capacity to participate in the program.
- While an agency may have protocols related to closure of a client's clinical and/or agency documentation in addition to the discharge from the NFP DCS, this form officially discharges a client from the NFP program.

Item	Guidelines: selected when
<p>Child no longer in family's custody (parental rights terminated)</p>	<p>Sometimes, success is helping a client decide that the best thing to do is temporarily or permanently relinquish her parental rights. NHVs can continue to support the client and/or her child in many of these circumstances.</p> <p>If the client permanently loses parental rights, the program can continue with the child and another family member (e.g. father, grandmother), or fostering caregivers. The nurse home visitor does not file a Client Discharge closing the case. Rather, the nurse home visitor continues to visit the family and complete data collection for the child as they are available at the time points for data collection. Data collection related to the client will be skipped, and will affect reports e.g. incomplete data about clients. If alternate caregivers decline continued NFP visits, chose this option for discharge.</p> <p>If the client temporarily relinquished custody, the nurse home visitor can continue with the client and the child/alternate caregiver separately, or together during any scheduled visitation. Please discuss with your nurse consultant if you have questions in these circumstances.</p>
<p>Child Reached 26 months</p>	<p>A case is automatically closed when a child has reaches 26 months of age. In this instance, the client had a visit after 22 months of age but the final 24-month data was not collected during its available window. This is not a graduation, rather it indicates the time when a client is no longer an active client in the NFP funded capacity calculation. The client will be considered to have completed NFP and will be counted towards the phase and program completion rates in the Fidelity report.</p>

<p>Client incarcerated</p>	<p>The client disengages with nurse home visitor related to incarceration event. Nurse home visitors can continue to support the client and/or child in these circumstances.</p> <p>A nurse home visitor can continue to visit with clients who are incarcerated within the service area consistent with agency policies. Visits may need to be adjusted to accommodate the correctional facility's visiting hours and the extra time required to enter the facility.</p> <p>If a client is incarcerated outside the service area and the father or another family member who is caring for the child wants to continue participation with NFP, the nurse home visitor does not file a Client Discharge closing the case. Rather, the nurse home visitor continues to visit the family and complete data collection only for the child, skipping client data items if unable to obtain information.</p>
<p>Client is receiving services from another program</p>	<p>A client is receiving services from another program and declines further participation in NFP.</p>
<p>Client refused NFP continuation following report to Child Welfare Services</p>	<p>A client refuses further visits in the NFP program following a report to Child Welfare Services even when the nurse home visitor did not make the report.</p>
<p>Client returned to work/school</p>	<p>All attempts to schedule visits to accommodate the client's work/school schedule including telehealth, alternative visit scheduling, visiting at work/school during lunch breaks, visiting in the evening or weekend, visiting the client and child separately have been unsuccessful. Please discuss options for additional engagement strategies with your nurse consultant.</p>
<p>Client received what she needs from the program</p>	<p>As the child grows there will be milestones and challenges that the program will address. If the nurse home visitor discussed the goals and benefits of continued participation with the client and the client still insists that she has received what she needs from the program, use this option.</p> <p>For example, some clients feel they needed support from the nurse during pregnancy and through birth, but is not interested in continuing her participation in the infancy and toddler phases.</p>

Client transferred	<p>Client is moving between teams in same agency.</p> <p>Client is moving out of NFP agency service area into another NFP agency service area.</p> <p>Enter the following information on Section III of the Client Dismissal/Transfer form (in the Dismissal Form):</p> <ul style="list-style-type: none">• Caseload (full and/or balance): when a client is transferred between teams because a nurse home visitor(s) caseload is full. This option is also appropriate when an agency has a limited number of nurses who can serve a subset of clients (ex. Teen, Spanish speaking, etc.).• Client requested change: when a client requests a different nurse home visitor and cannot be accommodated on the same team.• Funding Source Change: when clients are transferred between teams related to changes in funding for slots on a caseload.• Moved out of service area/zip code: if teams are assigned to geographical service areas and a client moves between the teams within the same agency.• Nurse resigned: clients are reassigned to nurse caseloads as part of transition plan.• Nurse returned from leave: clients are returned to a nurse's caseload upon return from extended leave.• Nurse transferring teams: when a nurse transfers between teams at an agency, all clients on the caseload are also transferred.• Nurse went on leave: clients are reassigned to caseloads on other teams as part of transition plan when a nurse is out on extended leave (longer than 2 weeks).• Unable to accommodate requested schedule: the nurse or agency is unable to accommodate the client's scheduling needs. All attempts to support flexible scheduling, including telehealth, alternate visit schedules, visiting during work/school lunch break, visiting client and child separately, have been exhausted.• Unable to serve client due to language: an agency is unable to provide a client with a nurse home visitor who can conduct home visits in the client's language or with an interpreter.
Dissatisfied with program	<p>The Nurse-Family Partnership program is not for all clients. Use this option when all attempts to re-engage the client (e.g. offering flexible schedule or a new nurse) have been unsuccessful, and client declines further support. This is considered an active refusal of service.</p>

Client Dismissal
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Excessive missed appointments/ attempted visits	A client missed many consecutive appointments or has had many consecutive attempted visits and attempts to re-engage the client have been unsuccessful. This option is used when a nurse is in contact with the client, but the client has failed to keep scheduled visits in accordance with agency policies.
Graduated	A client completes the program when she has a visit after the child turns at least 22 months of age and the 24-month data is submitted during the data collection window. The client will be considered to have completed NFP and will be counted towards the phase and program completion rates in the Fidelity report.
Infant death	<p>A child's death is a traumatic event for a client. If there are no surviving children, this technically signals the end of the program for a client. However, a NHV may continue to visit with the client to provide support in accordance with agency policy. Only complete data collection when support visits have been discontinued.</p> <p>Enter the following information on section II of the Client Dismissal/Transfer form:</p> <ul style="list-style-type: none">• The date of the child's death.• The primary reason for the child's death. <p>If you do not know the cause of the client's death or if the cause is not confirmed select "unknown." Only select disease, illness, or congenital malformation if that was the primary cause of death. For example, a child may have a diagnosed heart malformation but the child died in a car accident. Then, the primary cause of death is accidental.</p>

Maternal death	<p>If a client has died and her family has declined continued participation in the program, select this option.</p> <p>If the father or other family member who is caring for the child is interested in continuing with NFP, the nurse home visitor does not file a Client Discharge closing the case. Rather, the nurse home visitor continues to visit the family and complete data collection only for the child, and will skip data collection for the client.</p> <p>Enter the following information on section II of the Client Dismissal/Transfer form:</p> <ul style="list-style-type: none">• The date of the client's death.• The primary reason for the client's death. <p>If you do not know the cause of the client's death or if the cause is not confirmed select "unknown." Only check disease or illness if that was the primary cause of death. For example, a client may have diabetes but died in a car accident so you would select "accidental" as the cause of death.</p>
Critical Perinatal Event	<p>Select critical perinatal event if the death of the mother or child occurred because of a sentinel event in health care setting or the death was not related to a natural course of illness or injury and is not one of the other items on the dropdown list.</p> <p>As defined by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), a sentinel event is any unanticipated event in a healthcare setting resulting in death or serious physical or psychological injury to a patient or patients, not related to the natural course of the patient's illness. Examples of the most common reported sentinel events that would be applicable to the maternal-child health population include: operative or postoperative complications, delay in treatment, transfusion errors, medication errors, or other unanticipated perinatal death.</p>

<p>Miscarried/fetal death</p>	<p>A miscarriage or still birth is often a traumatic event for a client. If there are no surviving children, this technically signals the end of the program for a client. However, a NHV may continue to visit with the client to provide support in accordance with agency policy. Only complete this data collection when support visits have been discontinued.</p> <p>Enter the following information on section II of the Client Dismissal/Transfer form:</p> <ul style="list-style-type: none"> • The date of the miscarriage/fetal death.
<p>Moved out of service area</p>	<p>A client moved out of the area that your program serves or is being transferred to another area that is served by NFP.</p>
<p>Nurse resigned and no room in remaining nurses' caseloads</p>	<p>When a nurse home visitor resigns, care is taken to retain clients remaining on the caseload while a replacement nurse home visitor is recruited. Choose this option if client retention strategies have been exhausted.</p> <p>Nurse home visitors can adjust caseloads up to 30 clients, so temporary assignment of clients to active home visitors or supervisors may allow clients to be retained while a new nurse home visitor attends education.</p> <p>Nurse transition planning can help identify clients that may be retained using alternative visit schedules or telehealth during the nurse home visitor transition.</p> <p>Please discuss further strategies with your Nurse Consultant.</p>
<p>Pressure from family</p>	<p>This option is selected when the client's family does not support/approve of their participation and strategies to accommodate client are not successful.</p> <p>Take into consideration the circumstances surrounding the situation (e.g. intimate partner violence or other concerns) and develop strategies for addressing this issue with your Nurse Consultant.</p>

<p>Refused new nurse</p>	<p>Clients build a strong relationship with their nurse and they may refuse a new nurse. If all attempts to transition the client to a new nurse have been unsuccessful, use this option.</p> <p>Nurse transition planning can help to decrease the likelihood of clients refusing a new nurse. Please discuss further strategies with your Nurse Consultant.</p>
<p>Safety of the nurse</p>	<p>The home environment is unsafe for the nurse and attempts to schedule visits in alternative locations are unsuccessful. For example, if a person in the household threatens the nurse's safety or if visits to the home may affiliate the nurse with gang activity.</p>
<p>Unable to accommodate requested schedule</p>	<p>The nurse or agency is unable to accommodate the client's scheduling needs. All attempts to support flexible scheduling, including telehealth, alternate visit schedules, visiting during work/school lunch break, visiting client and child separately, have been exhausted.</p>
<p>Unable to contact</p>	<p>A client cannot be reached by phone, text, or mail but you know they still live at the same address and all attempts to engage client have been exhausted. Considered a passive refusal of service.</p>
<p>Unable to locate</p>	<p>A client cannot be found and all attempts to contact the client have failed (e.g. phone is disconnected, mail returned as undeliverable, contacted alternative contacts and co-enrolled services). Considered a passive refusal of service.</p>
<p>Permission to include in NFP Communication</p>	<p>This section refers to communications to the client from the NFP National Service Office. This may include communication from NFP Alumni Relations for clients that have graduated, NFP support in connecting a transfer client to another NFP agency, or follow-up surveys.</p>

Client Funding Source

Client ID Client Name DOB

Date Nurse Home Visitor ID Nurse Home Visitor Name

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

Client Funded By:

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

◆Funding Start Date: MM/DD/YYYY

End Date: MM/DD/YYYY

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

◆Funding Start Date: MM/DD/YYYY

End Date: MM/DD/YYYY

Tribal, Maternal, Infant and Early Childhood Home Visiting Program (TMIECHVP) - (TMIECHVP) -

◆Funding Start Date: MM/DD/YYYY

End Date: MM/DD/YYYY

Pay for Success (PFS)

◆Funding Start Date: MM/DD/YYYY

End Date: MM/DD/YYYY

Client Funding Source
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Other 1

◆Funding Start Date: MM/DD/YYYY

End Date: MM/DD/YYYY

Other 2

◆Funding Start Date: MM/DD/YYYY

End Date: MM/DD/YYYY

Other 3

◆Funding Start Date: MM/DD/YYYY

End Date: MM/DD/YYYY

Other 4

◆Funding Start Date: MM/DD/YYYY

End Date: MM/DD/YYYY

Other 5

◆Funding Start Date: MM/DD/YYYY

End Date: MM/DD/YYYY

Other 6

◆Funding Start Date: MM/DD/YYYY

End Date: MM/DD/YYYY

Instructions for the Client Funding Source Data Collection

Purpose

The purpose of this data collection is to indicate the source of funding for the client's participation in NFP. Once a "Funding Start Date" is entered for a client, their data can be separated by funding source for reporting to stakeholders.

General Guidelines

- **This data collection is not mandatory if your site is not funded through MIECHV or Pay for Success (PFS).** Your agency may choose to use this form to track clients under other funding sources.
- Maternal, Infant and Early Childhood Home Visiting Program-COMPETITIVE (MIECHVP) is no longer an available funding stream. For MIECHV clients, use FORMULA. This form will be updated in a future release.
- Enter the date when a client started receiving services by the funder. This may or may not be the same date as the Program Start Date.
- Revisit this form when the client is no longer funded by that funding source or is no longer enrolled in NFP program and enter the "End Date." This includes a transition between funding streams
- There are six 'Other' fields. To standardize data collection, your state or agency may consider assigning funding sources to "Other" fields (i.e., 1, 2, 3, 4, 5 or 6) to designate which funding source supports the client's program participation for reporting purposes.

For example: 1 = Targeted case management
2 = County general funds
3 = TANF

Clinical IPV Assessment

Client ID Client Name DOB

Date Nurse Home Visitor ID Nurse Home Visitor Name

5th-7th Pregnancy Visit 12 Weeks Post-Partum Child 16 Months PRN

If this assessment was deferred, indicate reason:

Client is already receiving services for IPV Client disclosed IPV on earlier assessment
 Unsafe situation unable to complete in timeframe allowed

Please circle how many times your partner (or ex-partner) did each of these things in the past 12 months.

<p>1. Has your partner (or ex-partner) ever physically hurt you in the past 12 months?</p> <ol style="list-style-type: none"> 1. Never 2. Rarely 3. Sometimes 4. Often 5. Frequently <p>2. Has your partner (or ex-partner) ever insulted you in the past 12 months?</p> <ol style="list-style-type: none"> 1. Never 2. Rarely 3. Sometimes 4. Often 5. Frequently <p>3. Has your partner (or ex-partner) ever threatened to harm you in the past 12 months?</p> <ol style="list-style-type: none"> 1. Never 2. Rarely 3. Sometimes 4. Often 5. Frequently <p>4. Has your partner (or ex-partner) ever screamed or cursed at you in the past 12 months?</p> <ol style="list-style-type: none"> 1. Never 2. Rarely 3. Sometimes 4. Often 5. Frequently 	<p>1. Examples: Pushed, grabbed or shoved? Kicked, hit, or shaken? Choked or restrained? Injured in some way?</p> <p>2. Examples: Called you names? Humiliated you in front of other people? Bullied or criticized you? Said you would be nothing without him/her? Destroyed something important to you?</p> <p>3. Examples: Threatened you with a weapon? Threatened to harm or kill you? Left threatening or offensive emails or texts? Followed you and watched you? Harassed you over the phone?</p> <p>4. Examples: Threatening or disrespectful words? Words that create fear or a sense of danger?</p> <p>HITS © copyright Dr. Kevin Sherin 2005 Used and adapted with permission</p>
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<p>5. Have you been forced to have any kind of sexual activity by your partner (or ex-partner)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6. Has your partner (or ex-partner) ever done things to try and control your thoughts, feelings or actions?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>7. Has there ever been a time when the actions of your partner (or ex-partner) made you worried about the safety of your child(ren)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>8. Are you now, or have you ever been afraid of, your partner (or ex-partner)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>5. Examples: Forced to have sex? Made you take part in a sex act that made you feel uncomfortable? Forced you to do sexual things that you didn't want to do?</p> <p>6. Examples: Refused to let you leave the house? Told you where you could go or who you could see? Refused to give you access to money? Kept you from getting health care when you needed it? Kept you from talking to or seeing your family members and friends? Blamed you for his/her problems?</p> <p>7. Examples: Threatened to harm or kill the child(ren)? Took or threatened to take your child(ren) and not return them to you? Physically or sexually hurt your child(ren)? Took the child(ren) to unsafe places (e.g. meth house, bar)? Screamed or yelled at the child(ren) and/or called them names? Blamed the child(ren) for his/her problems?</p>
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Nurse Only

If you are entering a "PRN" assessment, please select one of the following reasons:

- Delayed "Make-up" Assessment
- Additional Assessment

Scoring

Questions 1-4: Total _____

**If score is greater than 8 indicates risk of IPV*

Questions 5-8: Any marked yes?

**Any Yes response indicates risk of IPV*

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If Using State-Mandated Alternate IPV Screening Tool:

Indicate tool (select one):

- Abuse Assessment Screen (AAS)
- Abuse Within Intimate Relationships Scale (AIRS)
- Abuse Behavior Inventory (ABI)
- Composite Abuse Scale (CAS)
- Conflict Tactics Scales (CTS) – Revised
- Domestic Violence Screening for Pediatric Settings
- Harassment in Abusive Relationships: A Self-Report Scale (HARASS)
- Index of Psychological Abuse (IPA)
- Measure of Wife Abuse
- Multidimensional Measure of Emotional Abuse
- Partner Abuse Scale (PAS)
- Profile of Psychological Abuse (PPA)
- Physical Abuse of Partner Scale
- Safe Dates—Physical Violence Perpetration
- Safe Dates—Physical Violence Victimization
- Severity of Violence Against Women Scale/Severity of Violence Against Men Scale (SVAWS/SVAMS)
- Sexual Experiences Survey (SES)—Perpetration Version
- Sexual Experiences Survey (SES)—Victimization Version
- The Relationship Chart
- Universal Violence Prevention Screening Protocol—Adapted
- Women Abuse Screening Tool (WAST)
- Women's Experience with Battering (WEB)

Indicates IPV? Yes No

Instructions for Clinical Intimate Partner Violence (IPV) Assessment

Purpose

The purpose of this data collection is to identify clients served by the program who have experienced intimate partner violence (IPV). IPV is one of the most serious situations faced by NFP clients. Women who are abused by their partners are at greater risk for poor pregnancy outcomes, mental health issues, injury and death. Their children are at risk for developmental and social/emotional problems. Longitudinal data from the randomized clinical trial in Elmira, NY suggests that the presence of intimate partner violence attenuated the impact of the NFP program.

The decision to discuss and disclose a personal history of exposure to violence to a nurse home visitor is a decision that women must undertake carefully. It is important for health care providers to develop therapeutic relationships built on trust and rapport, and create safe environments where confidentiality is respected so women feel safe to disclose at a time of their choosing. Nurses use judgement about introducing the Clinical IPV Assessment to insure safety and to respect the client-nurse relationship and level of trust and rapport.

[Link to Clinical IPV Assessment Guidance on the NFP Community](#)

General Guidelines

- When to complete the Clinical IPV Assessment:
 - After the 5th to 7th prenatal visit
 - 12 weeks postpartum
 - When child is 16 months
 - Other times when client discloses IPV or nursing assessment indicates elevated risk
 - Once a client discloses IPV, do NOT subsequently repeat the Clinical IPV Assessment unless the client is re-engaging with a previous abusive partner or developing a new relationship and you determine that it would be helpful to repeat it.
- There are multiple reasons to complete assessments at the specified time points.
 - Delaying the assessment until after the 5th prenatal visit allows the nurse and client time to build a therapeutic relationship before addressing these sensitive questions. It is important to assess for IPV during pregnancy since violence during pregnancy negatively affects both maternal and fetal outcomes.
 - Adaptation to parenting is stressful for all parents, testing their confidence, exhaustion, different opinions about childrearing and discipline practices, perinatal mood disorders, etc. The assessment is repeated during toddlerhood when infants are becoming more independent and parents discover more about their differences in values and beliefs about parenting and the meaning of family. Clients are sometimes less dependent on their partners during this time and may be ready to consider disclosing IPV or making changes in their lives.

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- NOTE: In focus groups, NFP clients said they *wanted* nurses to ask about IPV, even if they were not ready yet to disclose their experiences. They also stated that they valued NHVs asking general questions about safety and the quality of relationships early in visits. These general questions and discussions set the stage for more sensitive questions later.
- Examples of questions to explore client experiences with IPV:
 - *Are there ever times when you feel afraid for your safety? What about concerns for your baby?*
 - *You said that [name of partner] threatens you. Has there ever been a time when he has hit you?*
 - *What about other things that [name of partner] might have done, such as kicking or slapping you?*
 - *Sometimes a partner or ex-partner can try to control the behavior of another person; for example, in saying who they can see or talk with. Is that something that you have ever experienced?*
 - *You have talked a lot about your relationship and it can be draining to do so. Are you ok to continue?*
 - *We have talked about what it is like for you when [your partner] yells at you. Has there ever been a time when [your partner] has made you do something sexually against your will; for example, forced you to have sex when that was not ok for you?*
- Once this data about IPV exposure is collected it needs to be consolidated on the STAR framework (Friends/Family category, #13) at the following timeframe points: a) before delivery, b) after delivery; and c) during toddler period.
- When enrolling a client into the program, it is important that the nurse home visitor explain about the limits of confidentiality and if she/he is mandated by state law to report client exposure or child witnessing IPV. Clarify if mandated reporting requirements pertain only to current incidences of violence (e.g. during participation in the program). Check your agency policies for specific guidance. Refer to client engagement strategies to manage this conversation effectively.
- To assure the protection of the client as well as the nurse home visitor, complete this form with the client in private. If other family members are routinely present during visits, the nurse home visitor may need develop creative ways of obtaining privacy to complete this form (e.g. suggesting to the client going for a walk, arranging to meet the client at a restaurant.) Verbal discussion of IPV should not occur if there are children in the room over 18 months or talking well enough to repeat parts of the conversation (they do not need to understand to repeat.)
- If the nurse home visitor is in doubt for any reason (even just an inner red flag or “gut” feeling) about the safety of completing this assessment with a client, defer doing so and discuss strategies with the nurse supervisor.
- NFP nurses who carefully build a trusting relationship with the client first, and create opportunities for safe non-threatening discussions about clients’ relationships find it is easier and more effective to have this

discussion. The Visit Guidance found in the [Electronic Visit-to-Visit Guidelines](#) supports gradually opening the door to this conversation by first discussing the following facilitators over your first visits.

- Life History Calendar
- How Is It Going Between Us?

- The following facilitators support a more general discussion that helps clients reflect on their perception of safety and support. Clients are then more prepared for the more sensitive questions addressed in the IPV Assessment.
 - My Support
 - Equality Wheel and Power and Control Wheel

- A useful practice is to provide each client with a community resource card. This is a list of a broad variety of services in your local community that the client may want to access at some point. IPV resources should be embedded in with other services so they do not stand out or draw the attention of an abuser. NFP clients have recommended that a resource card is provided to all NFP clients during the first visits in case either they or a friend need IPV resources in the future. The community resource card is considered a “low dose intervention.” Leaving additional specific IPV materials may create a safety concern. Check with the client if it will be safe to leave IPV specific materials and if left, how would she respond if her partner found it.

- The NFP NSO recommends that every nurse home visitor and supervisor obtain professional development about IPV. Even if the nurse home visitor has experience in this area, it is important to make certain that the nurse home visitor is up-to-date with the most current research, recommended interventions, local community IPV resources, local laws and agency policies.

- If your agency uses the H-1998 version of HITS, please discuss with your Nurse Consultant.

Item Instructions

- If the client has already disclosed IPV in the current relationship, or is already receiving services for IPV, this assessment can be deferred at the required time point. If an unsafe situation persists throughout the time frame for collecting the IPV (one month before or after the due date), you may also defer this assessment.

- The first four questions are from the validated IPV screening tool call HITS (H-Hurt, I-Insult, T-Threatened, S-Screamed). The HITS is copyrighted by and used with the permission of Dr. Kevin Sherin and approved by HRSA to satisfy benchmark requirements. These questions inquire about the number of times clients may have experienced types of violence. Circle how many times each of the items occurred in the last 12 months. If your agency uses the H-1998 version of HITS, please discuss with your nurse consultant.

- Questions 5-8 are yes/no questions developed by researcher Dr. Susan Jack who worked with NFP in developing and piloting IPV assessment and interventions specifically designed for NFP clients and nurses. These questions and her prompts expand on expressions of intimate partner violence. Check yes

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or no for each of the items occurring in the last 12 months. There is no documentation required for this item in the scoring box. The DCS system will record your responses to questions 5-8.

- An established best practice is to sit side-by-side with the client, hand her the Clinical IPV Assessment (depending on her level of literacy) and have a conversation with the client about her experience as you go through the assessment.
- Alternately, the nurse home visitor may ask the question in an open-ended manner, use the response provided by the client, and check the appropriate response option. When she sits beside you, she can see that you are not editing or changing her responses.
- The examples can be used to provide more specific ideas of what constitutes each type of abuse. They are NOT a full or comprehensive list; the nurse or the client may have additional examples. Do not read all the possible response options; instead weave examples into a nurse/client discussion about safety. Nurses may choose to circle or check examples; however specific examples are not recorded in the data system. Nurses may choose to record examples in nurses' notes.
- Make a copy for the client chart or record the findings in the nurses' notes. If the Clinical IPV Assessment indicates a risk, update STAR code #13 and take appropriate nursing action.

Scoring:

- Questions 1-4: For each question there is a number before the frequency which is also the score for that selection
 1. Never
 2. Rarely
 3. Sometimes
 4. Often
 5. Frequently
- The number before the frequency is the score for that question. (Example: Client answers that her partner has never hurt her in the last 12 months. Her score for that item is 1.)
 - Add the numbers you circled for each question for the total score which will range between 4 and 20.
 - *A score greater than 8 (total of 9 or more) indicates probability that the client is experiencing IPV. There is the possibility of false positive findings.*
- Questions 5-8: No reliability has yet been established on questions 5-8; however positive answers indicate the risk of IPV by partner's use of sexual coercion or tactics/threats to control the client's thoughts, feelings, behaviors. There is no documentation required for this item in the Nurse Only scoring box. The DCS system will record your responses to questions 5-8.
- Alternate IPV Assessment tools: Some agencies will be required by their funder to use an alternate validated IPV screening tool.
 - If this is the case, complete the form by indicating the time period of the assessment in the check box, skip questions 1-8 and respond to questions about PRN assessments.
 - Skip the scoring of questions 1-8

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- In the section marked "If Using State-Mandated Alternate IPV Screening Tool" check which validated tool was used and check yes or no to indicate risk of client experiencing IPV using the scoring provided for the alternate tool.
- **If assessment indicates IPV using any IPV tool:** check if IPV referral given at "#6. Intimate Partner Violence" on the Referrals to Services Form.

CAB Meeting

Community Advisory Board

Community Advisory Board meeting: Date: _____ MM/DD/YYYY

Guidance:

Model Element 18 requires the convening of a Community Advisory Board **at least quarterly / 4 times a year.**

Complete one assessment per meeting.

Community Advisory Board (CAB) meetings should be documented. A Community Advisory Board is a group of committed individuals/organizations who share a passion for the NFP program and whose expertise can advise, support, and sustain the program over time. The agency builds and maintains community partnerships that support implementation and provide resources.

If an agency cannot create a group specifically dedicated to the Nurse-Family Partnership program, and larger groups are in place that have a similar mission and role dedicated to providing services to low-income mothers, children and families, it is acceptable to participate in these groups in place of a NFP dedicated group and enter the dates of these meetings. It is essential that issues important to the implementation and sustainability of the NFP program are brought forward and addressed as needed.

DANCE Coding Sheet

Client ID Client Name

Date Nurse Home Visitor ID Nurse Home Visitor Name

Duration of Caregiving Activity (minutes) Duration of time child was present (minutes) Child's Age at assessment (months)

Check one: Infancy 1-3 Months Infancy 8-10 Months Toddler 15-17 Months Toddler 21-23 Months

- Visit conducted with an interpreter/translator
- Caregiver has a visual or auditory impairment
- Child has a visual or auditory impairment

P= when child is **Present** **CA**= when CG and child are engaged in a **Caregiving Activity** **D**=when **Distress** occurs

1. Emotional Quality

Expressed Positive Affect (CA) %
 Observation for this behavior not conducted at this visit

Comments:

Caregiver's Affect Complements Child's Affect (CA) %
 Observation for this behavior not conducted at this visit

Comments:

Verbal Quality (CA)..... %
 NA - Not observable
 Observation for this behavior not conducted at this visit

Comments:

Response to Distress (D)..... %
 NA - Not observable
 Observation for this behavior not conducted at this visit

Comments:

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Negative Comments about the Child to Others (P) [] #
 Observation for this behavior not conducted at this visit

Comments:

2. Sensitivity and Responsivity

Positioning (P) [] %
 Observation for this behavior not conducted at this visit

Comments:

Visual Engagement (CA) [] %
 Observation for this behavior not conducted at this visit

Comments:

Pacing (CA) [] %
 Observation for this behavior not conducted at this visit

Comments:

Negative Touch (P) [] #
 Observation for this behavior not conducted at this visit

Comments:

Non-Intrusiveness (CA) [] %
 Observation for this behavior not conducted at this visit

Comments:

Responsiveness (P) [] %
 Observation for this behavior not conducted at this visit

Comments:

3. Regulation

Limit Setting (P) [] %
 NA - Not observable
 Observation for this behavior not conducted at this visit

Comments:

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Completes Interactions (P) [] %
 Observation for this behavior not conducted at this visit

Comments:

4. Promotion of Developmental Growth

Supports Exploration (P) [] %
 Observation for this behavior not conducted at this visit

Comments:

Scaffolding (CA) [] #
 Observation for this behavior not conducted at this visit

Comments:

Verbal Connectedness (CA) [] %
 Observation for this behavior not conducted at this visit

Comments:

Praise (CA) [] #
 Observation for this behavior not conducted at this visit

Comments:

Negative Verbal Content (P) [] #
 Observation for this behavior not conducted at this visit

Comments:

Instructions for the DANCE ETO Coding Form

Purpose

Most of the desired outcomes of the NFP program are significantly impacted by the quality of parenting interactions. This form is the place to record your DANCE (Dyadic Assessment of Naturalistic Caregiver-child Experiences) observations which assist the nurse in identifying areas for growth, enhancement and strength when a caregiver interacts with the child. These observations guide nursing interventions that build parenting skills and promote child development.

Do not complete or enter this form into ETO until you have been notified that you have achieved proficiency in DANCE. If a DANCE assessment is required for a client, this data can be entered by a team mate who has achieved proficiency.

General Guidelines

When to complete this form

- Infancy 1-3 Months
- Infancy 8-10 Months
- Toddler 15-17 Months
- Toddler 21-23 Months

On your first visit, explain that along with other assessments for maternal health, child development, depression, etc. you will also note and provide support for building parenting skills that make parenting easier and more enjoyable. You will learn various ways to do this in DANCE education.

Complete the observation according to DANCE requirements, taking notes as needed.

Complete the DANCE Coding Sheet soon after your observation. Many nurses allow an extra 15 minutes between visits to complete the coding before the next visit. Agencies will define their own processes about how DANCE codes are entered into the DCS.

Instructions

1. Enter the duration of the caregiving activity (5-8 minutes). Code all behaviors during the caregiving activity. After 8 minutes only code "P" (child present) and "D" (distress) behaviors.
2. Enter the number of minutes the child was present during the visit. The child must be present for at least half of the visit to complete a DANCE code.
3. Enter the child's age in months at the time of the assessment.
4. Select the appropriate box for the age of the child.
5. Select the appropriate box if using an interpreter.
6. Select the appropriate box if coding is affected by a visual or auditory impairment of child or caregiver.
7. Enter the percent (boxes marked %) or the frequency (boxes marked #) for each observed behavior.

DANCE Coding Sheet

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8. Three behaviors have an NA option: Verbal Quality, Response to Distress and Limit Setting. If the behavior was not observed select NA- Not observable. Examples: Verbal Quality would be NA if the caregiver did not speak to the child during the CA. Response to Distress would be NA if the child was never distressed during the observation. Limit Setting would be NA if the nurse assessed there was no need for limit setting during the observation.
9. If a specific behavior was not coded for another reason select "Observation for this behavior not conducted at this visit." This may occur when the nurse's ability to determine the code is limited by use of an interpreter or a child or caregiver's visual or auditory impairment. It may also occur if the nurse chooses to focus on behaviors in one or two dimensions vs. all 18 behaviors in all dimensions.
10. Add a brief comment describing when and how the behavior either occurred or did not occur. This provides useful information to colleagues when a future visit is conducted by another NHV or when using DANCE in case conferences.

Please access the DANCE page on the NFP Community.

Individuals with a current DANCE license can access the DANCE website at <http://cittdesign.com/dance/>, where they will find:

- The most current DANCE education schedule and registration materials
- Annual reassessment resources
- A video library
- Gold standard narratives
- Integration materials
- Coding sheets and other DANCE-related materials

Please contact the DANCE Team at DANCE@ucdenver.edu if you need assistance with your login credentials.

Demographics: Pregnancy – Intake

Client ID	<input type="text"/>	Client Name	<input type="text"/>	DOB	<input type="text"/>
Client SSN	<input type="text"/>				
Date	<input type="text"/>	Nurse Home Visitor ID	<input type="text"/>	Nurse Home Visitor Name	<input type="text"/>

Section I – Personal/Family – This section is to be entered into the Individual Profile screen in DCS.

- ◆ Client's DOB: _____ *Pre-populated from Referrals to NFP Program form*
- ◆ Ethnicity (check one): *Enter on Demographics tab on Individual Profile Screen*
 - Hispanic or Latina
 - Not Hispanic or Latina
 - Declined to self-identify
- ◆ Race (check one): *Enter on Demographics tab on Individual Profile Screen*
 - American Indian or Alaska Native
 - Asian
 - Black or African-American
 - Native Hawaiian or other Pacific Islander
 - White
 - Declined to self-identify
 - Multi-racial (please list) _____
- ◆ Client's Primary Language (check only one): *Enter on Profile tab on Individual Profile Screen*

<input type="checkbox"/> English	<input type="checkbox"/> Korean
<input type="checkbox"/> Spanish	<input type="checkbox"/> Mandarin
<input type="checkbox"/> Arabic	<input type="checkbox"/> Polish
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Russian
<input type="checkbox"/> Creole (Haitian)	<input type="checkbox"/> Tagalog
<input type="checkbox"/> French	<input type="checkbox"/> Tribal Languages
<input type="checkbox"/> Hindi	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Italian	<input type="checkbox"/> Other
<input type="checkbox"/> Japanese	
- ◆ Client's Zip Code: _____ *Pre-populated from Referrals to NFP Program form*
- ◆ Are you participating in this program voluntarily? *Enter on Demographics tab on Individual Profile Screen*
 - Yes
 - No

Section II – Other Demographics – This section is to be entered on the Demographics Intake Document in DCS.

1. ♦ Marital Status
 - Married - Legal
 - Married – Common Law
 - Single - never married
 - Widowed
 - Divorced
 - Separated
 - Not Married – living with partner

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

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

4. ♦ If you are not homeless, where do you currently live?
 - Owns or shares own home, condominium, or apartment
 - Rents or shares own home or apartment
 - Lives in public housing
 - Lives with parent or family member
 - Other

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

Section III – Education and Income

6. ♦Are you currently enrolled in middle or high school, GED, college and/or vocational/certification program (check all that apply)?

- Yes
 - Middle school (6th – 8th grades)
 - High school
 - GED program
 - Post-high school vocational/certification/technical training
 - Full Time – 12 semester hours or equivalent
 - Part Time
 - 7 – 11 semester hours or equivalent
 - 6 or less semester hours or equivalent
 - College
 - Full Time – 12 semester hours or equivalent
 - Part Time
 - 7 – 11 semester hours or equivalent
 - 6 or less semester hours or equivalent

7. ♦Have you completed high school, GED, vocational/certification, and/or higher educational programs (check all that apply)?

- Yes
 - High school
 - GED
 - Vocational/certification/technical training program
 - Some college (no degree)
 - Associate’s degree
 - Bachelor’s degree
 - Master’s degree
 - Professional degree (for example: LLB, LD, MD, DDS)
 - Doctorate degree (for example: PhD, EdD)
 - Non-US based post primary education
- No. What is the last grade you have completed? grade

8. ♦Do you have a plan to enroll in any **additional** kind of school, vocational, certification or educational program?

- Yes
- No

9. ♦Are you currently working?

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

Demographics: Pregnancy - Intake

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

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

11. ♦ Does the client meet the agencies low-income criteria/threshold?

- Yes
- No

12. ♦ Do you (client) have health insurance coverage?

- Yes
- No

If yes, which type of health insurance do you use when you go for medical care? (please check all that apply)?

- Medicaid
- CHIP
- Tri-Care
- Private
- Other (please specify) _____

Instructions for Demographics: Pregnancy - Intake

Purpose

The purpose of this data collection is to compile information about the social and economic characteristics of the clients who participate in the NFP program. This form can provide information that will prompt in-depth clinical assessments and interventions or may enhance an assessment you've already completed. At a programmatic level, this information helps with program improvements, assuring culturally competent resources, and interventions to address health equity.

Some clients are unsure about why we gather this information and may be reluctant to answer questions about race and ethnicity. The following statement is an example of how a nurse home visitor may explain the rationale for collecting this data in a manner that relays the intent to provide individualized care.

“Although we are all individual people, our racial and ethnic backgrounds may place us at differing risks for some health outcomes. We can work to reduce these risks by making sure that everyone receives high quality care from her nurse home visitor. Collecting race, ethnicity, and language information from all clients help us get to know them better so we can better meet your health needs.”

General Guidelines

When to collect this data: before the 5th home visit.

U.S. Census Bureau Definitions of Race and Ethnicity:

- The Census Bureau defines race as a person's self-identification with one or more social groups. An individual can report as White, Black or African American, Asian, American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, or some other race. Survey respondents may report multiple races
- Ethnicity determines whether a person is of Hispanic origin or not. For this reason, ethnicity is broken out in two categories, Hispanic or Latino and Not Hispanic or Latino. Hispanics may report as any race.
- [Link](#) to U.S. Census Bureau statement “what is race?”

“The racial categories included in the census questionnaire generally reflect a social definition of race recognized in this country and not an attempt to define race biologically, anthropologically, or genetically. In addition, it is recognized that the categories of the race item include racial and national origin or sociocultural groups. People may choose to report more than one race to indicate their racial mixture, such as “American Indian” and “White.” People who identify their origin as Hispanic, Latino, or Spanish may be of any race.”

Item Instructions

Section I Item	Guidelines: Entered into the Individual Profile screen in DCS.
Ethnicity	<ul style="list-style-type: none"> • Client self-identified ethnic affiliation. • Hispanic is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," is sometimes used in addition to "Hispanic or Latina (or Latinx)." • The options for ethnicity align with federal data collection guidelines.
Race	<ul style="list-style-type: none"> • Clients self-identify their racial identity. • American Indian or Alaskan Native is defined as a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. • Asian is defined as a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. • Black is defined as a person having origins in any of the black racial groups of Africa. • Native Hawaiian or Other Pacific Islander is defined as a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. • White is defined as a person having origins in any of the original peoples of Europe, the Middle East, or North Africa (e.g. Morocco, Algeria, Tunisia, Libya and Egypt.) • Clients of Hispanic ethnicity may struggle with identification of race. The nurse home visitor can ask about the country of origin of the client's ancestors. This may help the client to select an option for "race". For example, if a client indicates that her family is from Mexico originally, her race could possibly be either White (Spanish origin) or American Indian (origin in the indigenous peoples of North or South American including Central America) or both. • The client may select all categories that she identifies with. Clients can also select the "declined to self-identify" option. • The options for race align with federal data collection guidelines.
Client's Primary Language	The client determines her primary language. She may choose the language that is spoken most often in her home or another language.
Voluntary Participation	The client indicates whether her participation in NFP is voluntary, or if participation is a requirement of another program. (see Model Element 1)
Section II Item	Guidelines: Entered in the Demographics Intake Assessment in DCS.
Marital Status	Refer to your state law's definition of Common Law marriage. The inclusion of the term "common law" on demographic forms is intended to capture a broader, more inclusive definition of marriage. This information is self-reported and the information is not verified by the Nurse-Family Partnership program.

<p>How often do you usually see or talk to the baby's biological father?</p>	<p>This question collects data on the amount of contact the client has with the baby's biological father. There may be circumstances (military deployment, illness, etc.) that prevent contact with the baby's biological father. Assure the client that this question helps us understand her network of support and the information is not shared with government agencies (e.g. child support.)</p>
<p>With whom do you live?</p>	<ul style="list-style-type: none"> • Lives with other: select all other residents as applicable. Infant/Child refers to client's infant/child and generally not applicable at intake. • Lives alone (or with infant/child) • Lives in a group home/shelter • Resides in an institutional facility (residential treatment facility, incarcerated) • If the client is homeless determine whether she is living temporarily with others (e.g. friends), is living in an emergency or temporary shelter, or select "other" if she is living in an unsheltered situation.
<p>If you are not homeless, where do you live?</p>	<ul style="list-style-type: none"> • Owns or shares own home, condominium, or apartment • Rents or shares own home, condominium or apartment • Lives in public housing • Lives with parent or family member • Other
<p>Which members of your family are in the Military – active or reserve? (check all that apply)</p>	<p>This question is intended to identify military families because they are a priority population for home visiting programs. The family's information is not shared with the client or family members branch of service or leadership.</p>
<p>Section III Item</p>	<p>Guidelines: Entered in the Demographics Intake Assessment in DCS.</p>
<p>Education</p>	<ul style="list-style-type: none"> • These questions capture educational progress made while participating in the Nurse-Family Partnership program. • Questions about vocational or certification programs require that a client distinguish between high school or post-high school level. The question captures post-secondary education or training i.e. not a vocational track of high school. • If a client has not completed high school or a GED or vocational/certification program, capture the last grade level that the client completed. For example, if the client reports she is currently enrolled in the 10th grade, report the last grade completed as a 9. (Kindergarten is not included in calculating the years of schooling.) <p>If a client plans to enroll in further education or vocational training they should answer the question about future enrollment plans <i>even if the client is currently enrolled in school (Q8)</i>. This question captures aspirations and plans to obtain additional education. For example, if the client is enrolled in high school but plans to enroll in a certified nursing assistant program this question would capture her intent to continue her educational efforts in the near or distant future.</p>

Demographics: Pregnancy - Intake
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<p>Employment</p>	<ul style="list-style-type: none"> • Select the range of hours that most reflects the client's current work schedule during an average week. • If a client's hours of employment fluctuate from week to week without a guarantee of a certain number of hours per week from her employer, ask her to give you her best estimate on the <i>average number</i> of hours she works on a weekly basis. This may mean working with her to identify if the schedule for the past month is typical and assisting her to calculate the average for those weeks. <p>If the client is unemployed ask her whether she is looking for work. Some clients are not working due to home, family, or school responsibilities, or other reasons. This question helps understand how a client's participation in the Nurse-Family Partnership program impacts her ability to attain her goals related to education and employment.</p>
<p>Household Income</p>	<ul style="list-style-type: none"> • Mark the income range from which the client benefits from or has access to. • The "household" is defined as the client/child unit. If the client lives with others, only consider the income from those who financially support the client e.g. the parents of an adolescent or the client's partner/spouse. • Housing costs e.g. rent is not included as "income" from which the client benefits. For example, some clients live with others who pay the rent but do not otherwise financially support the client. • If the client is unable to determine her "household" income but is eligible for WIC or Medicaid, use this as a proxy for her income range. A client may be eligible for WIC or Medicaid but have a <i>lower</i> income level than the upper threshold for those programs. Based on your best knowledge, mark the income category that best reflects the income range for your client. • Information about income is confidential and is not shared with others e.g. agencies who make determination about eligibility for government health or social benefit programs. • Teen clients' caregivers may not want to share information about their income. If it's not possible to obtain this information from the parent(s), use the "Client is dependent on parent/guardian" response.
<p>Does the client meet the agencies low-income criteria/threshold?</p>	<p>Refer to your agency's enrollment eligibility criteria to answer this question.</p>

<p>Do you (client) have health insurance coverage?</p>	<p>This question determines whether the client has medical insurance coverage at the time of enrollment. For example, if this information is not collected at the first visit, ask the client if she was enrolled in insurance at the time of the first visit.</p>
<p>If yes, which type of health insurance do you use when you go for medical care? (please check all that apply)?</p>	<p>Select all insurance products from which the client benefits. In some instances, a client may have medical coverage through her parent but not dental or vision coverage and is eligible for Medicaid as a secondary insurance to cover those services.</p>

Need for recording of client Social Security and Medicaid ID numbers

Government entities are evaluating NFP's impact utilizing administrative data from sources such as state-level Medicaid and Vital Records databases. Identifiers such as social security and Medicaid ID numbers greatly assist with data to be pulled with accuracy for these purposes. We are aware of the sensitivity posed by collecting such information. This information is stored in a secure location with restricted access within our database. Nurses can inform clients of this rationale for the information and that it is the professional responsibility as registered nurses to ensure the security and privacy of information.

"It is our professional responsibility, as registered nurses, to ensure the security and privacy of your information."

Is Social Security number a mandatory field?

No, it is highly recommended for the reasons listed above however it is not a required data collection point.

Demographics Update

Client ID Client Name DOB

Date Nurse Home Visitor ID Nurse Home Visitor Name

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

Personal/Family

1. ♦ Marital Status

- Married – Legal
- Married – Common Law
- Single - never married
- Widowed
- Divorced
- Separated
- Not Married – living with partner

2. ♦ How often do you usually see or talk to the baby's biological father?

- Not at all
- Less than once a week
- At least once a week but not daily
- Daily

3. ♦ During the past three months, how often did the baby's biological father spend time taking care of and/or playing with the baby?

- Not at all
- Less than once a week
- At least once a week but not daily
- Daily

4. ♦ With whom do you live? (check only one from options 1 – 5)

- Live with others (check all that apply)
 - Client's mother
 - Father of Child (FoC)
 - Current husband/partner (not FoC)
 - Other family members
 - Infant/child
 - Other adults
- Live alone (or with infant/child)
- Live in a group home/shelter
- Confined to an institutional facility (residential treatment facility, incarcerated)
- Homeless

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- Homeless and sharing housing (skip to 6)
- Homeless and living in emergency or transitional shelter (skip to 6)
- Other (skip to 6)

5. ♦ If you are not homeless, where do you currently live?
- Owns or shares own home, condominium, or apartment
 - Rents or shares own home or apartment
 - Lives in public housing
 - Lives with parent or family member
 - Other
6. ♦ Which members of your family are in the Military – active or reserve? (check all that apply)
- Self (client)
 - Client's spouse
 - Client's parent(s)
 - Father of child (FoC)
 - None

Education and Income

7. ♦ Are you currently enrolled in middle or high school, GED, college and/or vocational/certification program (check all that apply)?
- Yes
 - Middle school (6th – 8th grades)
 - High school
 - GED program
 - Post-high school vocational/certification/technical training
 - Full Time – 12 semester hours or equivalent
 - Part Time
 - 7 – 11 semester hours or equivalent
 - 6 or less semester hours or equivalent
 - College
 - Full Time – 12 semester hours or equivalent
 - Part Time
 - 7 – 11 semester hours or equivalent
 - 6 or less semester hours or equivalent
 - Not enrolled
8. ♦ Have you completed high school, GED, vocational/certification, and/or higher educational programs (check all that apply)?
- Yes
 - High school
 - GED
 - Vocational/certification/technical training program
 - Some college (no degree)
 - Associate's degree
 - Bachelor's degree
 - Master's degree
 - Professional degree (for example: LLB, LD, MD, DDS)
 - Doctorate degree (for example: PhD, EdD)

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- Non-US based post primary education
 No. What is the last grade you have completed? grade

9. ♦ Do you have a plan to enroll in any **additional** kind of school, vocational, certification or educational program?

- Yes
 No

10. ♦ Are you currently working?

- Yes
 Full-time: 37+ hours per week, how many months since the birth of your infant? months
 Part-time
 20 – 36 hours per week, how many months since the birth of your infant? months
 10 – 19 hours per week, how many months since the birth of your infant? months
 less than 10 hours per week, how many months since the birth of your infant? months
 No
 Unemployed and seeking employment
 Not employed (student, homemaker, other)

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

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

12. ♦ Does the client meet the agencies low-income criteria/threshold?

- Yes
 No

Birth Control and Additional Pregnancies

13. ♦ In the last 6 months, have you been using any form of birth control?

- Yes. If yes, please indicate the reason.
 To prevent another pregnancy
 Other reasons
 No. If no, do any of the following apply? (Check all that apply and skip to 16)
 Female partner
 Plan to become pregnant
 Currently pregnant
 Not sexually active

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14. Please tell me all the different types of birth control you have used in the last six months. Mark all that apply.

- Male condom (rubbers)
- Natural family planning (rhythm method)
- Spermicides/jelly/foam/cream/suppositories/vcf
- Diaphragm/Cervical cap/Sponge
- Withdrawing (pulling out before coming)
- Birth control pills
- Patch
- Cervical ring
- Quarterly birth control shot (Depo-Provera)
- Monthly birth control shot (Lunelle)
- IUD
- Emergency contraception
- Female Condom
- Birth Control Implant
- Tubal ligation or hysterectomy
- Partner has a vasectomy
- Practicing abstinence
- Other (please specify) _____

15. Thinking about all the times you've had sexual intercourse in the last six months, about how often did you use birth control?

- Some of the time
- About half the time
- Most of the time
- Every time

16. Do you plan to use birth control in the next six months?

- Yes. If yes, please indicate the reason.
 - To prevent another pregnancy
 - Other reasons

Please indicate the different types you plan to use (Please check all that apply).

- Male condom (rubbers)
- Natural family planning (rhythm method)
- Spermicides/jelly/foam/cream/suppositories/vcf
- Diaphragm/Cervical cap/Sponge
- Withdrawing (pulling out before coming)
- Birth control pills
- Patch
- Cervical ring
- Quarterly birth control shot (Depo-Provera)
- Monthly birth control shot (Lunelle)
- IUD
- Emergency contraception
- Female Condom
- Birth Control Implant
- Tubal ligation or hysterectomy
- Partner has a vasectomy
- Practicing abstinence

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- Other (please specify) _____
- None
- No. If no, do any of the following apply? (Check all that apply)
 - Female partner
 - Plan to become pregnant
 - Currently pregnant
 - Not sexually active

17. ♦ Since you had [child's name], have you been pregnant?

- Yes (Complete table below)
- No (skip to 19)

Subsequent Pregnancy after Index Child	
a. Which pregnancy after index child?	
<input type="checkbox"/> First pregnancy	
<input type="checkbox"/> Second pregnancy	
<input type="checkbox"/> Third pregnancy	
b. What have you been told is your due date (EDD)?	<input type="text"/> EDD
c. Was this pregnancy planned?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
d. Are you still pregnant?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No. If no, what was the outcome of the pregnancy?	
<input type="checkbox"/> Miscarriage	
<input type="checkbox"/> Abortion	
<input type="checkbox"/> Stillbirth	
<input type="checkbox"/> Live birth	

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18. For the live birth reported in Question 17, please complete the following information

Client's Subsequent Child	
a. DOB	<input type="text"/>
b. Gender	
	<input type="checkbox"/> Male
	<input type="checkbox"/> Female
c. Birthweight	<input type="text"/> grams or <input type="text"/> lbs. <input type="text"/> oz.
d. Did (name) have to spend any time in the NICU or a special nursery because of problems?	
	<input type="checkbox"/> Yes – NICU
	<input type="checkbox"/> Yes – Special Care Nursery
	If yes, for how many days prior to being discharged? <input type="text"/> days
	What was the purpose of the stay (please check all that apply)?
	<input type="checkbox"/> Low birth weight
	<input type="checkbox"/> Very low birth weight
	<input type="checkbox"/> Respiratory distress
	<input type="checkbox"/> Prematurity
	<input type="checkbox"/> Congenital defect
	<input type="checkbox"/> Other (please specify) _____
	<input type="checkbox"/> No
e. Gestational age at birth:	<input type="text"/> weeks

19. ♦Do you (client) have health insurance coverage?

- Yes (If yes, which type of health insurance do you use when you go for medical care; please check all that apply)
- Medicaid
- CHIP
- Tri-Care
- Private
- Other (please specify) _____
- No

Instructions for the Demographics Update Data Collection

Purpose

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

General Guidelines

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

Item	Guidelines
Marital Status	<ul style="list-style-type: none"> Refer to your state law's definition of Common Law marriage. The inclusion of the term "common law" on demographic forms is intended to capture a broader, more inclusive definition of marriage. If a client identifies as separated, it is still considered married. This information is self-reported and the information is not verified by the Nurse-Family Partnership program.
How often do you usually see or talk to the baby's biological father?	This question seeks to understand the amount of contact the client has with the baby's biological father. There may be circumstances (military deployment, illness, etc.) that prevent contact with the baby's biological father. Assure the client that this question helps us understand her network of support and the information is not shared with government agencies (e.g. child support.)
During the past three months, how often did the baby's biological father spend time taking care of and/or playing with the baby?	As above, this question simply gathers information related to the amount of time the baby interacts with the biological father. There may be extenuating circumstances (military deployment, illness, etc.) that prevent contact with the baby's biological father. Assure the client that there is no judgment to be made based on her answer.
With whom do you live?	<ul style="list-style-type: none"> Live with others: select all other residents as applicable, within this subgroup. Infant/child refers to client's infant/child. This option should be chosen if client lives with child and other people. Lives alone (or with infant/child) Lives in a group home/shelter Resides in an institutional facility (residential treatment facility, incarcerated) If the client is homeless determine whether she temporarily stays with others (e.g. friends), is living in an emergency or temporary shelter, or select "other" if she is living in an unsheltered situation.

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<p>If you are not homeless, where do you currently live?</p>	<ul style="list-style-type: none"> • Owns or shares own home, condominium, or apartment • Rents or shares own home or apartment. This includes Section 8 vouchers for rentals. • Lives in public housing • Lives with parent or family member • Other
<p>Education</p>	<ul style="list-style-type: none"> • These questions capture educational progress made while participating in the Nurse-Family Partnership program. • Are you currently enrolled in middle or high school, GED, college and/or vocational/certification program (check all that apply)? <ul style="list-style-type: none"> ○ This question allows the client to distinguish between middle/high school or post-high school level education. The question captures vocational post-secondary education or training, not a vocational track of high school. • Have you completed high school, GED, vocational/certification, and/or higher educational programs (check all that apply)? <ul style="list-style-type: none"> ○ If a client has not completed high school or a GED or vocational/certification program, capture the last grade level that the client completed. ○ For example, if the client reports she is currently enrolled in the 10th grade, report the last grade completed as a 9. (Kindergarten is not included in calculating the years of schooling.) • Do you have a plan to enroll in any additional kind of school, vocational, certification or educational program? <ul style="list-style-type: none"> ○ If a client plans to enroll in further education or vocational training they should answer the question about future enrollment plans <u>even if the client is currently enrolled in school</u>. ○ This question captures aspirations and plans to obtain additional education. For example, if the client is enrolled in high school but plans to enroll in a certified nursing assistant program this question would capture her intent to continue her educational efforts in the near or distant future.
<p>Employment</p>	<ul style="list-style-type: none"> • Select YES if the client has EVER worked in the previous six months. Changes will be made in the next form release. • The intent is to capture the number of months that clients work after the birth of their child. • Select the range of hours that most reflects the client's current work schedule during an average week. If a client's hours of employment fluctuate from week to week, ask her to give you her best estimate on the average number of hours she works on a weekly basis. • This may mean working with her to identify if the schedule for the past month is typical and assisting her to calculate the average for those weeks. • If the client is unemployed ask her whether she is looking for work. Some clients are not working due to home, family, or school responsibilities, or other reasons. This question helps understand how a client's participation in the Nurse-Family Partnership program impacts her ability to attain her goals related to education and employment

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<p>Household Income</p>	<ul style="list-style-type: none"> • Select the income range from which the client benefits. • The “household” is defined as the client/child unit. If the client lives with others, only consider the income from those who financially support the client, or income to which a client would have access. For example, you can consider the client’s partner/spouse’s income if the client has full access to bank accounts, but would not consider it if the client only receives a weekly allowance for food (which would count as her only income). Another example would be to consider the income of the parents of an adolescent if the adolescent receives free use of financial support, like a credit card or ATM card. • Housing costs (i.e. rent or housing vouchers) are not included as “income” from which the client benefits. For example, some clients live with others who pay the rent but do not otherwise financially support the client. • If the client is unable to determine her “household” income but is eligible for WIC or Medicaid, use this as a proxy for her income range. A client may be eligible for WIC or Medicaid but have a <i>lower</i> income level than the upper threshold for those programs. Based on your best knowledge, select the income category that best reflects the income range for your client. • In cases where income may be inconsistent from month to month, it may be helpful to discuss various income sources and estimate a monthly average, and from there estimating an annual income. • Information about income is confidential and is not shared with others e.g. agencies who make determination about eligibility for government health or social benefit programs. • Teen clients’ caregivers may not want to share information about their income. If it’s not possible to obtain this information from the parent(s), select the “Client is dependent on parent/guardian” response.
<p>Does the client meet the agencies low-income criteria/threshold</p>	<p>NFP network partners define their own low-income threshold during their NFP implementation planning process. Please refer to your agency’s implementation plan, or discuss with your Nurse Consultant.</p>
<p>In the last 6 months, have you been using any form of birth control to prevent another pregnancy?</p>	<p>Reproductive life planning is discussed frequently in the NFP program to assist clients in setting their goals and to plan for healthy subsequent pregnancies as well as provide education about their contraceptive options and protection from sexually transmitted infections.</p>
<p>Please tell me all the different types of birth control you have used in the last six months.</p>	<p>Select all contraceptive methods that client states she has used (reading the list may help client to more accurately recall methods used).</p> <p>Asking the question “what else” can elicit information about methods used in the culture with which the client affiliates or provide an opportunity to educate about ineffective or harmful practices e.g. douching.</p>

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Please tell me all the different types of birth control you plan to use in the next six months.	Review the list with client and select all methods she plans to use (reading the list may help client to more accurately recall methods used).
Subsequent Pregnancy	<ul style="list-style-type: none">• The NFP program is designed for first-time mothers. One of the outcomes from the research is the increase length of time in birth spacing between children. Collecting data on subsequent children while in NFP provides insight to birth spacing and health of subsequent children.• If a client gives birth to a subsequent child, continue implementing the program for infancy/toddler with the client, and address questions/issues that arise related to the second pregnancy as needed.• Collect birth information about the pregnancy and/or birth outcomes for subsequent child. You will not enter an infant birth form for a subsequent child.
Do you (client) have health insurance coverage?	<p>This question determines whether the client has medical insurance coverage at the time of enrollment. For example, if this information is not collected at the first visit, ask the client if she was enrolled in insurance at the time of the first visit.</p> <p>Select all insurance products from which the client benefits. In some instances, a client may have medical coverage through her parent but not dental or vision coverage and is eligible for Medicaid as a secondary insurance to cover those services. Women enrolled in Medicaid Managed care should be marked "Medicaid".</p>

Edinburgh Postnatal Depression Scale

Client ID Client Name DOB

Date Nurse Home Visitor ID Nurse Home Visitor Name

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

Additional (PRN)

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

1. ♦ I have been able to laugh and see the funny side of things.
 - As much as I always could
 - Not quite so much now
 - Definitely not so much now
 - Not at all
2. ♦ I have looked forward with enjoyment to things.
 - As much as I ever did
 - Rather less than I used to
 - Definitely less than I used to
 - Hardly at all
3. ♦* I have blamed myself unnecessarily when things went wrong.
 - Yes, most of the time
 - Yes, some of the time
 - Not very often
 - No, never
4. ♦ I have been anxious or worried for no good reason.
 - No, not at all
 - Hardly ever
 - Yes, sometimes
 - Yes, very often
5. ♦* I have felt scared or panicky for no very good reason.
 - Yes, quite a lot
 - Yes, sometimes
 - No, not much
 - No, not at all
6. ♦* Things have been getting on top of me.
 - Yes, most of the time I haven't been able to cope at all
 - Yes, sometimes I haven't been coping as well as usual
 - No, most of the time I have coped quite well
 - No, I have been coping as well as ever

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7. ♦* I have been so unhappy that I have had difficulty sleeping.
- Yes, most of the time
- Yes, sometimes
- Not very often
- No, not at all
8. ♦* I have felt sad or miserable.
- Yes, most of the time
- Yes, quite often
- Not very often
- No, not at all
9. ♦* I have been so unhappy that I have been crying.
- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never
10. ♦* The thought of harming myself has occurred to me.
- Yes, quite often
- Sometimes
- Hardly ever
- Never

Instructions

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

Scoring

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

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

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

Maximum score: 30

Possible Depression: 10 or greater

Always look at item 10 (suicidal thoughts)

Instructions for the Edinburgh Postnatal Depression Scale

Purpose

The purpose of this data collection is to screen for perinatal depression. Agencies may select from the Edinburgh Postnatal Depression Scale (EPDS) or the Patient Health Questionnaire-9 (PHQ-9).

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

High scores do not confirm a depressive illness, and similarly, some women who score below a set threshold might be depressed. The EPDS does not provide a clinical diagnosis of depression and should not be used as a substitute for full mental health assessment and clinical judgment. The EPDS is not predicative - it is used to determine current mood- within the past seven days.

General Guidelines

The EPDS is a standardized tool and questions should be asked 'as is'. NFP sites are encouraged to use the PHQ-9 over the Edinburgh in NFP. While either scale can be used at an agency, the same scale should consistently be used at each time point for a client for data collection.

When to complete:

- May be collected at Intake - within the first five visits.
- 36 weeks pregnancy
- 1-8 weeks postpartum
- 4-6 months postpartum
- 12 months postpartum
- Optional at other times as indicated by nursing judgement. Can be entered into DCS as PRN, or kept in a clinical chart as PRN.
- Scoring of the EPDS or the PHQ-9 informs the Depression, Anxiety, and Mental Health Issues measurement category of the STAR framework.

Encounter

Client ID	<input type="text"/>	Client Name	<input type="text"/>		DOB	<input type="text"/>
Date	<input type="text"/>	◆ Time	From	am/pm	To	am/pm
Total Miles	<input type="text"/>	Nurse Home Visitor ID	<input type="text"/>			
◆ Encounter: <input type="checkbox"/> Completed <input type="checkbox"/> Attempted <input type="checkbox"/> Client Canceled Visit <input type="checkbox"/> Nurse Home Visitor Canceled Visit						

Outcome:

◆ Encounter Reason:	<input type="checkbox"/> Deliver Program Content <input type="checkbox"/> Client Care Coordination <input type="checkbox"/> Efforts to Locate Client <input type="checkbox"/> Other:					
◆ Encounter Method:	<input type="checkbox"/> In-person <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference <input type="checkbox"/> Other:					
◆ If meeting not In-person, indicate reason*:						
<input type="checkbox"/> Client low risk status <input type="checkbox"/> Client busy <input type="checkbox"/> Hard to locate for home visits <input type="checkbox"/> Weather conditions <input type="checkbox"/> Unsafe client neighborhood						
<input type="checkbox"/> Unsafe client home <input type="checkbox"/> Client preference/request (specify, if not listed above) _____						
<input type="checkbox"/> Nurse preference/request (specify, if not listed above) _____ <input type="checkbox"/> Other (specify) _____						
*In consultation with and approved by your NFP Nurse Supervisor						
◆ Encounter Location:	<input type="checkbox"/> Client's home <input type="checkbox"/> Family/Friend's home <input type="checkbox"/> Doctor/Clinic <input type="checkbox"/> School <input type="checkbox"/> Employment <input type="checkbox"/> Public/Private Agency <input type="checkbox"/> Other _____					
◆ Encounter Participants:	<input type="checkbox"/> Client <input type="checkbox"/> Child <input type="checkbox"/> Client's Mother <input type="checkbox"/> Father of Child (FoC) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Doctor/Clinic <input type="checkbox"/> Current Husband/Partner (not FoC) <input type="checkbox"/> Other Family Member <input type="checkbox"/> NFP Supervisor <input type="checkbox"/> Child Welfare Services <input type="checkbox"/> School <input type="checkbox"/> 2 nd NFP Professional <input type="checkbox"/> Interpreter <input type="checkbox"/> Other Professional <input type="checkbox"/> Other Service Provider <input type="checkbox"/> Employer <input type="checkbox"/> Other _____					
PARTICIPANTS ENGAGED IN VISIT (rate 1 = low to 5 = high)						
	Client	Client's Mother	Husband/Partner/FoC			
Involvement.....	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Conflict with material.....	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Understanding of material.....	<input type="text"/>	<input type="text"/>	<input type="text"/>			
◆ PERCENT OF TIME SPENT ON EACH AREA:						
<u>My Health</u> (Personal Health – Health Maintenance Practices; Nutrition and Exercise; Substance Use; Mental Health).....				TIME SPENT	<input type="text"/>	%
<u>My Home</u> (Environmental Health – Home; Work; School and Neighborhood).....				<input type="text"/>	%	
<u>My Life</u> (Life Course – Family Planning; Education and Livelihood).....				<input type="text"/>	%	
<u>My Child/Taking Care of My Child</u> (Maternal Role – Mothering Role; Physical Care; Behavioral and Emotional Care of Child).....				<input type="text"/>	%	
<u>My Family & Friends</u> (Personal Network Relationships; Assistance with Childcare).....				<input type="text"/>	%	
				TOTAL	100	%

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1. ♦ Do you have any concerns regarding your child's development, behavior or learning?
 Yes No Not Indicated at this visit N/A (still pregnant)

2. ♦ Since our last visit, have you had continuous health insurance coverage?
 Yes No

Client/Child screened for needed services Yes No Not Indicated at this visit

Please complete the Referrals to Services form if any referrals were made at the visit.

Did Client/Child use Healthcare services (ex. ER visits, well child visits, etc)? Yes No

Please complete the Healthcare Services form if any services were used.

Instructions for the Encounter Data Collection

Purpose

This data collection provides information about NHV contacts with the client to deliver program content, efforts related to care coordination, and tracks NHV efforts to engage clients. This includes: the duration, method (in-person, telehealth, etc.), and location; participants' engagement; and the program content covered. This form records the content and length of each visit which will help determine whether clients in the program are receiving similar services to participants in the randomized controlled trials. This form also collects information about whether the client has health insurance coverage and if the client or child was screened for health care services or other services.

General Guidelines

- **When to complete this data collection:** Every time a nurse home visitor meets or attempts to meet with a client or her family. It is also completed when a nurse communicates with other health care providers, social service providers, schools, etc. on behalf of the client or for care coordination.
- If a client dies or cannot participate in the program (e.g. incarceration outside the service area) but a caregiver continues the program with the child, the nurse home visitor uses this form to collect information about encounters with the child's caregiver(s). The nurse home visitor uses the Encounter form and enters the engagement ratings for the caregiver on the form which will identify the encounter participants. The nurse home visitor uses the client's ID number on the form so that the information continues to be linked with past information when visits included the mother.
- Questions regarding participants and engagement are conditionally required. See item instruction table to identify when additional fields are required.

Item Instructions

Item	Guidelines
Total Miles *Collected for completed and attempted encounters	<ul style="list-style-type: none">• Mileage information is used by supervisors for assigning and balancing caseloads.• Enter mileage for travel for:<ul style="list-style-type: none">○ Completed and attempted encounters○ Delivering program content: in-person visits with clients○ Efforts to locate a client in-person○ Care coordination e.g. interdisciplinary team meetings in-person○ Other• Miles for the return to the office should be included with the nurse home visitor's last visit of the day. For example:<ul style="list-style-type: none">○ Travel from agency/office to Client A = 8 miles; enter 8 miles for Client A's home visit.

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	<ul style="list-style-type: none"> • Travel from Client A to Client B = 4 miles; travel from Client B to agency/office = 6 miles; enter 10 (4+6) miles for Client B's home visit.
<p>Encounter Outcome</p> <p>*Collected for completed and attempted encounters</p>	<ul style="list-style-type: none"> • A completed encounter captures time the NHV spends (in-person, by phone, virtually, etc.) with a client or her family, another caregiver, or a service provider. • Attempted encounter selected when the nurse home visitor attempted to complete an encounter with a client or a member of her family, another caregiver, or other service provider (health, Child Welfare, education, etc.), but the encounter was not completed. <ul style="list-style-type: none"> ○ For example, no response at the home, client was not at home when the nurse home visitor arrived, client cancels the home visit when the nurse home visitor is in route to the scheduled visit, or client refused visit when the nurse home visitor arrived at the home). ○ Cancelled or rescheduled visit are not considered an attempted visit. ○ Only the encounter reason and encounter outcome are entered for this form • Cancelled encounter is selected when a client or nurse cancels a scheduled encounter less than a day in advance of that encounter. <ul style="list-style-type: none"> ○ Only the encounter reason and encounter outcome are entered for this form ○ <i>If a client cancels a visit and the nurse home visitor sees another client in that timeframe, the nurse should still count the cancelled visit for the first client. A nurse home visitor cancelled visit is when the nurse reschedules planned visit less than a day in advance.</i>
<p>Encounter reason</p> <p>*Collected for completed and attempted encounters</p>	<p>Select the reason for the encounter to describe the work of the Nurse Home Visitor.</p> <ul style="list-style-type: none"> • <u>Deliver Program Content</u> is considered an encounter that includes the nurse and the client, lasts a minimum of 10 minutes, and covers the NFP domains within the context of the NFP model. • <u>Efforts to locate client</u> include stopping by the client's home, work, or school, or connecting with other family members. This may also include efforts to contact programs a client may be co-enrolled in to update client contact information. No program content is shared. • <u>Coordinate Care</u> activities cover contact with other healthcare providers or social service providers regarding the care of mom or baby. Examples include phone, in-person, or electronic communications and efforts to engage other services the mom or child is receiving. It may also include times a nurse may accompany a client during service or multi-disciplinary meeting that would not count as a visit. • <u>Other</u> reasons may include a playdate, group activity, or agency event that a client attended with the nurse present, but would not count as a visit. Reasons can be included via free text, and your agency may standardize some "other" reasons for tracking purposes.
<p>Encounter method</p>	<p>Select the primary method the visit was conducted.</p> <ul style="list-style-type: none"> • For example, when an encounter occurs via telephone and the nurse emails resources to the client, telephone is selected. Another example,

<p>*Collected for completed and attempted encounters</p>	<p>when a nurse contacts the OB provider to communicate the results of a mental health screen via encrypted email, email is selected.</p> <ul style="list-style-type: none"> • If multiple methods of communication were used, indicate the method in which the most time was spent. For example, if a client texts two short questions to the NHV, and then the encounter shifts to a twenty-minute telephone call, indicate telephone call as the encounter method.
<p>If method not In-person, indicate reason</p> <p>*Collected for completed and attempted encounters</p>	<p>Clients' needs change over the course of the NFP program, and there are situations when in-person visits are either not feasible or are not necessary based on a client's current risk status, strengths, global protective factors, and preferences. Adjusting the program delivery method has the following advantages:</p> <ul style="list-style-type: none"> • Improved client retention: NFP research on client retention demonstrated improved client retention flexibility in visit schedule and/or venue was provided e.g. meeting a client at work or school. • Efficient and effective allocation of home visiting resources: low-risk clients may be offered the opportunity to receive some encounters by telephone or video conferencing. Alternative encounter methods are also used to augment the contact NFP nurses have with their most high-risk clients. • Capture non-in-person encounters to reflect nurses' efforts: NFP nurses often provide significant information, support, guidance, and referrals via telephone and other interactive technology. Because of the relationship NFP nurses have with their clients over the span of over two years they provide key linkages to resources and care coordination. <p>Select the reason for an encounter that was conducted in a method other than in-person. Consult with your supervisor about scheduling visit frequency and type that is most appropriate for each client according to their needs and preferences. Examples include clients assessed as low-risk according to the STAR framework, clients living in home or neighborhoods that are deemed unsafe for the nurse, or inclement weather.</p> <p>For encounter reasons other than deliver program content, please choose method "Other" and list the encounter reason (efforts to locate, coordinate care, other).</p>
<p>Location of Encounter</p> <p>*Collected for completed and attempted encounters</p>	<p>The NFP program is a home visitation program and there are clear benefits to visiting with clients and families in the home environment. Nurses who participated in the trials were encouraged to use flexibility in program delivery based on client risks, needs, strengths, and availability. It is expected that providing flexibility</p>

	<p>about visit location increases client retention providing the client access to a nurse at critical junctures in both her and her child's life.</p> <p>In some cases, the nurse and client will meet and take a walk, or meet in a space near one of the choices but not in the building. Examples include walking around the block near the client's home, in the parking lot of the client's school or work. Use your nursing judgement to best identify the location.</p> <p>The client defines her "home": select this option when the encounter occurs at this location.</p> <p>If the visit was not conducted in the home, select the location:</p> <ul style="list-style-type: none"> • Friend/family's home • Doctor/clinic: includes other health care providers' offices/locations • School • Employment: where the client works • Public/private agency: e.g. county social service office, United Way, workforce center • Other. E.g. public park, coffee shop, grocery store <p>For encounter reasons other than Deliver Program Content, and/or encounter methods other than In-Person, please choose "Other" as the location and indicate encounter reason (efforts to locate, coordinate care, other).</p>
<p>Encounter Participants</p> <p>*Collected for completed and attempted encounters</p>	<ul style="list-style-type: none"> • Mark all that apply. Include only those who participated or were included in the visit. The list includes family and friends, other NFP team members, care providers, and other professionals to capture the interdisciplinary coordination of the NHV. • Mark "child" if the index child was present at the visit. This does not include other children who may be present during the encounter. • Check "Interpreter" if an interpreter other than the nurse home visitor was utilized. • Other: please specify the role or relationship. Examples include student nurses, prospective employees as part of the interview process, or CAB members on shadow visits.

<p>Involvement Rating Scale</p> <p>*Collected for all completed encounters with the client, client's mother, and/or husband/partner in visit</p>	<p>Use the following scale to indicate how involved the client, client's mother and/or husband/partner were in the visit.</p> <ol style="list-style-type: none"> 1. The person has little interaction with you other than being "present." Eye contact is minimal, they seem to not be listening to you and may even be engaging in another activity (such as watching TV or reading). Attempts at conversation come to a dead end. They may tolerate your presence, but show few signs of interest in the session. 2. Between 1 and 3 3. The person shows an average amount of involvement during the encounter, keeping eye contact, listening most of the time and contributing to the conversation. Their participation may fade toward the end of the visit, or they may be "slow to warm up," becoming more engaged towards the end. You may feel that you have to jump-start activities or conversations, but they follow-along and there is some two-way interaction. 4. Between 3 and 5 5. The person is involved and engaged in the entire encounter. They are very interested in the program content, even if they do not fully understand it. They take a very active role in the session, fully maintaining a conversation with you. They are fully invested in spending time with you, whether they are eager and glad to be with you or that they strongly disagree or conflict with you. Their enthusiasm or involvement is apparent.
<p>Conflict with Material Rating Scale</p> <p>*Collected for all completed encounters with the client, client's mother, and/or husband/partner in visit</p>	<p>Use the following scale to indicate the level of conflict the client, client's mother and/or husband/partner may have had with the visit.</p> <ol style="list-style-type: none"> 1. The person had no conflict with the material and was supportive of the ideas and suggestions presented. For example, the person welcomes information about immunizations. 2. Between 1 and 3 3. The person expressed reservations or doubts the information provided, discussion, or materials. There may not have been active disagreement, but you could sense that the person was not in agreement through their silence and passive attitude toward you. (You may feel that they are agreeing with you just so they won't have to deal with the material.) This score can also be used if: The person had moderate conflict with a small portion of the material presented or if the person expressed some conflict initially, but their opinion changed over the course of the visit. For example, the person was initially resistant to immunizations, but was open to new ideas and wanted to learn. 4. Between 3 and 5: This person was vocal in their opposition to a significant portion of the material or viewpoint presented. This does not necessarily mean they were angry or hostile to you regarding the material, but they expressed strong, differing beliefs or opinions. Their opinions changed very little during the encounter. For example, a person is staunch in their disapproval of immunizations.

	<p>5. For a score of "5," they should be clearly telling you their disagreement to all of the presented material. For example, a person is angry with the nurse for discussing immunizations.</p>
<p>Understanding of Material Rating Scale</p> <p>*Collected for all completed encounters with the client, client's mother, and/or husband/partner in visit</p>	<p>Use the following scale to indicate the client's, client's mother and/or husband/partner's understanding of the material. This item is to determine if the client, client's mother and or husband/partner understood what was presented in the way of content during the visit. This item is not meant to be a measure of the appropriateness or adaptation of materials.</p> <ol style="list-style-type: none">1. The person seemed very confused with a large portion of the material presented. There was difficulty in conveying even relatively basic information, and this difficulty forced considerable changes in the planned program content.2. Between 1 and 33. The person had few problems understanding the material. There was little change from the planned program content. This score can also be given if the person showed confusion over only small portions of the material which did not detract from an overall understanding of the "bigger picture."4. Between 3 and 5: The person understood the material presented in the visit. Few additional explanations were necessary. The person signs of demonstrating understanding, such as rephrasing points in different ways or bringing up aspects related to the material that had not been initially covered.

<p>Percent of Time Spent on Each Program Area</p> <p>*Collected for all completed encounters with the client</p>	<p>The five content domains are:</p> <ul style="list-style-type: none"> • My Health (Personal Health): Refers to client's health both pre- and postnatal, e.g., nutrition and exercise requirements, fatigue and loss of sleep, physical or emotional symptoms, birth control, pre-term labor, substance abuse, mental health, etc. • My Home (Environmental Health): Refers to factors within the home, work, school, neighborhood or community which have the potential to adversely impact the client or child's health/safety, e.g., inadequate heating, gun safety, gangs, etc. • My Life (Life Course Development): Client's plans for her future related to education, job training, employment and decisions about planning further children, etc. • My Child/Taking Care of My Child (Maternal Role): Client's adjustment to the responsibilities of the maternal role, facilitation of child attachment, child care, immunizations and well-child care, discipline, promotion of child development, physical, behavioral and emotional care of child, etc. • My Family and Friends: Client's development of social networks and other support systems, changes in relationships with husband/partner or significant other, intimate partner violence, assistance with childcare, etc. <p>Estimate the relative proportion of time (0 – 100%) during the visit spent covering each of the five content domains listed. This is not the percent of the visit, this is the content covered. For example, you may only spend 20 minutes of a 60-minute visit covering program content, but of that 20 minutes, 80% was in Maternal Role and 20% was in My Home.</p> <ul style="list-style-type: none"> • Assure total amount of time totals 100% before signing the document. • The emphasis on program content in each phase of the program home visit guidelines varies from visit to visit, so it is not expected that you consistently record an equal amount of time spent on each program area.
<p>Concerns Regarding Child's Development, Behavior, or Learning</p> <p>*Collected for all completed encounters with client</p>	<ul style="list-style-type: none"> • This question aligns with federal reporting requirements. • "Not indicated at this visit" should be selected if the question was not asked for some reason (e.g., the nurse home visitor did not have enough time to ask this question). "N/A (still pregnant)" should be selected if the client is still pregnant at the time this form is completed.
<p>Continuous Health Insurance Coverage</p> <p>*Collected for all completed encounters with client</p>	<ul style="list-style-type: none"> • This question aligns with federal reporting requirements. • Agencies can track whether the client has had continuous health insurance coverage over a six-month time-period. <ul style="list-style-type: none"> ○ No insurance coverage indicates that the individual is currently not covered by any source of insurance. Receipt of care provided, for instance, by the Indian Health Service or another safety net health care provider such as a Federally Qualified Health Center does not constitute insurance coverage.

Encounter
August 17, 2018

	<ul style="list-style-type: none"> • Select “Yes” if a client currently has health insurance coverage. This includes coverage at the time of enrollment. The question can be rephrased to say “as of today” instead of “since our last visit”. • Select “No” if a client does not have health insurance coverage. <ul style="list-style-type: none"> ○ If the client is ineligible for health insurance coverage due to state regulations related to immigration status, incarceration, or other reason identified by agency, select “No”.
<p>Client/Child screened for needed services</p> <p>*Collected for all completed encounters with client</p>	<p>If you select “yes” and refer a client for services, also complete a <i>Referrals for Services</i> form.</p> <p>This question is not required, and does not need to be asked on the first visit or during the pregnancy phase.</p>
<p>Did Client/Child use Healthcare services (ex. ER visits, well child visits, etc)?</p>	<p>This question is not required at the first visit.</p> <p>The Health Care Services form is used to:</p> <ul style="list-style-type: none"> • collect information about routine perinatal care, well-child visits, and childhood vaccines according to the CDC schedule for children of the index pregnancy i.e. not children of subsequent births. This information is collected for each child when there are twins or higher order births. • It is also used for episodic emergency room or urgent care center services for the client or the child(ren) of the index pregnancy for injury or illnesses. • It is not currently used for outpatient sick or specialist visits, although we may in the future. If client or child has <u>already accessed</u> sick or specialist care, answer NO on the Encounter form and note visit in clinical documentation. • If a client or child accesses services for reasons other than those above, note on Use of Service form submitted at the next appropriate time point.

Frequently Asked Questions

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

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

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

Only if the referral was generated due to a new concern. For example, you may generate a referral to a local clinic for dental care at one visit, and for mental health services at a subsequent visit.

When a client or family member needs coaching to follow through with a previously generated referral or contact information is provided again at a subsequent visit a new referral form is not submitted.

These efforts to support referral follow-through are captured on the Use of Government Services form at intake, infant birth, 6, 12, 18, and 24 months, though, and should be noted.

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

Since the client resides at one of these group facilities, mark "Client's home" on the Home Visit Encounter form. The client's answer to the question on the Demographics forms will indicate that she resides in a group home or shelter.

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

If the client is currently residing in a correctional facility, mark "Client's home".

Generalized Anxiety Disorder – 7 (GAD-7)

Client ID Client Name DOB

Date Nurse Home Visitor ID Nurse Home Visitor Name

Check one: Intake Pregnancy 36 Weeks Infancy 1-8 Weeks Infancy 4-6 Months Infancy 12 Months
 Additional (PRN)

Over the last two weeks, how often have you been bothered by the following problems?

<p>1. ♦Feeling nervous, anxious, or on edge</p> <p><input type="checkbox"/> 0 - Not at all</p> <p><input type="checkbox"/> 1 - Several days</p> <p><input type="checkbox"/> 2 - More than half the days</p> <p><input type="checkbox"/> 3 - Nearly every day</p> <p>2. ♦Not being able to stop or control worrying</p> <p><input type="checkbox"/> 0 - Not at all</p> <p><input type="checkbox"/> 1 - Several days</p> <p><input type="checkbox"/> 2 - More than half the days</p> <p><input type="checkbox"/> 3 - Nearly every day</p> <p>3. ♦Worrying too much about different things</p> <p><input type="checkbox"/> 0 - Not at all</p> <p><input type="checkbox"/> 1 - Several days</p> <p><input type="checkbox"/> 2 - More than half the days</p> <p><input type="checkbox"/> 3 - Nearly every day</p> <p>4. ♦Trouble relaxing</p> <p><input type="checkbox"/> 0 - Not at all</p> <p><input type="checkbox"/> 1 - Several days</p> <p><input type="checkbox"/> 2 - More than half the days</p> <p><input type="checkbox"/> 3 - Nearly every day</p> <p>Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. <i>Arch Intern Med.</i> 2006;166:1092-1097. No permission required to reproduce, translate, display, or distribute.</p>	<p>5. ♦Being so restless that it's hard to sit still</p> <p><input type="checkbox"/> 0 - Not at all</p> <p><input type="checkbox"/> 1 - Several days</p> <p><input type="checkbox"/> 2 - More than half the days</p> <p><input type="checkbox"/> 3 - Nearly every day</p> <p>6. ♦Becoming easily annoyed or irritable</p> <p><input type="checkbox"/> 0 - Not at all</p> <p><input type="checkbox"/> 1 - Several days</p> <p><input type="checkbox"/> 2 - More than half the days</p> <p><input type="checkbox"/> 3 - Nearly every day</p> <p>7. ♦Feeling afraid as if something awful might happen</p> <p><input type="checkbox"/> 0 - Not at all</p> <p><input type="checkbox"/> 1 - Several days</p> <p><input type="checkbox"/> 2 - More than half the days</p> <p><input type="checkbox"/> 3 - Nearly every day</p> <p>Add all individual item scores to determine Total Score: <input style="width: 50px; height: 20px;" type="text"/></p> <p>8. If you checked off <u>any</u> problems, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?</p> <p><input type="checkbox"/> Not difficult at all</p> <p><input type="checkbox"/> Somewhat difficult</p> <p><input type="checkbox"/> Very difficult</p> <p><input type="checkbox"/> Extremely difficult</p>
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Purpose

The Generalized Anxiety Disorder (GAD-7) questionnaire is a seven-item, self-report anxiety questionnaire designed to assess the patient's health status during the previous 2 weeks. The GAD-7 is a valid and efficient tool for screening for GAD and assessing its severity in clinical practice.

Scores are calculated by assigning scores of 0, 1, 2, and 3 to the response categories of 'not at all', 'several days', 'more than half the days', and 'nearly every day' respectively.

- GAD-7 total score for the 7 items ranges from 0 to 21.
- Scores of 5, 10, and 15 represent cut-offs for mild, moderate, and severe anxiety, respectively
- The last question asks clients "to report 'how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?' "This single patient-rated difficulty item is not used in calculating any GAD-7 score or diagnosis but rather represents the patient's global impression of symptom-related impairment. It may be useful in decisions regarding initiation of or adjustments to treatment since it is strongly associated with both psychiatric symptom severity as well as multiple measures of impairment and health-related quality of life." *
- GAD-7 score informs the Personal Health Category #4: Anxiety of the STAR.

Scoring Instructions

The Generalized Anxiety Disorder-7 (GAD-7) "is calculated by assigning scores of 0, 1, 2, and 3 to the response categories of 'not at all', 'several days', 'more than half the days', and 'nearly every day' respectively. GAD-7 total score for the 7 items ranges from 0 to 21. Scores of 5, 10, and 15 represent cut-off points for mild, moderate, and severe anxiety, respectively (p. 2)."

Note: With a total score of 5 and above (i.e., mild to severe anxiety): **"Continuous assessment should occur with every contact and formal screening as needed or within 90 days."**

The last question asks clients "to report 'how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?' This single patient-rated difficulty item is not used in calculating any GAD-7 score or diagnosis but rather represents the patient's global impression of symptom-related impairment. It may be useful in decisions regarding initiation of or adjustments to treatment since it is strongly associated with both psychiatric symptom severity as well as multiple measures of impairment and health-related quality of life (p. 2)."

Instructions for patient health questionnaire (PHQ) and GAD-7 measures. (n.d.). Retrieved from <http://www.phqscreeners.com/instructions/instructions.pdf>.

General Guidelines

The GAD-7 is a standardized, validated tool. Questions must be asked 'as is' on standardized tools.

Complete GAD-7 screening as needed to determine level of anxiety in addition to the required time frames for the STAR.

- Within the first 5 visits
- 36 weeks
- Within the first 8 weeks postpartum
- 4 to 6 months postpartum
- 12 months postpartum

Score classifications for GAD:

- ≥ 5 mild anxiety
- ≥ 10 moderate anxiety
- ≥ 15 severe anxiety

Management:

- When a client scores is ≥ 5 continuous assessment should occur with every contact and formal screening repeated as needed or within 90 days. Consider making a referral for further assessment or contact the provider of record based on clinical assessment. Refer to your agency policies and protocols
- Refer to the Mental Health modules on the education page of the NFP community for resources <http://community.nursefamilypartnership.org/Nursing-Education/Mental-Health-Education>

Health Habits

Client ID Client Name DOB

Date Nurse Home Visitor ID Nurse Home Visitor Name

Check one: Pregnancy Intake Pregnancy 36 Weeks Infancy 12 Months

I have some questions about smoking cigarettes. Many people smoke at least some time in their life. Sometimes women who are pregnant will smoke cigarettes before they know they are pregnant, or they may find it very hard to change a pattern of smoking once they start. These are questions about regular, nicotine cigarettes only. Joints or Marijuana will be asked about later.

Questions 1 and 2 are asked only at intake

- During the 3 months before you became pregnant, did you use tobacco at all?
 - Yes. If yes, please indicate the types of nicotine you used (please check all that apply) and quantity used per day.
 - Electronic cigarette (E-cigarette) quantity/day
 - Patches quantity/day
 - Dissolvable Tobacco (strips, sticks, orbs and compressed tobacco, lozenges) quantity/day
 - Cigars quantity/day
 - Smokeless tobacco (chewing tobacco and snuff) quantity/day
 - Cigarettes quantity/day
 - Other (please specify) _____
 - No
- Did you use tobacco at all during your pregnancy, including before you found out you were pregnant?
 - Yes. If yes, please indicate the types of nicotine you used (please check all that apply) and quantity used per day.
 - Electronic cigarette (E-cigarette) quantity/day
 - Patches quantity/day
 - Dissolvable Tobacco (strips, sticks, orbs and compressed tobacco, lozenges) quantity/day
 - Cigars quantity/day
 - Smokeless tobacco (chewing tobacco and snuff) quantity/day
 - Cigarettes quantity/day
 - Other (please specify) _____
 - No

3. In the last 48 hours, have you used tobacco? By 48 hours, I mean from (TIME AND DAY OF WEEK) to (TODAY AND TIME).

Yes. If yes, please indicate the types of nicotine you used (please check all that apply) and how many times per day you used each.

Electronic cigarette (E-cigarette) quantity/day

Patches quantity/day

Dissolvable Tobacco (strips, sticks, orbs and compressed tobacco, lozenges)
 quantity/day

Cigars quantity/day

Smokeless tobacco (chewing tobacco and snuff) quantity/day

Cigarettes quantity/day

Other (please specify) _____

No

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

4. OVER THE PAST FOURTEEN DAYS, have you used alcohol?

Yes. If yes, please indicate the number of different days you used alcohol and how many drinks did you usually have per day.

days drinks/day

No

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

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

5. OVER THE PAST FOURTEEN DAYS, have you used marijuana?

Yes. If yes, please indicate how many times per day did you usually use it.

days quantity/day

No

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

6. OVER THE PAST FOURTEEN DAYS, have you used cocaine?

Yes. If yes, please indicate the number of different days you used cocaine and how many times per day did you usually use it.

days quantity/day

No

Now I am going to ask you a few questions about other drugs that people use to get high. These include AMPHETAMINES, such as meth, speed, tina, crystal, or ice; other HALLUCINOGENS, such as peyote, ecstasy, mescal, or magic mushroom, LSD, such as acid, blotter, or trips; PCP; or OPIATES, such are Heroin, also known as smack, junk, speedball, or H, prescription medications such as vicodin, oxycodone, morphine; INHALANTS (things that people sniff or huff in order to get high), such as spray paint, hairspray, gasoline, lighter fluid, glue, nitrous oxide, or paint thinner.

7. OVER THE PAST FOURTEEN DAYS, have you used **AMPHETAMINES**?

Yes. If yes, please indicate the number of different days you used amphetamines and how many times per day did you usually use them.

days quantity/day

No

8. OVER THE PAST FOURTEEN DAYS, have you used **OPIATES**?

Yes. If yes, please indicate the number of different days you used opiates and how many times per day did you usually use them.

days quantity/day

No

9. OVER THE PAST FOURTEEN DAYS, have you used **other street drugs**?

Yes. If yes, please indicate the number of different days you used them, how many times per day did you usually use them and the specific type of drug.

days quantity/day Type

No

Instructions for the Health Habits Data Collection

Purpose

The purpose of this data collection is to track changes in clients use of substances like nicotine, opioids, marijuana, etc. Responses to these questions provide important clinical information about clients in the program for care planning and coordination and allow demonstration of outcomes for the program (e.g., percentage of clients who quit smoking or using alcohol or other substances during pregnancy).

NFP Nurses are encouraged to assess for previous use of substances beyond the time frames asked in this data collection and for a history of substance misuse or abuse as part of their clinical assessment in NFP. Please include this information as part of the STAR Framework.

General Guidelines

- **When to complete this form:**
 - Within the first 5 home visits
 - 36 weeks pregnancy
 - Approximately one year postpartum
- Before you begin asking for information on substance use, assure the client of the confidentiality of her responses. Explain that the information will assist the two of you to plan for having the healthiest child possible, and that you and she will jointly decide how to use the information.
- **Questions 1 and 2 are asked only at intake (smoking before pregnancy and early in pregnancy.)**
- You may need to assist your client to recall information over time (such as the past fourteen days). Help her to think of something that was happening in her life fourteen days ago and then consider the question (how much alcohol since a specific life event fourteen days ago?).
- *If a client delivers before 36 weeks, the nurse home visitor should complete the Health Habits form shortly after delivery of the infant, rephrasing the questions to assist the client to maintain the focus on health behaviors that occurred during the latter part of the pregnancy.*

Item Instructions

Read the instructions/script before each set of questions.

Item	Guidelines
During the 3 months before you became pregnant, did you use tobacco at all?	This question is related to the use of nicotine products and does not include non-nicotine products. Quantity refers to number of units of nicotine product. <ul style="list-style-type: none">• E-cigarette: cartridge/day• Smokeless tobacco: dip or bump/day• NHVs may need to use their best judgement and ask additional questions to determine units per day
Did you use tobacco at all during your pregnancy, including before you found out you were pregnant?	Select all types of nicotine products used.

<p>In the last 48 hours, have you used tobacco?</p>	<p>If “yes” ask the client how much tobacco product she used in the last 48 hours.</p> <p>If the client has difficulty remembering how many cigarettes, it might help to ask the question in terms of how many packs or portions of packs (half-pack) she smoked per day; then convert to number of cigarettes (there are 20 cigarettes per pack).</p> <p>If the client is using other nicotine products, ask about the number of units (cigars, vape cartridge)</p>
<p>OVER THE PAST FOURTEEN DAYS, have you used alcohol?</p>	<p>If the response is “yes” ask how many days over the past 14 days and how many units of alcohol she’s consumed per day.</p>
<p>OVER THE PAST FOURTEEN DAYS, have you used marijuana, cocaine, amphetamines, opioids</p>	<p>If the response is “yes” ask how many days over the past 14 days and how many times she’s used each substance.</p> <p>Additional questions may need to be asked to ascertain dosage at each time of use. For example, if the client reports smoking 4 joints in the course of 14 days, additional questions may be needed to learn if the entire joint was smoked in one day, or if one joint lasted multiple days.</p> <p>If a client is consuming marijuana in other ways (edible, hash, vape), identify how many times per day in past 14 days it was consumed.</p> <p>For clients using non-THC marijuana as an herbal medication, such as CBD oil or topical cream, do not include its use here. Instead note it in the clinical chart.</p>
<p>OVER THE PAST FOURTEEN DAYS, have you used other street drugs?</p>	<p>Responses are recorded for:</p> <ul style="list-style-type: none"> • HALLUCINOGENS, such as peyote, ecstasy, mescal, or magic mushroom • LSD, such as acid, blotter, or trips • PCP • INHALANTS (things that people sniff or huff in to get high), such as spray paint, hairspray, gasoline, lighter fluid, glue, nitrous oxide, or paint thinner. • Other street drugs <p>If the client is using more than one of these substances on the same day, the number entered into DCS is cumulative.</p>

Healthcare Services

Infant ID	<input type="text"/>	Infant Name	<input type="text"/>	Infant DOB	<input type="text"/>
Client ID	<input type="text"/>	Client Name	<input type="text"/>	DOB	<input type="text"/>
Date	<input type="text"/>	Nurse Home Visitor ID	<input type="text"/>	Nurse Home Visitor Name	<input type="text"/>

This data is collected at the following timepoints: whenever a mom or baby accesses healthcare services **AND** at the routine data collection timepoints of child's age 6, 12, 18, and 24 months.

- ◆ Since our last visit, have you received any of the recommended prenatal or postpartum visits?

Yes (if yes, please indicate which of these visits were completed; check all that apply)

<input type="checkbox"/> 6-9 weeks	<input type="checkbox"/> 22-25 weeks	<input type="checkbox"/> 36 weeks	<input type="checkbox"/> 40 weeks
<input type="checkbox"/> 10-13 weeks	<input type="checkbox"/> 26-29 weeks	<input type="checkbox"/> 37 weeks	<input type="checkbox"/> 41 weeks
<input type="checkbox"/> 14-17 weeks	<input type="checkbox"/> 30-32 weeks	<input type="checkbox"/> 38 weeks	<input type="checkbox"/> 1-8 week postpartum
<input type="checkbox"/> 18-21 weeks	<input type="checkbox"/> 33-35 weeks	<input type="checkbox"/> 39 weeks	

No N/A
- ◆ Since our last visit, has your child had any of the following well-child visits? (check all that apply)

Yes (if yes, please indicate which of these well child visits were completed; check all that apply)

<input type="checkbox"/> In the nursery	<input type="checkbox"/> 3-5 days after birth	<input type="checkbox"/> By 1 month old	<input type="checkbox"/> 2 months old
<input type="checkbox"/> 4 months old	<input type="checkbox"/> 6 months old	<input type="checkbox"/> 9 months old	<input type="checkbox"/> 12 months old
<input type="checkbox"/> 15 months old	<input type="checkbox"/> 18 months old	<input type="checkbox"/> 24 months old	
<input type="checkbox"/> 24 month visit scheduled but not yet completed			

No N/A
- ◆ Is this form being completed at a routine timepoint of child's age 6, 12, 18, or 24 months?

Yes (continue to answer question 4, 5, and 6)

No (If no, skip to 7)
- ◆ At time of visit, based on your local immunization schedule (regardless of vaccine brand or manufacturer) is (child's name) up to date on all vaccinations?

Yes (If yes, please indicate which of the immunizations were completed)

<input type="checkbox"/> Completed all immunizations due for 0-5 months (<i>collected at 6 months</i>)
<input type="checkbox"/> Completed all immunizations due for 0-11 months (<i>collected at 12 months</i>)
<input type="checkbox"/> Completed all immunizations due for 0-17 months (<i>collected at 18 months</i>)
<input type="checkbox"/> Completed all immunizations due for 0-23 months (<i>collected at 24 months</i>)
<input type="checkbox"/> Completed all immunizations due for 24 months (<i>collected at 24 months</i>)
<input type="checkbox"/> 24 month immunizations not completed yet but scheduled with health care provider (<i>collected at 24 months</i>)

No

<input type="checkbox"/> Immunizations were refused
<input type="checkbox"/> Immunizations/Appointment scheduled
Appointment Date (optional) ____/____/____ (month/day/year)

Unknown

5. ♦ Is the information on child's immunization status based on written record or mother's self-report?
 Written record
 Mother's self-report
6. ♦ Does your child have a usual source of dental care?
 Yes
 No N/A (child is under 12 months)

ER Visits and Hospitalizations

7. ♦ Since our last visit, have you taken your child to the hospital emergency room/urgent care center for an injury or because you were concerned your child swallowed something harmful?

Yes (if yes, please mark the reason and note the date)

NOTE: ER and Urgent Care visits for illness should not be noted

Injury Date: ___/___/___ (month/day/year) Treatment Needed

Emergency Room Urgent Care

Date: ___/___/___ (month/day/year) Treatment Needed

Emergency Room Urgent Care

Date: ___/___/___ (month/day/year) Treatment Needed

Emergency Room Urgent Care

Ingestion Date: ___/___/___ (month/day/year) Treatment Needed

Emergency Room Urgent Care

Date: ___/___/___ (month/day/year) Treatment Needed

Emergency Room Urgent Care

Date: ___/___/___ (month/day/year) Treatment Needed

Emergency Room Urgent Care

No N/A (still pregnant)

8. ♦ Since our last visit, have you **taken** your child to the hospital emergency room/urgent care center for any other reason (excluding injury and ingestion)?

Yes (if yes, please note the reason and date)

Reason: _____ Date: ___/___/___ (month/day/year)

Emergency Room Urgent Care

Reason: _____ Date: ___/___/___ (month/day/year)

Emergency Room Urgent Care

Reason: _____ Date: ___/___/___ (month/day/year)

Emergency Room Urgent Care

No N/A (still pregnant)

9. ♦ Since our last visit, has your child been **admitted** to the hospital (that is, had to **spend at least one night** there) for an **injury** or because you were concerned your **child swallowed something** harmful?

Yes (if yes, please mark the reason and note the admission date and length of stay for each admission)

NOTE: Hospital stays for illness should not be noted

Injury Date: ___/___/___ (month/day/year) days

Date: ___/___/___ (month/day/year) days

Date: ___/___/___ (month/day/year) days

Ingestion Date: ___/___/___ (month/day/year) days

Date: ___/___/___ (month/day/year) days

Date: ___/___/___ (month/day/year) days

No N/A (still pregnant)

10. ♦ Since our last visit, have you (client) obtained care at the hospital emergency room for any reason?

- Yes. If yes, what was the purpose of the visit (please check all that apply)?
 - Injury – Accidental, how many times? times
 - Injury – Intentional self inflicted, how many times? times
 - Injury – Intentional other inflicted, how many times? times
 - Injury – Declined how many times? times
 - Ingestion – Accidental, how many times? times
 - Ingestion – Intentional self inflicted, how many times? times
 - Ingestion – Intentional other inflicted, how many times? times
 - Ingestion – Declined, how many times? times
 - Respiratory infection, how many times? times
 - Fever, how many times? times
 - Other (please specify) _____, how many times? times
- No

11. ♦ Since our last visit, have you (client) obtained care at the urgent care center for any reason?

- Yes. If yes, what was the purpose of the visit (please check all that apply)?
 - Injury – Accidental, how many times? times
 - Injury – Intentional self inflicted, how many times? times
 - Injury – Intentional other inflicted, how many times? times
 - Injury – Declined, how many times? times
 - Ingestion – Accidental, how many times? times
 - Ingestion – Intentional self inflicted, how many times? times
 - Ingestion – Intentional other inflicted, how many times? times
 - Ingestion – Declined, how many times? times
 - Respiratory infection, how many times? times
 - Fever, how many times? times
 - Other (please specify) _____, how many times? times
- No

Instructions Health Care Services

Purpose

The purpose of the data collection is to track the client and child's use of health care services.

- This form used to collect information about **routine perinatal care, well-child visits** according to AAP recommended periodicity schedule, and **childhood vaccines** according to the CDC recommended immunization schedule for children of the index pregnancy i.e. not children of subsequent births. This information is collected for each child when there are twins or higher order births.
- It is also used for episodic **emergency room or urgent care center services** for the client or the child(ren) of the index pregnancy for injury or illnesses.
- It is used for **hospitalization** related to injury or ingestion for the child, or hospitalization for any reason for the client.
- We are NOT currently collecting information on outpatient pediatric sick visits or disease management visits for the child, although we may in the future.
- We are NOT currently collecting information on health maintenance, or disease management visits for the client, although we may in the future.
- Reconfiguration of this form will be considered in a future release, as the tracking of case management and care coordination supports NFP nursing practice.

Nursing Practice Implication

This data assists the nurse to plan anticipatory guidance and care coordination for her client.

Data and Programmatic Implication

Programmatic information about the use of recommended maternal perinatal health care and well-child care during childhood is used for program evaluation.

General Guidelines

This data is collected under the following circumstances:

- 1) The data is collected at any time when a nurse is aware the client or child accessed health services. The question "Did Client/Child use Healthcare services (ex. ER visits, well child visits, etc.)?" on the Encounter form will prompt you to complete this form when the answer is "yes."

AND

- 2) Questions on immunizations and dental care are collected at the index child(ren)'s age of 6,12,18, and 24 months.
 - Note the skip pattern that allows for nurses to skip the questions on dental and immunizations and only enter the data on use of health care services accessed in between visits.
 - When the nurse is collecting routine data at child's age 6, 12, 18 and 24 months AND the mom or baby accessed healthcare services since the last visit, all questions should be answered.

If the child went to a sick child visit with a pediatric provider, please answer NO on the Encounter form and note the sick child visit in your clinical documentation.

Item	Guidelines
<p>Since our last encounter, have you received any of the recommended prenatal or postpartum visits?</p>	<p>This information is to be obtained at every visit where the nurse learns about utilization of healthcare services by the mom or child.</p> <p>If the client responds “yes”, select all visits and the corresponding estimated gestational age for when the client attended the visit with her care provider <i>for the index pregnancy only (not subsequent pregnancies.)</i></p> <p>If the client did not attend a recommended visit (i.e. missed a visit or did not schedule a recommended visit), select “No.”</p> <p>If a recommended visit was not indicated, the client is not pregnant or more than 8 weeks has passed since the child’s birth, select “N/A.”</p>
<p>Since our last encounter, has your child had any of the following well-child visits? (check all that apply)</p>	<p>If the client responds “yes”, select all visits and the corresponding well-child visits for when the child attended the visit with the pediatric care provider. <i>This data is only collected for the child(ren) of the index pregnancy.</i></p> <p>If the child did not attend a recommended visit (i.e. missed a visit or did not schedule a recommended visit), select “No.”</p> <p>If the child was not due for a recommended visit (not due for the next interval visit) and this form was opened for another reason, select N/A.</p>
<p>At time of visit, based on your local immunization schedule is (child’s name) up to date on all vaccinations?</p>	<p>Note: Questions 4, 5, and 6 are only required if the answer to Question 3 is YES.</p> <p>This data collection is completed at child’s age of 6, 12, 18 and 24 months only for the index child(ren).</p> <p>If “yes”, select which of the immunization time points were administered.</p> <p>If “no” select the appropriate reason:</p> <ul style="list-style-type: none"> • Immunizations were refused • Immunizations/Appointment scheduled: this may happen if the pediatric provider decided that the immunization should be delayed (e.g. child had a fever). Entering the appointment date is optional. • Unknown – if the client/caregiver is unsure whether vaccines were administered at the last well-child visit.

<p>Is the information on child's immunization status based on written record or mother's self-report?</p>	<p>This data collection should be completed at child's age of 6, 12, 18 and 24 months only for the index child(ren).</p> <p>Review of a written immunization record, review of an immunization registry or medical record if accessible, or other documentation is preferred over client/caregiver report.</p>
<p>Does your child have a usual source of dental care?</p>	<p>This data collection should be completed at child's age 12, 18 and 24 months only for the index child(ren).</p>
<p>Since our last encounter, have you taken your child to the hospital emergency room/urgent care center for an injury or because you were concerned your child swallowed something harmful?</p>	<p>If the client responds "yes" only for incidents of injury or ingestion:</p> <ul style="list-style-type: none"> • There are 2 options from which to select "injury" or "ingestion". Other reasons such as fever or illness are recorded in the next question. • For each date field select "yes" if outpatient treatment was needed. Examples include (but are not limited to) stitches, wraps, gastric lavage, activated charcoal, medication administered during care event. Hospital admission during care event is covered in a subsequent question and is not considered a treatment. • For each date field, indicate whether the care was received in the ER or urgent care center. If attending medical home after regular hours, do not count as urgent care visit. <p>If the client is still pregnant with index child, Select "N/A"</p>
<p>Since our last visit, have you taken your child to the hospital emergency room/urgent care for any other reason (excluding injury and ingestion)?</p>	<p>If the client responds "yes":</p> <ul style="list-style-type: none"> • For each date field, list the reason for the visit and the date. • For each date field, indicate whether the care was received in the ER or urgent care center. <p>If the client is still pregnant with index child, Select "N/A"</p>
<p>Child -Hospital Admissions due to Injury or Ingestion</p>	<p>This does not include hospitalizations for illnesses.</p> <p>If the client responds "yes":</p> <ul style="list-style-type: none"> • There are 2 options from which to select "injury" or "ingestion". • For each date field enter the admission date and length of stay. <p>If the client is still pregnant, select "N/A."</p>

<p>Since our last encounter, have you obtained care at the hospital emergency room for any reason? Since our last encounter, have you obtained care at the hospital emergency room for any reason?</p>	<p>If the client responds "yes":</p> <ul style="list-style-type: none"> • Indicate if it was due to injury, ingestion, or illness, and specify type in each category. • Multiple categories can be chosen. Dates of care events do not need to be recorded in the DCS. • Care event details and other clinical notes may be recorded in the clinical chart if the NHV deems necessary to support care planning.
<p>Since our last encounter, have you (client) obtained care at the urgent care center for any reason?</p>	<p>If the client responds "yes":</p> <ul style="list-style-type: none"> • Indicate if it was due to injury, ingestion, or illness, and specify type in each category. • Multiple categories can be chosen. Dates of care events do not need to be recorded in the DCS. • Care event details and other clinical notes may be recorded in the clinical chart if the NHV deems necessary to support care planning. • If attending medical home after regular hours, do not count as urgent care visit.

H.O.M.E. Inventory

Infant ID Infant Name Infant DOB

Case Number

Date Nurse Home Visitor ID Nurse Home Visitor Name

Check one: Infancy 6 Months Toddler 18 Months

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

The H.O.M.E. Inventory is optional and NOT required by NFP. Some agencies are required by their agency or funder to complete the H.O.M.E.

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

	6 months	18 months
Parental Responsivity.....	<input type="text"/>	<input type="text"/>
Acceptance of Child	<input type="text"/>	<input type="text"/>
Organization of the Environment.....	<input type="text"/>	<input type="text"/>
Learning Materials	<input type="text"/>	<input type="text"/>
Parental Involvement	<input type="text"/>	<input type="text"/>
Variety in Experience.....	<input type="text"/>	<input type="text"/>
<i>TOTAL SCORE</i>	<input type="text"/>	<input type="text"/>

Caldwell, B. M., & Bradley, R. H. (2003). Home Observation for Measurement of the Environment Inventory: Administration Manual. Little Rock, AR.

Instructions for the H.O.M.E. Inventory

Purpose

The purpose of this form is to allow agencies who choose to use the H.O.M.E. Inventory a place to enter this data.

General Guidelines

- When to complete this form
 - Infancy 6 months
 - Toddler 18 months

Item Instructions

- Consult the H.O.M.E. Inventory Administration Manual for guidance specific to this tool.
- Training on the H.O.M.E. Inventory is the responsibility of each implementing agency. The Nurse Family National Service Office has developed an optional online module - "Introduction to the H.O.M.E. Inventory," that is available through Tracker.
- For more information about the H.O.M.E. Inventory, visit the NFP Community:
<http://community.nursefamilypartnership.org/Nursing-Practice/HOME-Inventory>

Infant Birth

Infant ID	<input type="text"/>	Client ID	<input type="text"/>		
Client Name	<input type="text"/>		DOB	<input type="text"/>	
Date	<input type="text"/>	Nurse Home Visitor ID	<input type="text"/>	Nurse Home Visitor Name	<input type="text"/>

Section I

1. ♦ Infant's First Name _____
2. ♦ Infant's Last Name _____
3. ♦ Infant's DOB _____
4. ♦ Child's Ethnicity (check one):
 - Hispanic or Latina/Latino
 - Not Hispanic or Latina/Latino
5. ♦ Child's Race (check one):
 - American Indian or Alaska Native
 - Asian
 - Black or African-American
 - Native Hawaiian or other Pacific Islander
 - White
 - Declined to self-identify
 - Multi-racial, (please list) _____
6. ♦ Gender: _____
 - Male
 - Female

Section II – This section is to be entered into the Infant Birth document in DCS.

1. Birth weight: grams or lbs. oz.
2. ♦ Gestational age at birth: weeks

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3. ♦ Did (child's name) have to spend any time in the NICU or a special care nursery because of problems?

Yes – NICU

Yes – Special Care Nursery

If yes, is the child still in NICU/Special Care Nursery?

Yes

No, for how many days prior to being discharged? days

What was the purpose of the stay (please check all that apply)?

Low birth weight

Very low birth weight

Respiratory distress

Prematurity

Congenital defect

Other (please specify) _____

No

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

5. ♦ Did your baby receive breast milk?

Yes

No

6. ♦ Type of labor

Induced

Not induced

7. ♦ Type of delivery

Vaginal

Caesarean

Safe Sleep: For questions 8, 9, and 10, select 'N/A' if the infant is in the hospital when the form is completed

8. ♦ How often do you place your infant to sleep on their back?

Always

Sometimes

Never

N/A

9. ♦ How often do you bed-share with your infant?

Always

Sometimes

Never

N/A

10. ♦ How often does your infant sleep with soft bedding?

Always

Sometimes

Never

N/A

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11. ♦ During a typical week, how many days do you (and/or a family member) read, tell stories, and/or sing songs to your child?

- 0 1 2 3 4 5 6 7

12. ♦ Does your child have health insurance coverage?

- Yes
 No

If yes, which type of health insurance do you use when you take your child for medical care (please check all that apply)?

- Medicaid
 CHIP
 Tri-Care
 Private
 Other (please specify) _____

Instructions for the Infant Birth Data Collection

Purpose

This data collection is designed to provide information about birth outcomes for clients and babies, initiation of breastfeeding and the client's use of emergency or urgent care services during pregnancy.

General Guidelines

- **When to complete this data collection:** On the first postpartum visit or as soon after the birth of the index child(ren)'s birth as possible.
- If the client gave birth to twins (or high order) use a separate form for each child.

Item Instructions

- **Section I:** The first four questions are required fields that are entered into the Individual Profile screen in DCS for each child. In the case of multiples, you will create an individual profile for each child.
 - Infant's DOB: _____
 - Child's Ethnicity
 - Child's Race
 - Gender
- **Section II:** Questions 1 through 12 in this section is entered in the Infant Birth Assessment in DCS

Item	Section I Guidelines
Child's Ethnicity	<ul style="list-style-type: none"> • Client identifies the ethnic affiliation for her child • Hispanic is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," is sometimes used in addition to "Hispanic or Latina (or Latinx)." <p>The options for ethnicity align with federal data collection guidelines.</p>
Child's Race	<ul style="list-style-type: none"> • Clients identifies the racial identities for their child • American Indian or Alaskan Native is defined as a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. • Asian is defined as a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. • Black is defined as a person having origins in any of the black racial groups of Africa. • Native Hawaiian or Other Pacific Islander is defined as a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. • White is defined as a person having origins in any of the original peoples of Europe, the Middle East, or North Africa (e.g. Morocco, Algeria, Tunisia, Libya and Egypt.) • Clients of Hispanic ethnicity may struggle with identification of race. The nurse home visitor can ask the country of origin of the client's ancestors. This may help the client to select an option for "race". For example, if a client indicates that her family is from Mexico originally, her race could possibly be either White (Spanish origin) or

	<p>American Indian (indigenous peoples of North or South American including Central America) or both.</p> <ul style="list-style-type: none"> The client can select one or more races for her child.
Item	Section II Guidelines
Birth weight	<ul style="list-style-type: none"> Record the birth weight in grams or pounds and ounces, not both. Note: when a child is reported as weighing 5 lbs. 8 oz. (5.5 lbs.) at birth by the client, we encourage you to check medical records or the client's health care provider to obtain birth weight in grams, if possible as such children could be mistakenly classified as low birth weight (2500 grams = 5.51 lbs.).
Gestational age at birth	<p>For children delivered more than 3 weeks prior to client's EDD, attempt to validate gestational age of the child at birth with the client's health care provider, medical records, or other records such as infant discharge forms. Otherwise, record the client's report of what she was told was the child's gestational age at birth.</p>
Special Care Nursery and NICU	<p>The intent of this question is to record the levels of neonatal care that sick or premature newborns receive immediately following their birth and prior to discharge.</p> <ul style="list-style-type: none"> NICU is broadly defined as a hospital unit that provides the highest level of care, to newborns with complex/high risk health status such as those needing longer term mechanical ventilation, management of severe prematurity and/or surgical interventions, etc. Special care nursery is defined as a hospital unit that provides care to newborns who are moderately ill and with problems that are expected to resolve rapidly. They may provide care to infants with physiologic immaturity with issues such as apnea, feeding issues, temperature instability, etc. and those who are convalescing after receiving care in the NICU. Designations regarding special care nursery versus the general newborn nursery may be difficult to ascertain from the client, so the nurse home visitor may need to ask additional questions about the infant's hospital stay to be able to ascertain the level of care that was provided. With the client's consent, the nurse home visitor can contact the birth provider, birth facility, or pediatric care provider to obtain this information. Low birth weight is defined as a baby born weighing less than 2,500 grams. Very low birth weight is a baby born weighing less than 1,500 grams. <p>Calculation for days in NICU: If the infant was admitted for less than 24 hours and your client gives you a specific number such as 2 hours, please divide the number of hours by 24 to come up with the portion of the day that the infant was in the NICU or special care nursery. E.g. $2/24 = 0.08$ days.</p>
Pregnancy Weight Gain	<p>Refer to the <i>Maternal Health Intake</i> data collection to check the client's response to the question about her prepregnant weight and last recorded weight in your clinical documentation as needed to validate weight gain.</p>

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Type of Labor	<p>The intent of this question is to better understand factors that may contribute to birth outcomes such as preterm births or low birth weights. Induced labor (also called labor induction) is when the health care provider administers medication or uses other methods (e.g. inflatable catheter cervical ripening) to start labor. This does not include augmentation of labor i.e. when medications/methods are used after labor has started naturally.</p> <p>If the client did not have an induced labor or did not go into labor (e.g., they had a planned or non-induced emergency cesarean), select "Not induced."</p>
Method of Birth	<p>Select whether the child was born via a vaginal or cesarean birth. You will enter this for each child of multiple births and can record if one twin is born vaginally and the second twin is born via cesarean.</p>
Safe Sleep Practices	<p>The purpose of the three safe sleep questions is to assess the extent to which mothers report safe sleep practices for their children. This provides an opportunity to share information about safe sleep and plan for sharing this information with other family members and caregivers.</p> <p>These questions are answered unless the baby is still in the hospital at the time the form is completed. In that instance, select "N/A."</p>
Reading, Telling Stories, and/or Singing Songs	<ul style="list-style-type: none"> • The intent of this question is to collect information about parenting practices that relate to early language and literacy development. • Enter the number of days in a typical week mothers and other caregivers read, tell stories, and/or sing songs to their children.
Health Insurance	<p>Select all sources of health insurance for which the child is enrolled. If the child is enrolled in a Medicaid managed care plan in your state, check "Medicaid", not 'other'.</p>

Frequently Asked Questions

After a child is born, if the health care provider of record health care says that the child was full-term (not preterm as would have been assumed by the original EDD), what gestational age is entered on the Infant Birth form?

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

Does a client who is in labor already and receives Pitocin to augment her labor count as induced or not-induced?

Administration of Pitocin administered after the onset of active labor is considered "augmentation" of the labor therefore the nurse will select that the labor was "not induced."

Infant Health Care

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

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

1. ♦During a typical week, how many days do you (and/or a family member) read, tell stories, and/or sing songs to your child?
 - 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7

2. ♦Where do you usually take (child's name) for routine check-ups (well-child care)?
 - Health department
 - Community clinic
 - Hospital ER
 - Hospital clinic
 - Hospital Outpatient
 - Dr/Nurse Practitioner's Office (Private doctor's office)
 - FQHC
 - Retail store/minute clinic
 - Other
 - None

3. ♦Has (child's name) had a blood test for lead poisoning? If yes, ask about result of test.
 - No
 - Yes - result was negative
 - Yes - result was positive
 - Don't know

4. ♦What is the child's current weight? (Please weigh child.)

lbs. oz. _____%

- Client Report
 Nurse Home Visitor Measurement

5. ♦What is the child's current height? (Measure child head to toe.)

inches _____%

- Client Report
 Nurse Home Visitor Measurement

6. ♦What is the child's current head circumference? (Measure head circumference)

centimeters

- Client Report
 Nurse Home Visitor Measurement

Breastfeeding

7. ♦If child did not receive breast milk at birth, have they since received it?

- Yes
 No (Skip to 12)
 N/A

8. Does your child continue to get breast milk?

- Yes (Skip to 10)
 No

9. How old was your child when s/he stopped getting breast milk?

- Less than one week (Skip to 12)
 One week or more; specify number of weeks: weeks (Skip to 12)

10. Is your child still exclusively receiving breast milk?

- Yes (Skip to 12)
 No

11. Until what age was your child fed exclusively breast milk (no water, juice, formula, cereal or other solids)?

weeks

Safe Sleep: Questions 12, 13, and 14 should only be completed at Infancy 6 and 12 months

12. ♦How often do you place your infant to sleep on their back?

- Always
 Sometimes
 Never

13. ♦How often do you bed-share with your infant?

- Always
 Sometimes
 Never

14. ♦How often does your infant sleep with soft bedding?

- Always
- Sometimes
- Never

15. ♦Does your child have health insurance coverage?

- Yes (if yes, which type of health insurance do you use when you take your child for medical care; please check all that apply)
 - Medicaid
 - CHIP
 - Tri-Care
 - Private
 - Other (please specify) _____
- No

To be completed by the Nurse Home Visitor: Developmental Delay

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

ASQ:SE2 Questionnaire used: **6 months** **12 months** **18 months** **24 months**

ASQ:SE2 Total

- Child not eligible for screening at this time because child is receiving services
- Parent declined further screening

17. ♦Was a referral to services made?

- Yes
- No (If no, please indicate the reason)
 - Referral not needed at this time
 - Monitoring prior to referral

Please complete the following after the home visit:

18. ♦Are you aware of any referral of mother/family to social services for child abuse, neglect or other reasons since the child's birth?

- Yes Date of Referral: ___/___/___ (month/day/year)
 - Abuse Neglect Other _____ (please specify reason) Date of Referral: ___/___/___ (month/day/year)
 - Abuse Neglect Other _____ (please specify reason) Date of Referral: ___/___/___ (month/day/year)
 - Abuse Neglect Other _____ (please specify reason)
- No

19. ♦Did you (nurse home visitor) initiate referral of mother/family to social services for child abuse, neglect or other reasons since the child's birth?

- Yes Date of Referral: ___/___/___ (month/day/year)
 - Abuse Neglect Other _____ (please specify reason) Date of Referral: ___/___/___ (month/day/year)
 - Abuse Neglect Other _____ (please specify reason) Date of Referral: ___/___/___ (month/day/year)
 - Abuse Neglect Other _____ (please specify reason)
- No

Instructions for the Infant Health Care Data Collection

Purpose

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

General Guidelines

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

Item Instructions

Item	Guidelines
Reading, Telling Stories, and/or Singing Songs	<p>The intent of this question is to collect information about parenting practices that relate to early language and literacy development.</p> <p>Enter the number of days in a typical week mothers and other caregivers read, tell stories, and/or sing songs to their children.</p>
Routine Well Child checkup location	<p>Select the item that best represents the location the child goes for regular well child check ups. If you know that a particular clinic is a designated FQHC, please select FQHC over possible other items such as community clinic. Indian Health Services is not a category at this time – please select 'other' for well care at Indian Health Services.</p> <p>If a child receives routine pediatric care from a provider associated with a hospital, regardless of location (on hospital campus versus satellite), choose Hospital Outpatient.</p>
Lead Screening	<p>Indicate whether the child had a lead test if one was performed, record the result.</p> <p>If the client doesn't know if the child had a lead test, discuss strategies for the client to obtain the results from her child's health care provider. Alternatively, the nurse can directly request the information from the health care provider with the client's consent.</p>

<p>Child's Weight and Height</p>	<p>Questions 4 and 5 record the child's weight, height, and growth percentiles. To calculate the percentiles, reference the World Health Organization growth charts here. Reference the birth to 24 months charts for boys'/girls' weight for age percentile and length for age percentile.</p>
<p>Breastfeeding</p>	<p>The questions in this section are under review, and the language is expected to change with the next release. Please note the skip patterns in the questions.</p> <p>Question #7 ("If child did not receive breast milk at birth, have they since received it?")</p> <ul style="list-style-type: none"> • The intent is to capture if a child has "ever" received breastmilk for reporting purposes. • If the child has EVER received breastmilk, answer YES. • <u>N/A should not be chosen under any circumstances.</u> <p>Questions addressing breastmilk feeding exclusivity do not include short term administration of water or other liquids because of illness at the recommended by a healthcare provider.</p>
<p>Safe Sleep Practices</p>	<ul style="list-style-type: none"> • The purpose of the three safe sleep questions is to assess the extent to which caregivers report safe sleep practices for the children. • This provides an opportunity to share information about safe sleep and plan for sharing this information with other family members and caregivers. • These questions are only asked at the Infant 6 and 12-month time points. When completing the forms at Toddler 18 and 24 months, please select "N/A."
<p>ASQ:SE 2</p>	<p>Recorded at 6 months, 12 months, 18 months, 24 months</p> <ul style="list-style-type: none"> • If a child is receiving early intervention services use your nursing judgment and input from the caregiver and supervisor about whether to complete developmental screening. • If the child is receiving early intervention services for a developmental delay and the parent, nurse, and/or supervisor decide that further screening is inappropriate because the child had a developmental assessment, enter zero for the score and select "not eligible" for developmental screening. • If the child is not receiving early intervention services, and the parent declines all or any portion of the developmental screening, enter zero for the score. • Scores of zero will not be transmitted to the data warehouse (ETO only). • Indicate whether a referral for further developmental assessment or services was made after the screening. This referral will also be captured on the Referral to Services form connected to the Encounter form for the visit. • Include the ASQ:SE2 assessment scores at the appropriate child age. • The ASQ:SE2 can be used within 3 months of the targeted age for children 6 through 30 months. For example, the 6-month ASQ:SE2 can be used with children ages 3 months through 8 months 29 days. Once the child reaches 9 months the child is screened using the 12-month ASQ-SE2 questionnaire. For more in-depth instructions on completion of the ASQ:SE2, refer to Appendix B "Guidance for Developmental Screening."

Abuse and Neglect	Definitions for abuse, neglect and maltreatment vary across jurisdictions. The nurse home visitor seeks guidance about reporting abuse and neglect through agency policies. The purpose of these questions is to indicate: <ul style="list-style-type: none">• This question is to be answered by the nurse home visitor and not directed to the client.• A report/referral was made by an NFP nurse home visitor.• The date of the report/referral. Referrals to social services for abuse/neglect will have been recorded on the Referral to Services form when indicated on the Encounter Form.
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Frequently Asked Questions

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

A client can continue to receive NFP services even if the child is removed from the home, if she chooses, and based on nursing judgement in reflection with the nursing supervisor. Complete data items appropriate for the client. A client can continue to receive services until the client loses parental rights. Once client has no options for reunification, fill out *Client Discharge* form (child no longer in family's custody/parental rights terminated).

If the child is in the custody of a family member (e.g., husband/partner, grandmother of the baby) or foster care family, the child can continue to be seen if the alternative caregiver wants to continue services. In these situations, data can be collected separately from child and client. If the client loses parental rights, but the alternative caregiver wants to continue NFP visits, they can continue. Please use nursing judgement and reflection with nurse supervisor. In these cases, complete only forms and data items that are appropriate for the child.

Questions 4 and 5 ask about the infant's weight and height. They also ask for a percentile. What chart do we use to calculate the percentile?

Use the WHO (World Health Organization) growth charts found at http://www.cdc.gov/growthcharts/who_charts.htm.

What about the ASQ:SE2?

The time frame during which the ASQ:SE2 is valid differs from that of the ASQ (ASQ-3),

so adjusting for prematurity will occur less frequently. A child born three months premature can still use the 6-month ASQ:SE2 at 6 months.

ASQ: SE2	Valid Age Range
6 months	3 months 0 days through 8 months 29 days
12 months	9 months 0 days through 14 months 29 days
18 months	15 months 0 days through 20 months 29 days
24 months	21 months 0 days through 26 months 29 days

Mastery Assessment & Plan (MAP-1)

Nurse Home Visitor Name		Observer's Name	
Visit Date	Client Name		
Case Number	Visit Length (Minutes)		

- 4 month PRN
 Additional Visit: NHV Requested Supervisor Requested

Standard 1: Applies theories and principles integral to implementation of the NFP model.

Proficiency 1.1 Applies Self-Efficacy Theory to promote client empowerment and growth.

- Regularly provides concrete and specific feedback regarding client successes, strengths and goals achievement.
 - Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application
- Identifies stages of change.
 - Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application

Proficiency 1.2 Uses client-centered principles to engage, retain and empower client

3. Client is expert: Attends to client to understand values, beliefs, experience and context; does not impose own perspectives.
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application
4. Client's heart's desire: Elicits client's dreams and wants; uses these as a basis for planning care and interactions with client.
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application

Proficiency 1.3 Applies knowledge of Attachment Theory to establish and maintain relationships with clients

5. Uses the visit structure (Greeting, Issues & Concerns, Review & Report, Plan, Summary) and principles of regulation to create a predictable pattern and safe base for clients.
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application
6. Maintains nonjudgmental attitude and emotional availability during visits.
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application

Proficiency 1.4 Applies Attachment Theory to help client demonstrate consistent, responsive and nurturing caregiving.

Assesses client's and partner's attachment history to identify potential risks for attachment.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 1.5 Applies Human Ecology Theory to strengthen client social network and support systems.

7. Formally assesses the client's personal network relationships, identifying both supportive and non-supportive relationships.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Comments About Standard 1 _____

Standard 2: Uses research, ongoing quality improvement and reports from data systems to guide and improve practice.

Proficiency 2.1 Uses appropriate therapeutic communication in gathering information to complete data collection forms.

8. Uses a conversational style (versus formal Q&A) to gather data to complete assessment and data forms.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 2.2 Uses clinical judgment and engagement strategies about timing of questions around sensitive issues.

Becomes familiar with the schedule and guidance for completing data forms.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 2.3 Uses data to inform nursing assessment and improve client outcomes.

9. Uses data (e.g., maternal health assessment and demographics form) to inform assessments such as the Strengths and Risks (STAR) Framework to build an intervention plan.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Comments about Standard 2 _____

Standard 3: Uses the Nursing Process to deliver individualized client care and set goals across the six domains.

Proficiency 3.1 Applies critical thinking skills when using the nursing process within the six domains

10. Uses the Nursing Process including the Strengths and Risks (STAR) Framework to assess client strengths and risks in all domains

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

11. Uses the Nursing Process, the Strengths and Risk (STAR) Framework and nursing judgment to guide decisions about alternate visit schedules, use of telehealth, etc.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

12. Evaluates care and adjusts plans as needed to respond to client risks and needs

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

3.1a Uses the Nursing Process in the Personal Health Domain

13. Assesses client's physical and mental health, taking into consideration known risk factors and impact on outcomes.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

14. Educates client about warning signs that would indicate a health risk and corresponding actions that can be taken to minimize health risks.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

15. Monitors health of high risk or significantly compromised clients and ensures that they are knowledgeable of their condition and treatment options.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

3.1b Uses the Nursing Process in the Environmental Health Domain

16. Assesses the home for the presence of hazards that can compromise the client's well-being and ensures that client is knowledgeable of health hazards and basic preventative actions (e.g., adequate heat, in-home toxins, pets, insect infestations, hoarding, etc.).

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

17. Assesses the neighborhood for the presence of hazards that could compromise the client's well-being (e.g., crime, gangs, drugs, etc.) and reviews preventive measures with client.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

3.1c Uses the Nursing Process in the Life Course Development Domain

18. Elicits client's goals and hearts' desire around her future.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

3.1d Uses the Nursing Process in the Maternal Health Domain

19. Identifies and supports clients through stages of role adaptation including ambivalence, body changes, evaluating relationships and building support, building self-efficacy in child care and promoting bonding.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

20. Recognizes how maternal role adaptation impacts attachment and parent and child outcomes.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

3.1e Uses the Nursing Process in the Family and Friends Domain

21. Seeks to understand the family culture, values and beliefs and when indicated adapts the visit to meet the client's needs and preferences.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

22. Assesses client for intimate partner violence and other forms of violence, providing education, support, safety plans and referral as needed.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 3.2 Applies professional clinical nursing judgment and collaborates with the client to individualize the intervention to meet the specific needs of the client and infant.

23. Prioritizes and plans visit content based on client's interests, attention level, and nurse's assessment of client's unique risk factors.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

24. Includes recommended program content in visits.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

25. Follows the Home Visit Structure while ensuring client's needs and requests are met.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

26. Utilizes concepts of client retention (e.g., flexibility of visit frequency and location) as needed when structure is not working for client.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

27. Uses the Home Visit Form to provide affirmation, progress, goal setting, plans for future visits and a history of successes.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 3.3 Implements the program in a manner that is safe for the client and the child

28. Distinguishes between decisions and behavioral practices of the client that may or may not impose such risk as to require immediate intervention.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Comments About Standard 3 _____

Standard 4: Establishes therapeutic relationships with client.

Proficiency 4.1 Demonstrates therapeutic qualities and characteristics. (e.g.: dependability, empathy, trust, respect, professional intimacy and awareness of power differentials).

29. Sets aside personal and/or workplace issues and is fully present with the client during the visit.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

30. Assesses therapeutic relationships with clients through formal feedback (e.g., "How Is It Going Between Us?") and informal methods (e.g., observation of client behavior).

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

31. Engages and retains clients through trust and mutuality.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 4.2 Applies the spirit, principles and strategies of therapeutic communication to build relationship with client and promote healthy change.

32. Conveys acceptance and understanding.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 4.4 Understands and respects client/family culture, as a foundational element of therapeutic relationship.

33. Elicits clients' view of self and cultural constructs as a foundation for building the therapeutic relationship

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

34. Seeks to understand impact of culture, values and beliefs on the client's perspective, expectations, behaviors, and decisions.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

35. Seeks to become aware of nurse's unconscious biases and reflects on how it impacts therapeutic relationships.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Comments about Standard 4 _____

Standard 5: Utilizes reflective processes to improve practice.

Proficiency 5.1 Understands and applies reflective process to improve practice

36. Actively participates in reflective process in team meeting, case conference and 1:1 supervision

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Comments about Standard 5 _____

Standard 6: Adheres to Standards of Nursing Practice

Proficiency 6.1 Pursues knowledge in maternal-child health and nurse home visitation that reflects most current nursing practice.

37. Assesses essential clinical and NFP model skills to establish a professional development plan that addresses gaps.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

38. Learns and applies home visitation skills such as learning about community and community systems/resources, understanding and respecting the population being served, client recruitment, initiating and maintaining client contact, managing home visits (scheduling, timing, materials and resources), understanding family systems, family dynamics, managing others during visit, establishing home visitor safety, dress and work habits align with standard for home visiting.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 6.2 Engages in ethical practice.

39. Knowledgeable of Nursing Code of Ethics.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

40. Practices with compassion, integrity and respect for clients.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

41. Promotes, advocates for and protects the rights, health and safety of the client.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

42. Protects the rights of privacy and confidentiality of clients and families.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

43. Maintains therapeutic relationships and boundaries

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

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44. Respectful of client's values, choices and decisions even when they differ from nurses' values, choices and decisions.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

45. Nurse does not engage in practices that could endanger self, client or family health. (Use of substances, visiting while ill, etc.)

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

46. Documents in a timely way, expressing accurate facts in alignment with agency policy.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 6.6 Complies with state and agency nursing legal requirements

47. Knowledgeable of state nursing practice act

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

48. Knowledgeable of state reporting laws

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

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49. Maintains current nursing license

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

50. Practices within Scope of Practice

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

51. Complies with agency policy and procedures

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Comments about Standard 6 _____

Strengths

Review Proficiency Number(s)

Plan for Growth: Proficiency number(s)

Details of Plan for Growth:

Instructions for the Mastery Assessment & Plan (MAP-1)

Purpose

The Master Assessment and Plan (MAP) forms will help nurse home visitors and their supervisors track growth and progress on the NFP Standards and Proficiencies that comprise the NFP Model. The MAPs each have the same format and coding, however, each MAP addresses different proficiencies or levels of achievement. MAP 1 addresses foundational proficiencies. Each subsequent MAP builds on the previous MAP with increasing application of NFP theories, principles and practices. Each MAP reflects greater adaptation for complexities or nuanced practice. This achieves a few things: 1) provides specific knowledge and skills to guide growth; 2) tracks specific achievements and milestones that demonstrate growth and provides first steps on an NFP career ladder.

General Guidelines

The majority of information for MAP assessment is gathered during a joint visit. The supervisor may also include observations and insights from her/his experience of the nurse home visitor during case conferences and other interactions. The supervisor provides feedback and support including affirmation of the nurse home visitor's strengths. In addition, the supervisor and nurse home visitor collaborate to determine levels of skill and knowledge, to identify areas for growth, and to develop a plan for professional growth in the NFP model.

The MAP data collection forms are designed with a check boxes for each proficiency to be assessed. Since there are 4 levels (Emerging, Integrating, Complex Applications and Review) and 3 options for Review (Knowledge, Skill, and Importance), each item has 7 boxes. This makes the form easy to complete although long when printed on paper. Notes may be taken on an observation sheet during the joint visit and the data collection form may be completed collaboratively between the supervisor and nurse home visitor during 1:1 reflection time(s).

Definitions for Coding

- **Emerging level** describes the nurse home visitor that can define the concepts and principles, can perform the tasks and complete basic functions related to this proficiency, but is not yet "fluid" and confident with this proficiency. The nurse may need support, modeling, or role play from colleagues to be successful in delivering this proficiency.
- **Integration level** describes the nurse home visitor that has surpassed the emerging level for the proficiency and is starting to integrate theories and principles. The nurse home visitor can use concepts related to this proficiency in new situations and can modify approaches appropriately when needed. The nurse can generally perform these skills with confidence and efficiency.
- **Complex Application level** describes the nurse home visitor that has surpassed the integration level for this proficiency. The nurse can synthesize multiple factors and adapt care or strategies in complex situations and for complex clients. The nurse home visitor feels this proficiency is very important and has high level of knowledge and skill in this area. Generally, nurse home visitors do not reach this level until they have had a few years of experience and focused learning on the specific proficiency.
- **Review level** describes different conditions. 1) The supervisor has determined that the nurse is not yet able to define the concepts and principles related to the particular proficiency or is not yet able to

perform the tasks or basic functions related to the proficiency. 2) The nurse has requested a review and support, resources, knowledge or skill to address a gap or lack of confidence in meeting this particular proficiency. 3) The nurse is not now able to perform the proficiency after previously being able to.

- **Not Assessed:** There may be some proficiencies that the supervisor is not able yet to assess. Skip the proficiency and address it later when the next MAP is due or in between the usual time frames.

Options for “Review” level

If the nurse or the supervisor choose to code a particular proficiency as “Review”, they may further indicate the type of gap to address. Identifying the specific type of need is optional and is likely to prove useful in determining a successful professional development plan.

Additionally, the type of gap the nurse is experiencing is helpful feedback for the NFP NSO education team. For example, if the education team sees that many nurses experience a challenge on a particular proficiency due to knowledge, the team knows improvement to this content is needed.

- Optional: add “**Knowledge**” if the nurse home visitor has a knowledge gap.
- Optional: add “**Skill**” if the nurse home visitor has a skill gap.
- Optional: add “**Importance**” if the nurse home visitor does not see the importance.

Goal of Observing Home Visits and Coding MAPs

The goal is NOT to have all items at Mastery level, but instead to acknowledge successes, to increase awareness about needs for support or professional development, and to provide opportunities to challenge oneself in one’s career development.

Timeline for Completion of the MAP

- **Required:** Once every 4 months after a nurse home visitor begins enrolling clients.
- **Recommended:** Begin within 3-4 months of the nurse home visitor enrolling clients. This provides an opportunity for the supervisor to assess a new nurse home visitor early in his/her implementation of the NFP model and an opportunity to provide support early in their development process.
- **Recommended:** Complete additional MAPs more frequently than the 4-month interval on an “as needed” basis. This may be: 1) at the request for additional support by the nurse home visitor; 2) or when the supervisor identifies concerns or wishes to document exceptional growth and achievement; 3) or to document proficiencies that were not assessed during the usual time frame. Choose the MAP that best meets your needs.
- **Repeating a MAP:** The nurse home visitor and Supervisor may decide to repeat a MAP versus moving to the next MAP. For example, MAP 1 is completed at 4 months and again at 8 months.

Link to Resource Page on NFP Community:

<http://community.nursefamilypartnership.org/Nursing-Practice/MAPs-Path-to-Nursing-Excellence>

Mastery Assessment & Plan (MAP-2)

Nurse Home Visitor Name		Observer's Name	
Visit Date		Client Name	
Case Number		Visit Length (Minutes)	

- 8 month PRN
 Additional Visit: NHV Requested Supervisor Requested

Standard 1: Applies theories and principles integral to implementation of the NFP model.

Proficiency 1.1 Applies Self-Efficacy Theory to promote client empowerment and growth.

- Uses strategies appropriate to the stage of change.
 - Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application
- Supports client with establishing achievable goals.
 - Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application

Proficiency 1.2 Uses client-centered principles to engage, retain and empower client

3. Only a small change: Recognizes small changes and celebrates them with the client. Paces goals and expectations according to client's readiness, ability and commitment.
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application
4. Focus on strengths: Regularly assess strengths and highlights them with client. Ties strengths to potential for client to achieve dreams and goals.
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application
5. Focus on solutions: Assists client to recognize past solutions and possible new solutions that fit within her context to address her goals.
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application

Proficiency 1.3 Applies Attachment Theory to establish and maintain relationships with clients

6. Models regularity and consistency in planning and delivering scheduled visits, (e.g. accomplishes each activity promised, keeps scheduled visits, and arrives on time).
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application

Proficiency 1.4 Applies Attachment Theory to help client demonstrate consistent, responsive and nurturing caregiving.

7. Explains concepts of infant attachment to the parents, inviting them to think about how they will build trust for the infant.
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application
8. Assists parents to understand importance of patterns and routines.
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application

Proficiency 1.5 Applies Human Ecology Theory to strengthen client social network and support systems.

9. Assists client to build and utilize a safe and helpful support network.
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application

Comments About Standard 1 _____

Standard 2: Uses research, ongoing quality improvement and reports from data systems to guide and improve practice.

Proficiency 2.1 Uses appropriate therapeutic communication in gathering information to complete data collection forms.

10. Uses reflections and clarifying questions to accurately capture client responses.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 2.2 Uses clinical judgment and engagement strategies about timing of questions around sensitive issues.

11. Assesses client readiness to discuss sensitive issues; consider nurse/client relationship, client history, trauma, and client cues.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 2.4 Uses data to improve individual practice and to set quality improvement goals.

12. Participants in review and discussion of data to improve individual practice.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 2.5 Practices with fidelity to the NFP model elements.

13. Knows the model elements.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Comments about Standard 2 _____

Standard 3: Uses the Nursing Process to deliver individualized client care and set goals across the six domains.

Proficiency 3.1 Applies critical thinking skills when using the nursing process within the six domains

14. Uses the Nursing Process including the Strengths and Risks (STAR) Framework to assess client strengths and risks in all domains and plans intervention accordingly, including use of family, community and personal resources.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

15. Uses the Nursing Process, the Strengths and Risk (STAR) Framework and nursing judgment to guide decisions about alternate visit schedules, use of telehealth, etc.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

16. Evaluates care and adjusts plans as needed to respond to client risks and needs.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

3.1a Uses the Nursing Process in the Personal Health Domain

17. Considers the impact of trauma history and resiliency.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

18. Provides appropriate interventions, including referrals, consistent with current clinical practice and NFP guidelines.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

3.1b Uses the Nursing Process in the Environmental Health Domain

19. Teaches the client about child safety concerns, (e.g., safe crib, sleep position, new car seat, play equipment, electrical plugs, door locks, poison prevention, second hand smoke, pets).

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

20. Assesses the home for the presence of hazards that can compromise the infant's well-being and ensures that client is knowledgeable of health hazards and basic preventative actions (e.g., adequate heat, in-home toxins, poison prevention, second hand smoke, pets, insect infestations, hoarding, sleep position, fall prevention, etc.).

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

3.1c Uses the Nursing Process in the Life Course Development Domain

21. Identifies factors that might make client at risk for rapid repeated pregnancies (e.g., barriers to use of birth control, partner's desire for more children, etc.) and works with client to minimize risks.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

22. Uses Visit-to-Visit Guidelines and other materials to assess and plan client's short and long-term goals with regard to work, school, and home life.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

3.1d Uses the Nursing Process in the Maternal Health Domain

Adaptation to the Mothering Role and Partner Role

23. Elicits client's and partner's views of parental role models and supports reflection on which models and values they will emulate.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

24. Identifies red flags/blocks or concerns to healthy maternal role adaptation.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Caregiving (Mother, Father, Partner, other caregivers)

25. Educates client (and partner when applicable) on infant cues of engagement and disengagement and strategies for moving baby from one state to another (e.g., Keys to Caregiving).

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

26. Listens, observes and respectfully explores with the client what the child might be experiencing and communicating during parent-child interactions.
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application
27. Assesses parent-child interactions to identify infant's ability to give clear cues and client's ability to read and respond to cues appropriately.
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application
28. Coaches parents to plan interventions to facilitate infant's self-regulation based on data gathered about sleep-wake cycles, feeding patterns, and periods of fussiness and crying.
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application

3.1e Uses the Nursing Process in the Family and Friends Domain

29. Works with client on how to engage others for support.
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application
30. Assesses client for intimate partner violence and other forms of violence, providing education, support, safety plans and referral as needed.
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application

3.1f Uses the Nursing Process in the Health and Human Services Domain

31. Has a basic understanding of available community services, assesses in all domains and refers client to appropriate services to meet needs.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 3.2 Applies professional clinical nursing judgment and collaborates with the client to individualize the intervention to meet the specific needs of the client and infant.

32. Adapts the Visit-to-Visit Guideline facilitators, other materials and activities to meet the learning, developmental context and readiness of the client.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

33. Identifies client's readiness to change a desired behavior and selects an intervention strategy to help client begin the process of change that matches her stage of change (e.g., pre-contemplation, etc.)

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Comments About Standard 3 _____

Standard 4: Establishes therapeutic relationships with client.

Proficiency 4.1 Demonstrates therapeutic qualities and characteristics. (e.g.: dependability, empathy, trust, respect, professional intimacy and awareness of power differentials).

34. Engages and retains clients through trust and mutuality creating an environment of emotional safety and connection for clients.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

35. Accurately reads client's verbal and non-verbal communication, such as engagement, disengagement and resistance, and responds in a therapeutic manner.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

36. Demonstrates awareness of the power differential in this relationship (e.g. sensitivity to client's vulnerability to an authority figure, and appropriate use of power).

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 4.2 Applies the spirit, principles and strategies of therapeutic communication to build relationship with client and promote healthy change.

37. Actively listens for change language that indicates a client's desire, ability, reason, need and/or commitment to change.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

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38. Elicits client's personal goals, aspirations, values and dreams through reflection and open-ended questions.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

39. Identifies client's strengths for attaining articulated goals based on an assessment of her overall attitude, knowledge, skills and support resources.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

40. Understands how stage of change relates to providing information (e.g. pre-contemplation vs. preparation stage).

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

41. Demonstrates skill in collaborating with client to plan future visits based on client's motivation and requests, nursing judgment, and essential program content, etc.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 4.3 Identifies challenges to therapeutic nurse-client relationships including boundaries and seeks solutions to resolve them.

42. Establishes and maintains therapeutic boundaries.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

43. Avoids imposing own beliefs and values on client.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

44. Maintains established site-based and professional boundaries when working with clients (e.g., accepting gifts, transporting clients, giving out personal contact number).

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Comments about Standard 4 _____

Standard 5: Utilizes reflective processes to improve practice.

Proficiency 5.2 Recognizes the value of reflective process for personal and professional health to recognize and mitigate the impact of job stress, burnout and compassion fatigue.

45. Uses reflective processes and practices self-care to maintain emotional and physical well-being.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Comments about Standard 5 _____

Standard 6: Adheres to Standards of Nursing Practice

Proficiency 6.1 Pursues knowledge in maternal-child health and nurse home visitation that reflects most current nursing practice.

46. Follows standards of practice for delivery of NFP maternal child health services in home/community.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 6.3 Communicates and collaborates with interdisciplinary healthcare team.

47. Engages as an active team member to establish mutual support.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 6.4 Demonstrates continuing competency in the nursing role.

48. Documentation shows evidence of nursing process.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

49. Establishes priorities and manages time to fulfill responsibilities.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 6.5 Demonstrates nursing leadership.

50. Actively engages in team participation and growth.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

51. Practices autonomously and knows when to seek assistance.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Comments about Standard 6 _____

Proficient in Keys to Caregiving?

- Yes No

Proficient with ASQ and ASQSE?

- Yes No

Strengths

Review Proficiency Number(s)

Plan for Growth: Proficiency number(s)

Details of Plan for Growth:

Instructions for the Mastery Assessment & Plan (MAP-2)

Purpose

The Master Assessment and Plan (MAP) forms will help nurse home visitors and their supervisors track growth and progress on the NFP Standards and Proficiencies that comprise the NFP Model. The MAPs each have the same format and coding, however, each MAP addresses different proficiencies or levels of achievement. MAP 1 addresses foundational proficiencies. Each subsequent MAP builds on the previous MAP with increasing application of NFP theories, principles and practices. Each MAP reflects greater adaptation for complexities or nuanced practice. This achieves a few things: 1) provides specific knowledge and skills to guide growth; 2) tracks specific achievements and milestones that demonstrate growth and provides first steps on an NFP career ladder.

General Guidelines

Most information for MAP assessment is gathered during a joint visit. The supervisor may also include observations and insights from her/his experience of the nurse home visitor during case conferences and other interactions. The supervisor provides feedback and support including affirmation of the nurse home visitor's strengths. In addition, the supervisor and nurse home visitor collaborate to determine levels of skill and knowledge, to identify areas for growth, and to develop a plan for professional growth in the NFP model.

The MAP data collection forms are designed with a check boxes for each proficiency to be assessed. Since there are 4 levels (Emerging, Integrating, Complex Applications and Review) and 3 options for Review (Knowledge, Skill, and Importance), each item has 7 boxes. This makes the form easy to complete although long when printed on paper. Notes may be taken on an observation sheet during the joint visit and the data collection form may be completed collaboratively between the supervisor and nurse home visitor during 1:1 reflection time(s).

Definitions for Coding

- **Emerging level** describes the nurse home visitor that can define the concepts and principles, can perform the tasks and complete basic functions related to this proficiency, but is not yet "fluid" and confident with this proficiency. The nurse may need support, modeling, or role play from colleagues to be successful in delivering this proficiency.
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- **Review level** describes different conditions. 1) The supervisor has determined that the nurse is not yet able to define the concepts and principles related to the particular proficiency or is not yet able to

perform the tasks or basic functions related to the proficiency. 2) The nurse has requested a review and support, resources, knowledge or skill to address a gap or lack of confidence in meeting this particular proficiency. 3) The nurse is not now able to perform the proficiency after previously being able to.

- **Not Assessed:** There may be some proficiencies that the supervisor is not able yet to assess. Skip the proficiency and address it later when the next MAP is due or in between the usual time frames.

Options for “Review” level

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- Optional: add “**Knowledge**” if the nurse home visitor has a knowledge gap.
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Goal of Observing Home Visits and Coding MAPs

The goal is NOT to have all items at Mastery level, but instead to acknowledge successes, to increase awareness about needs for support or professional development, and to provide opportunities to challenge oneself in one’s career development.

Timeline for Completion of the MAP

- **Required:** Once every 4 months after a nurse home visitor begins enrolling clients.
- **Recommended:** Begin within 3-4 months of the nurse home visitor enrolling clients. This provides an opportunity for the supervisor to assess a new nurse home visitor early in his/her implementation of the NFP model and an opportunity to provide support early in their development process.
- **Recommended:** Complete additional MAPs more frequently than the 4-month interval on an “as needed” basis. This may be: 1) at the request for additional support by the nurse home visitor; 2) or when the supervisor identifies concerns or wishes to document exceptional growth and achievement; 3) or to document proficiencies that were not assessed during the usual time frame. Choose the MAP that best meets your needs.
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Mastery Assessment & Plan (MAP-3)

Nurse Home Visitor Name		Observer's Name	
Visit Date		Client Name	
Case Number		Visit Length (Minutes)	

- 12 month PRN
 Additional Visit: NHV Requested Supervisor Requested

Standard 1: Applies theories and principles integral to implementation of the NFP model.

Proficiency 1.1 Applies Self-Efficacy Theory to promote client empowerment and growth.

- Builds on client's strengths to help her set realistic short-term goals and activities that facilitate progress toward her long-term goals.
 - Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application

- Assists client to engage family and friends in a constructive manner in order to gain support for her goals and her life.
 - Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application

3. Continuously assesses nurse-client interactions over time to assure that client independence is fostered (e.g., gradually promote client doing more for self and baby).

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 1.3 Applies Attachment Theory to establish and maintain relationships with clients

4. Provides opportunities for client to explore issues and concerns that may arise between visits, and can demonstrate flexibility within the visit structure to meet client needs.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 1.4 Applies Attachment Theory to help client demonstrate consistent, responsive and nurturing caregiving.

5. Monitors client and partner behaviors that reflect how they are bonding with fetus/child.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

6. Assists parents to understand importance of patterns and routines as they relate to child's sense of emotional safety.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

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7. Assesses emotional regulation of parent and child.
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application
8. Observes parent-infant interaction following birth of baby, identifying ability of parents to read baby's cues and states and respond in a sensitive, nurturing and appropriate manner.
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application
9. Assesses parents' ability to manage child's distress and stay connected in a nurturing way during distress.
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application
10. Teaches parents to be more emotionally connected and responsive by presenting parenting concepts, demonstrating them and coaching parents to successfully integrate the concepts in daily life.
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application

Proficiency 1.5 Applies Human Ecology Theory to strengthen client social network and support systems.

11. Monitors the client's changing needs and use of community resources, including clients' perceptions of barriers to use of resources.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

12. Builds client's ability to autonomously advocate for herself and her child when using community resources.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

13. Builds client skills and abilities to access support to help her attain her goals.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Comments About Standard 1 _____

Standard 2: Uses research, ongoing quality improvement and reports from data systems to guide and improve practice.

Proficiency 2.3 Uses data to inform nursing assessment and improve client outcomes.

14. Uses ongoing data (e.g., 6 mo., 12 mo., 18 mo. assessments) to update Strengths and Risk (STAR) Framework and adjust plan of care.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 2.4 Uses data to improve individual practice and to set quality improvement goals.

15. Uses data to implement strategies to improve individual practice.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 2.5 Practices with fidelity to the NFP model elements.

16. Knows the model elements and applies them in practice.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

17. Employs the model elements to support client goals and NFP outcomes.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Comments about Standard 2 _____

Standard 3: Uses the Nursing Process to deliver individualized client care and set goals across the six domains.

Proficiency 3.1 Applies critical thinking skills when using the nursing process within the six domains

18. Uses the Nursing Process including the Strengths and Risks (STAR) Framework to assess client strengths and risks in all domains and plans intervention accordingly, including use of family, community and personal resources.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

19. Uses the Nursing Process, the Strengths and Risk (STAR) Framework and nursing judgment to guide decisions about alternate visit schedules, use of telehealth, etc.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

20. Evaluates care and adjusts plans as needed to respond to client risks and needs.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

3.1b Uses the Nursing Process in the Environmental Health Domain

21. Assesses the neighborhood for the presence of hazards that could compromise the child's well-being (e.g., crime, high traffic areas, and playground safety) and reviews preventive measures with client.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

22. Discusses child-proofing the environment and creating a healthy environment to support child's growth and development (e.g., stimulating and safe toys, storage of medications and cleaning supplies, etc.).

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

23. Assists client to evaluate quality and safety of the environments and providers used for child care (e.g., center childcare, in-home day care, care by friend/relative).

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

24. Supports client to identify and use community resources for ensuring her own and her child's safety (e.g., lead abatement programs, car seat donation and installation programs, fee smoke alarms, alternative housing options).

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

3.1c Uses the Nursing Process in the Life Course Development Domain

25. Supports client (and partner, if applicable) to develop realistic plans to attain goals for spacing future pregnancies respecting cultural norms, religious attitudes, client's and families' values and beliefs.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

26. Assists client in communicating with others regarding plans and rationale for spacing future pregnancies (e.g., desire to finish school) and engaging their support.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

27. Works with client to identify and use community resources and personal support networks that are available to assist client in meeting her work and school related goals.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

3.1d Uses the Nursing Process in the Maternal Health Domain

Adaptation to the Mothering Role and Partner Role

28. Assesses partner role in caregiving and possible challenges to such involvement.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

29. Recognizes challenges of adolescent development in Maternal Role Adaptation.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Caregiving (Mother, Father, Partner, other caregivers)

30. Incorporates concepts of emotional/behavioral regulation into discussions of parents' own emotional regulation with their infants and others (e.g., how they can use these concepts to regulate their behavior when they are upset/tired).

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

31. Presents and demonstrates parenting concepts that improve parent-child interaction based on assessment of parents' knowledge and skills adapting to parents' social and cultural situation, learning style, literacy, and infant's temperament.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

32. Demonstrates parent-child activities of daily living or play, role modeling how to successfully engage a child, adjusting for developmental level.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

33. Understands and utilizes caregiving assessments and tools such as DANCE, Keys, and PIPE to improve parent-child relationships and attachment.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

34. Engages parents in a reflective evaluation regarding what the parent experienced during parent-child interactions and supports building the parents' skills as they express openness and/or readiness to enhance.
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application
35. Assesses and teaches parents about physical, emotional and cognitive development and coaches parents to foster infant/child development.
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application
36. Works with parent(s) to identify community resources (e.g. playgrounds, group child activities) to enhance physical growth opportunities for infant/toddler.
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application
37. Assesses infant/ toddler's cognitive and language development using standardized assessment tools and identifies developmental delays based on data collected and/or observations.
- Review
 - Knowledge
 - Skill
 - Importance
 - Emerging
 - Integration
 - Complex Application

3.1e Uses the Nursing Process in the Family and Friends Domain

38. Assesses potential risk for child abuse and helps client to minimize threats to child's safety (e.g., not leaving child with unsafe caregiver).

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

39. Assists parents/family to establish common goals and expectations (e.g., media viewing, discipline, etc.) for infant/toddler care.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

40. Helps client develop plans for sharing information with other caregivers about child's routines, likes and preferences, and ways to manage child when he/she is irritable or fussy, or provider is frustrated/overwhelmed.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

3.1f Uses the Nursing Process in the Health and Human Services Domain

41. Has a comprehensive understanding of available community services, assesses in all domains and refers client to appropriate services to meet needs.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 3.3 Implements the program in a manner that is safe for the client and the child

42. Communicates openly and honestly with client regarding decisions/ behavior that may place herself and/or baby in an unsafe situation.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

43. Uses solution focused approaches with client to help her integrate learning to avoid making unsafe decisions in the future when faced with a similar situation.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Comments About Standard 3 _____

Standard 4: Establishes therapeutic relationships with client.

Proficiency 4.1 Demonstrates therapeutic qualities and characteristics. (e.g.: dependability, empathy, trust, respect, professional intimacy and awareness of power differentials).

44. Collaborates with client to manage environmental distractions and maintain focus on the visit while acknowledging her role as a guest in the home.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

45. Creates an environment of emotional safety and connection for clients by using active listening approaches.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 4.2 Applies the spirit, principles and strategies of therapeutic communication to build relationship with client and promote healthy change.

46. Actively promotes change talk from clients and knows how to turn negative focus into positive change language and shift client focus from the negative to the positive.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 4.3 Identifies challenges to therapeutic nurse-client relationships including boundaries and seeks solutions to resolve them.

47. Reflects on how own beliefs and values may differ from client and reflects on them to consider how nurse interprets client behavior.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

48. Builds skill in having challenging conversations such as discussion of substance use, IPV, trauma history, etc.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 4.4 Understands and respects client/family culture, as a foundational element of therapeutic relationship.

49. Adapts practice to incorporate client's cultural values and beliefs.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Comments about Standard 4 _____

Standard 5: Utilizes reflective processes to improve practice.

Proficiency 5.1 Understands and applies reflective process to improve practice.

50. Collaborates with supervisor and peers to develop and articulate successful practices to address common challenges encountered with clients.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 5.2 Recognizes the value of reflective process for personal and professional health to recognize and mitigate the impact of job stress, burnout and compassion fatigue.

51. Utilizes the regular 1:1 supervision using reflective process for professional growth and support.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

52. Incorporates reflection to maintain health and job satisfaction including use of personal assessments such as ProQol, job motivators, etc.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 5.3 Uses reflection process to gain insights, set and accomplish goals to improve practice.

53. Uses reflection to improve individual practice

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

54. Uses reflection with peers and/or supervisor to seek solutions to difficult situations.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

55. Uses insights gained in reflection to support clients in achieving their goals.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
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Comments about Standard 5 _____

Standard 6: Adheres to Standards of Nursing Practice

Proficiency 6.1 Pursues knowledge in maternal-child health and nurse home visitation that reflects most current nursing practice.

56. Uses understanding of generational poverty and health equity to adjust expectations and biases.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 6.3 Communicates and collaborates with interdisciplinary healthcare team.

57. Collaborates with referral agencies and communicates with other professionals involved in case management (e.g., calling OB, managing communication with child protective services, probation, etc.).

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 6.4 Demonstrates continuing competency in the nursing role.

58. Completes ongoing assessment of clinical and NFP skills and regularly sets goals for professional development.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Proficiency 6.5 Demonstrates nursing leadership.

59. Practices autonomously and knows when to seek assistance.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

60. Participates as a positive influence in the team and demonstrates good communication and conflict resolution skills.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

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61. Utilizes nursing theory to guide practice.

- Review
 - Knowledge
 - Skill
 - Importance
- Emerging
- Integration
- Complex Application

Comments about Standard 6 _____

Proficient in PIPE?

- Yes No

Proficient with DANCE?

- Yes No

Strengths

Review Proficiency Number(s)

Plan for Growth: Proficiency number(s)

Details of Plan for Growth:

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Maternal Health Assessment: Pregnancy Intake

Client ID Client Name DOB

Date Nurse Home Visitor ID Nurse Home Visitor Name

Obstetrical History

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

1. ♦ How many live births have you had?
 If answer is more than 0 please choose one of the options below
 Baby died within 30 days Relinquished within 30 days
 Lost custody within 30 days Approved Multip Agency
 Other (please specify) _____

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

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

4. ♦ What have you been told is your due date (EDD)? **(This should be entered into the Individual Profile screen in DCS.)**
 EDD

General Health History

Now I am going to ask you some questions about your overall health and problems.

5. Do you have a history of any health concerns? (please check all concerns that apply)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> pre-pregnancy | <input type="checkbox"/> gestational |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> pre-pregnancy | <input type="checkbox"/> gestational |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> pre-pregnancy | <input type="checkbox"/> gestational |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> pre-pregnancy | <input type="checkbox"/> gestational |
| <input type="checkbox"/> Chronic urinary tract infections | <input type="checkbox"/> pre-pregnancy | <input type="checkbox"/> gestational |
| <input type="checkbox"/> Chronic vaginal infections | <input type="checkbox"/> pre-pregnancy | <input type="checkbox"/> gestational |
| <input type="checkbox"/> STI | <input type="checkbox"/> pre-pregnancy | <input type="checkbox"/> gestational |
| <input type="checkbox"/> Epilepsy | | |
| <input type="checkbox"/> Sickle cell disease | | |
| <input type="checkbox"/> Chronic gastrointestinal diseases, e.g., Crohn's Disease, ulcers | | |
| <input type="checkbox"/> Asthma/other chronic pulmonary disease | | |
| <input type="checkbox"/> Genetic disease/Congenital anomalies | | |
| <input type="checkbox"/> Mental health | | |
| <input type="checkbox"/> Diagnosed Depression | | |
| <input type="checkbox"/> Diagnosed Bipolar | | |
| <input type="checkbox"/> Diagnosed Schizophrenia | | |
| <input type="checkbox"/> Diagnosed Anxiety | | |
| <input type="checkbox"/> Diagnosed Addiction | | |
| <input type="checkbox"/> Alcohol | | |
| <input type="checkbox"/> Other drug use | | |

Other (Identify) _____

6. ♦What is your height?

ft. in.

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

lbs.

8. ♦What is your current weight? (Please weigh client)

lbs.

Personal Beliefs

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

9. I have little control over the things that happen to me.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

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10. There is really no way I can solve some of the problems I have.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

11. There is little I can do to change many of the important things in my life.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

12. I often feel helpless in dealing with the problems of life.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

13. Sometimes I feel that I'm being pushed around in life.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

14. What happens to me in the future mostly depends on me.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

15. I can do just about anything I really set my mind to do.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Instructions for the Maternal Health Assessment Data Collection

Purpose

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

Assessment data is collected in three categories: obstetrical history, general health history, and client's personal beliefs regarding the extent to which she is impact her own life circumstances (self-mastery.) Other relevant information, for example family health history, is noted in the client's clinical record.

General Guidelines

- **When to complete this data collection** During the first five visits based on NHV judgement.
- **This data collection should be revised before the child(ren)'s birth if an ultrasound, medical record, or other reliable source results in the revision to the original estimated due date (EDD) that was initially recorded. This data is used to calculate premature births in NFP and an accurate EDD is essential.**
- Assure the client that her information is confidential and explain that the nurse home visitor and the client will decide together how to use the information to help her achieve optimal health.

Item Instructions

Item	Guidelines
How many live births have you had?	<p>Nurse-Family Partnership is designed work with women during the ecological transition, the window of opportunity, in a first-time mother's life. There are circumstances where clients who have experienced a previous live birth are enrolled.</p> <p>Women who have experienced a neonatal death, loss of custody, or relinquishment of custody within the neonatal period (within the first 30 days after the baby's birth) may be eligible after thoughtful consideration by the Nurse Supervisor and Nurse Consultant.</p> <p>Multiparous tribal members living in proximity to their tribal lands and those that are a part of a tribal designated organization and meet enrollment eligibility may also enroll in NFP.</p>

Maternal Health Assessment: Pregnancy Intake
August 17, 2018

<p>How many weeks pregnant were you when you first started getting prenatal care for this pregnancy?</p>	<p>Obtain the client's "best guess" if she is not certain; however, be clear that this question is about how many weeks pregnant she was at her first visit with a health care provider as opposed to how many weeks pregnant she was when she had a pregnancy test to confirm that she was pregnant.</p> <p>If the client is not yet receiving prenatal care, enter her current gestation based on her last menstrual period or as assigned by a health care provider (e.g. a client receives a pregnancy test and dating ultrasound only and has not registered for usual pregnancy specific care with a provider.)</p>
<p>What have you been told is your due date (EDD)?</p>	<p>At a subsequent visit, if the client shares that her prenatal care provider has revised her EDD based on ultrasound or other clinical information, this information is edited in the DCS. If a nurse changes the EDD in the DCS based on new information she/he also notes the change in her clinical documentation.</p>
<p>General Health History</p>	<p>Reading the entire list may prompt the client to respond to a health condition she may not have consider a health problem until she hears the choices. Inquire if the client has other health problems other than those listed and record them under "other."</p>
<p>General Health History – Mental Health</p>	<ul style="list-style-type: none"> • Nurses should ask if client has ever been diagnosed by a health care provider with depression, bipolar disorder, or schizophrenia. • Diagnosed addiction - Nurse should ask the client if she has ever been diagnosed by a healthcare professional as having a substance use disorder OR if the client considers herself to be addicted to alcohol, marijuana, or other substances. We exclude nicotine products for this question.
<p>Current Weight</p>	<p>Weigh the client. If it is not possible to get a weight at the home visit you may ask the client to self-report their last weight.</p>
<p>Personal Beliefs</p>	<ul style="list-style-type: none"> • These questions are standardized and should be asked 'as is'. • This section helps the nurse home visitor to understand the client's personal beliefs regarding her self-mastery. The client's self-mastery has a strong influence on how she uses health information in caring for herself and her child. • Question 12 states "Sometimes I feel that I'm being pushed around in life." Some clients may take this statement literally. The nurse may need to explain that the statement does not refer to being physically pushed but instead refers to social pressure.

Patient Health Questionnaire-9 (PHQ-9)

Client ID Client Name DOB

Date Nurse Home Visitor ID Nurse Home Visitor Name

Check one: Intake Pregnancy 36 Weeks Infancy 1-8 Weeks Infancy 4-6 Months Infancy 12 Months
 Additional (PRN)

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

- | | |
|--|--|
| <p>1. ♦Little interest or pleasure in doing things</p> <p><input type="checkbox"/> 0 - Not at all
<input type="checkbox"/> 1 - Several days
<input type="checkbox"/> 2 - More than half the days
<input type="checkbox"/> 3 - Nearly every day</p> | <p>5. ♦Poor appetite or overeating</p> <p><input type="checkbox"/> 0 - Not at all
<input type="checkbox"/> 1 - Several days
<input type="checkbox"/> 2 - More than half the days
<input type="checkbox"/> 3 - Nearly every day</p> |
| <p>2. ♦Feeling down, depressed or hopeless</p> <p><input type="checkbox"/> 0 - Not at all
<input type="checkbox"/> 1 - Several days
<input type="checkbox"/> 2 - More than half the days
<input type="checkbox"/> 3 - Nearly every day</p> | <p>6. ♦Feeling bad about yourself – or that you are a failure or have let yourself or your family down</p> <p><input type="checkbox"/> 0 - Not at all
<input type="checkbox"/> 1 - Several days
<input type="checkbox"/> 2 - More than half the days
<input type="checkbox"/> 3 - Nearly every day</p> |
| <p>3. ♦Trouble falling or staying asleep, or sleeping too much</p> <p><input type="checkbox"/> 0 - Not at all
<input type="checkbox"/> 1 - Several days
<input type="checkbox"/> 2 - More than half the days
<input type="checkbox"/> 3 - Nearly every day</p> | <p>7. ♦Trouble concentrating on things, such as reading a newspaper or watching television</p> <p><input type="checkbox"/> 0 - Not at all
<input type="checkbox"/> 1 - Several days
<input type="checkbox"/> 2 - More than half the days
<input type="checkbox"/> 3 - Nearly every day</p> |
| <p>4. ♦Feeling tired or have little energy</p> <p><input type="checkbox"/> 0 - Not at all
<input type="checkbox"/> 1 - Several days
<input type="checkbox"/> 2 - More than half the days
<input type="checkbox"/> 3 - Nearly every day</p> | |

Patient Health Questionnaire-9 (PHQ-9)
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8. ♦ Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual

- 0 - Not at all
- 1 - Several days
- 2 - More than half the days
- 3 - Nearly every day

9. ♦ Thoughts that you would be better off dead or of hurting yourself in some way

- 0 - Not at all
- 1 - Several days
- 2 - More than half the days
- 3 - Nearly every day

Add all individual item scores to determine

Total Score:

10. ♦ If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

Instructions

The Patient Health Questionnaire-9 (PHQ-9) “is calculated by assigning scores of 0, 1, 2, and 3 to the response categories of ‘not at all’, ‘several days’, ‘more than half the days’, and ‘nearly every day’ respectively. PHQ-9 total score for the nine items ranges from 0 to 27... Scores of 5, 10, and 15 represent cutpoints for mild, moderate, and severe depression, respectively (p. 5).”

Note: With a total score of 5 and above (i.e., mild to severe depression): **“Continuous assessment should occur with every contact and formal screening as needed or within 90 days.”**

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

Instructions for patient health questionnaire (PHQ) and GAD-7 measures. (n.d.). Retrieved from <http://www.phqscreeners.com>

Instructions for Patient Health Questionnaire-9 (PHQ-9)

Purpose

The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression. The PHQ-9 incorporates DSM-IV depression diagnostic criteria with other leading major depressive symptoms into a brief self-report tool. The tool rates the frequency of symptoms which factors into the severity score.

The total score for the 9 PHQ-9 items ranges from 0 to 27. The cut-off scores are:

- Mild depression ≥ 5
- Moderate depression ≥ 10
- Moderately severe depression ≥ 15
- Severe depression ≥ 20

Question 9 scores for the presence and duration of suicidal ideation. **Use the Suicide Risk Assessment (found in the NFP ...)** for any affirmative response to item #9 on the PHQ: "In the past two weeks, have you had thoughts you would be better off dead (passive ideation) or of actively hurting yourself in any way (active suicidal ideation)?"

Consult your agency policies and with your nurse supervisor to devise a plan of care for all clients who are at risk for suicide.

General Guidelines

When to complete this form:

- May be collected within the first few visits based on the nurse's assessment
- 36 weeks pregnancy (required if using PHQ-9)
- 1-8 weeks postpartum (required if using PHQ-9)
- 4-6 months postpartum (required if using PHQ-9)
- 12 months postpartum (required if using PHQ-9)
- Optional at other times as indicated (Enter in DCS as Additional PRN)

The PHQ-9 is a standardized tool. Questions should be asked 'as is'.

It's helpful to introduce and normalize the screening for the client with statements like:
"In NFP we focus a lot on overall health. This includes not only physical health, but emotional health, or mental health as we sometimes call it. Part of what we planned for today's visit is to do a mental health screen. I want ask you some question about your feelings, thoughts and behaviors to better understand how you have been feeling over the past two weeks.

The screen is something we repeat about half-a-dozen times with all our clients during the 2-1/2 years we're visiting. The reason we do this is that mental health is so important to overall

health. It can make it easier or harder to stay physically healthy.”

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

[Link to NFP Supporting Maternal Mental Health Resources](#)

Referrals to NFP Program

REFERRAL INFORMATION:

◆ First Name			◆ Last Name		
◆ Date of Birth		EDD			
Primary Language					
Address				◆ Zip Code	
Email					
Work Phone		Home Phone		◆ Cell Phone	

Declined to provide cell phone #

REFERRAL SOURCE:

◆ Date of Referral	
Primary Source Name	
Location & phone	
Secondary Source Name	
Location & phone	
FOLLOW-UP NHV	

CONTACT LOG

PRE-ENROLLMENT REASON *(Penelope Only)*

- Agency is at Expected Capacity
- Agency is at Funded Capacity
- Awaiting confirmation of eligibility
- Awaiting enrollment
- Awaiting outreach
- Client preference for language
- Client requested delay
- Insufficient information
- Transfer

◆ Referral Source Code (Mark primary source)

- Adult healthcare provider or clinic (NOT obstetrical care provider)
- Billboard
- Broadcast (TV, radio)
- Child Welfare Services
- Community Event
- Developmental disability services
- Food Stamps
- Health plan
- Hospital (ER, Inpatient or other hospital services not clinics or providers)
- Judicial System
- Medicaid
- Mental Health treatment services
- News media article or show
- NFP Client (current or past)
- NSO
- Obstetrical healthcare provider or clinic
- Online
- Other (none of the above)
- Other home visiting program
- Outreach worker
- Pediatric healthcare provider or clinic
- Pregnancy Testing Clinic (NOT obstetrical care provider)
- Public sign
- School
- Substance use treatment provider or clinic
- TANF
- Unknown
- WIC

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◆ REFERRAL DISPOSITION CODE (DISMISSAL REASON)

- Already enrolled in another program
- Did not meet local criteria
- Did not meet NFP criteria
- Enrolled in NFP, Consent Signed
- Insufficient Referral Information
- Miscarried/fetal death
- Program full
- Refused participation
- Unable to locate
- Unable to serve client due to language

Instructions for the Referrals to NFP Program Data Collection

Purpose

This data collection is used to track the number of eligible pregnant women referred to the program and the disposition of the referrals. This information tracks the number of referrals by referral source, percent of referrals enrolled (to demonstrate need for the program), and, for those enrolled in the program, time from referral to program entry. When provided, the EDD helps prioritize referral assignment and outreach.

General Guidelines

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

Item Instructions

Item	Guidelines
EDD	Estimated date of delivery Use the estimated data of delivery derived from most accurate pregnancy dating method. You may have to update the EDD at a future visit based on revisions made by her health care provider e.g. first trimester ultrasound results etc.
Phone Number	There are fields to enter the client's work phone number, home phone number, and cell phone number. The cell phone number field is required. If the client does not have a cell phone or does not want to provide a cell phone number, select "Declined to provide cell #." **Follow agency policy regarding texting referrals**
Primary Language	This is an optional field. Language information is helpful for supervisors to utilize when assigning a referral to an NFP team member for outreach and assignment.
Zip Code	The zip code filed is useful to track the locations where referrals are coming from for the purposes of outreach and reporting. It can also be helpful in assigning referrals, based on geographic proximity of clients.
Email	Record client's email if provided
Date of Referral	The date the referral was received by the implementing agency (not the day the information is entered into the DCS.).
Referral Source Code	Enter the appropriate primary referral source code. Note: No "self" referral source code. Learn how the client became aware of NFP services and use appropriate source code.

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Primary Source Name	This is an optional field. Primary source name is the actual name of the referral source (e.g. Westside Teen Clinic, Westside Midwifery). The name of the referral source is useful for care coordination and referral tracking.																					
Follow-up NHV	This is an optional field. This can be utilized by the supervisor to track the NFP team member assigned to contact the referral.																					
Contact Log	<p>This is an optional field. Use this text box to track attempts to contact a potential client.</p> <p>This is also a useful field for identifying other information that influences the prioritization of referral assignment and outreach efforts (e.g. high-risk pregnancy, young teen.)</p>																					
Disposition Codes	<p>Mark the appropriate code indicating whether the client entered the program. If she did not, choose the appropriate reason.</p> <table border="1" data-bbox="380 793 1539 1829"> <tr> <td data-bbox="380 793 669 877">1 = Enrolled in NFP</td> <td data-bbox="669 793 1539 877">Consent signed and first visit completed.</td> </tr> <tr> <td data-bbox="380 877 669 961">2 = Refused participation</td> <td data-bbox="669 877 1539 961">Referral was contacted and chose not to participate</td> </tr> <tr> <td data-bbox="380 961 669 1087">3 = Unable to locate</td> <td data-bbox="669 961 1539 1087">Efforts have been made to contact the client referral and NHV has been unable to reach her. Consult agency policy about management of referrals.</td> </tr> <tr> <td data-bbox="380 1087 669 1171">4 = Did not meet NFP criteria:</td> <td data-bbox="669 1087 1539 1171">Client did not fall within NFP enrollment guidelines.</td> </tr> <tr> <td data-bbox="380 1171 669 1255">5 = Did not meet local criteria:</td> <td data-bbox="669 1171 1539 1255">Client did not fall within local implementing agency guidelines.</td> </tr> <tr> <td data-bbox="380 1255 669 1339">6 = Program full:</td> <td data-bbox="669 1255 1539 1339">The implementing agency has a waiting list.</td> </tr> <tr> <td data-bbox="380 1339 669 1507">7 = Already enrolled in another program:</td> <td data-bbox="669 1339 1539 1507">The client is enrolled in another program that is similar or supports her development.</td> </tr> <tr> <td data-bbox="380 1507 669 1633">8 = Unable to serve client due to language</td> <td data-bbox="669 1507 1539 1633">Agency unable to serve client due to language barrier and lack of interpreter services.</td> </tr> <tr> <td data-bbox="380 1633 669 1759">9 = Insufficient Referral Information</td> <td data-bbox="669 1633 1539 1759">Contact the referral source to obtain the missing information before using this disposition code.</td> </tr> <tr> <td data-bbox="380 1759 669 1829">10 = Miscarried / fetal death</td> <td data-bbox="669 1759 1539 1829">Use this code when the woman who was referred is no longer pregnant.</td> </tr> </table>		1 = Enrolled in NFP	Consent signed and first visit completed.	2 = Refused participation	Referral was contacted and chose not to participate	3 = Unable to locate	Efforts have been made to contact the client referral and NHV has been unable to reach her. Consult agency policy about management of referrals.	4 = Did not meet NFP criteria:	Client did not fall within NFP enrollment guidelines.	5 = Did not meet local criteria:	Client did not fall within local implementing agency guidelines.	6 = Program full:	The implementing agency has a waiting list.	7 = Already enrolled in another program:	The client is enrolled in another program that is similar or supports her development.	8 = Unable to serve client due to language	Agency unable to serve client due to language barrier and lack of interpreter services.	9 = Insufficient Referral Information	Contact the referral source to obtain the missing information before using this disposition code.	10 = Miscarried / fetal death	Use this code when the woman who was referred is no longer pregnant.
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Referrals to Services

Client ID Client Name DOB

Date Nurse Home Visitor ID Nurse Home Visitor Name

REFERRALS:		
Client	Child	Services
		Financial Assistance
		1. TANF/Welfare
		2. Food Stamps
		3. Social Security/Social Security Disability
		4. Unemployment Benefits
		5. Subsidized Child Care
		Crisis Intervention
		6. Mental Health Crisis
		7. Intimate Partner Violence
		8. Child Protective Services
		Mental Health
		9. Mental health treatment or therapy
		10. Relationship counseling
		Substance Abuse
		11. Smoking Cessation
		12. Alcohol Abuse
		13. Drug Abuse
		Health Care
		14. Medicaid
		15. SCHIP (State Children's Health Insurance Program)
		16. Private insurance
		17. Military insurance (Tricare)
		18. Indian Health Service
		19. Children with Special Health Care Needs
		20. Specialist Care <input type="text"/> Type of Specialist Care
		21. Primary care provider – sick client
		22. Primary care provider – well client - prenatal
		23. Primary care provider – well client - postpartum
		24. Primary care provider – well client - well-women care
		25. Primary care provider – sick child
		26. Primary care provider – well child
		27. Developmental Disabilities (Adult)
		28. Early Childhood Intervention
		29. WIC
		30. Child Care Referral Services

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Client	Child	Services
		31. Job Training and Employment
		32. Housing
		33. Transportation
		34. Injury Prevention (car seat, smoke alarms, etc.)
		35. Child birth education classes
		36. Lactation support
		Educational Programs
		37. GED/Alternative High School
		38. Further education beyond high school
		39. Charitable Services (food bank, clothing, furniture, etc.)
		40. Legal Services
		41. Paternity
		42. Child Support
		43. Adoption Services
		44. Dental Services
		45. Other, specify:

Instructions for the Referrals to Services Data Collection

Purpose

This data collection provides referrals information when home visits result in referrals to government or community services.

General Guidelines

This data should be collected every time a nurse home visitor selects that a client was screened for needed services and made a referral. This information (e.g., "Client screened for needed services") is located at the end of the Encounter form.

On the Encounter form, complete the referral question by **indicating whether the client was screened for needed services that day**.

- If the client was screened and no services were needed, indicate this by selecting the "no referral needed" option. You will not have to complete the Referral to Services form.
- If the nurse home visitor recommends a community referral but the **client declines** the referral, note this in client's clinical documentation according to agency policies and procedures. Also note this on the Use of Government and Community Services form when submitted at the next required data collection time point. You will not have to complete the Referral to Services form.
- If the nurse home visitor recommends a community referral and the **client accepts** the referral, use the Referrals to Services form and check all the referrals that were made.

Item Instructions

Item	Guidelines
Referrals	<ul style="list-style-type: none">• A referral to services may be made directly by the nurse who calls a community service agency requesting services for the client/family or indirectly when the nurse provides information to the client/family and supports their efforts to make a connection.• Children with Special Healthcare Needs (CSHCN) as defined by the Maternal and Child Health Bureau are: "Those who have one or more chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally". Two examples of special healthcare needs include a child with spina bifida or Down Syndrome. Examples of referrals for Children with Special Health Care Needs include the following:<ul style="list-style-type: none">○ Education services related to special health care needs○ Financial Services related to special health care needs○ Support/Advocacy○ Medical/behavior health services○ Home health – medical supplies/equipment○ Nutrition• Referrals to Developmental Disabilities (Adult) includes:<ul style="list-style-type: none">○ Case Management○ Development/therapy services/screening programs○ Education services○ Financial Services

Referrals to Services

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	<ul style="list-style-type: none">○ Support/Advocacy○ Medical/behavior health services○ Home Health- medical supplies/equipment● Referrals to Early Childhood Intervention<ul style="list-style-type: none">○ Cognitive, physical, communication, social or emotional, or adaptive delay○ Early intervention referral○ Development/therapy services/screening program○ Education services related to developmental delay○ Financial services related to developmental delays○ When a ASQ (ASQ-3) or ASQ:SE score suggests further assessment is needed.○ At a parent's request● Referrals to Primary Care: The primary care provider category for well client care has been separated into prenatal, postpartum, and well woman care to more accurately track referrals to each of these services.● Referrals to Primary Care for sick client or sick child are recorded here.● Specialist care refers to non-OB specialists or mental health professionals. These include dermatologists, ophthalmologists, podiatrists, etc.● Transportation can include bus tokens, gas cards, referrals to local volunteer services, discounted taxi rides, etc.● Referrals for language services, including English as a Second Language (ESL) classes, can be identified in Other. You will specify the type of service used.
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STAR Framework

Client ID Client Name

Date of Visit Nurse Home Visitor ID Nurse Home Visitor Name

Check one: Initial Pregnancy 36 Weeks Infancy 8 Weeks Infancy 12 Months Toddler 18 Months

Personal Health

1. Substance Use and Abuse

◆ Risk Level

- 0 – Low (Skip to Q2)
 1 – Moderate
 2 – High
 NA – Not Addressed (Skip to Q2)

◆ Understands Risk /Needs

- Yes
 No

◆ Stage of Change

- PC – Pre-Contemplation (Skip to Q2)
 C – Contemplation
 P – Preparation
 A – Action
 M – Maintenance
 SE – Self Empowerment

◆ Friends/family support goals

- Yes
 No

◆ Uses services to meet goals

- Yes
 No

2. Pregnancy Complication or Chronic Illness

◆ Risk Level

- 0 – Low (Skip to Q3)
 1 – Moderate
 2 – High
 NA – Not Addressed (Skip to Q3)

◆ Understands Risk /Needs

- Yes
 No

◆ Stage of Change

- PC – Pre-Contemplation (Skip to Q3)
 C – Contemplation
 P – Preparation
 A – Action
 M – Maintenance
 SE – Self Empowerment

◆ Friends/family support goals

- Yes
 No

◆ Uses services to meet goals

- Yes
 No

3. Developmental and Intellectual Disability

◆ Risk Level

- 0 – Low (Skip to Q4)
 1 – Moderate
 2 – High
 NA – Not Addressed (Skip to Q4)

◆ Understands Risk /Needs

- Yes
 No

◆ Stage of Change

- PC – Pre-Contemplation (Skip to Q4)
 C – Contemplation
 P – Preparation
 A – Action
 M – Maintenance
 SE – Self Empowerment

◆ Friends/family support goals

- Yes
 No

◆ Uses services to meet goals

- Yes
 No

Maternal Role

4. Depression, Anxiety and other Mental Health Issues

◆ Risk Level

- 0 – Low (Skip to Q5)
- 1 - Moderate
- 2 – High
- NA – Not Addressed (Skip to Q5)

◆ Understands Risk /Needs

- Yes
- No

◆ Stage of Change

- PC – Pre-Contemplation (Skip to Q5)
- C - Contemplation
- P – Preparation
- A – Action
- M – Maintenance
- SE – Self Empowerment

◆ Friends/family support goals

- Yes
- No

◆ Uses services to meet goals

- Yes
- No

5. Caregiving Attitudes and Behaviors

◆ Risk Level

- 0 – Low (Skip to Q6)
- 1 - Moderate
- 2 – High
- NA – Not Addressed (Skip to Q6)

◆ Understands Risk /Needs

- Yes
- No

◆ Stage of Change

- PC – Pre-Contemplation (Skip to Q6)
- C - Contemplation
- P – Preparation
- A – Action
- M – Maintenance
- SE – Self Empowerment

◆ Friends/family support goals

- Yes
- No

◆ Uses services to meet goals

- Yes
- No

6. Child Health and Development

◆ Risk Level

- 0 – Low (Skip to Q7)
- 1 - Moderate
- 2 – High
- NA – Not Addressed (Skip to Q7)

◆ Understands Risk /Needs

- Yes
- No

◆ Stage of Change

- PC – Pre-Contemplation (Skip to Q7)
- C - Contemplation
- P – Preparation
- A – Action
- M – Maintenance
- SE – Self Empowerment

◆ Friends/family support goals

- Yes
- No

◆ Uses services to meet goals

- Yes
- No

Life Course

7. Child Care

◆ Risk Level

- 0 – Low (Skip to Q8)
 1 - Moderate
 2 – High
 NA – Not Addressed (Skip to Q8)

◆ Understands Risk /Needs

- Yes
 No

◆ Stage of Change

- PC – Pre-Contemplation (Skip to Q8)
 C - Contemplation
 P – Preparation
 A – Action
 M – Maintenance
 SE – Self Empowerment

◆ Friends/family support goals

- Yes
 No

◆ Uses services to meet goals

- Yes
 No

8. Maternal Education and Work

◆ Risk Level

- 0 – Low (Skip to Q9)
 1 - Moderate
 2 – High
 NA – Not Addressed (Skip to Q9)

◆ Understands Risk /Needs

- Yes
 No

◆ Stage of Change

- PC – Pre-Contemplation (Skip to Q9)
 C - Contemplation
 P – Preparation
 A – Action
 M – Maintenance
 SE – Self Empowerment

◆ Friends/family support goals

- Yes
 No

◆ Uses services to meet goals

- Yes
 No

9. Pregnancy Planning

◆ Risk Level

- 0 – Low (Skip to Q10)
 1 - Moderate
 2 – High
 NA – Not Addressed (Skip to Q10)

◆ Understands Risk /Needs

- Yes
 No

◆ Stage of Change

- PC – Pre-Contemplation (Skip to Q10)
 C - Contemplation
 P – Preparation
 A – Action
 M – Maintenance
 SE – Self Empowerment

◆ Friends/family support goals

- Yes
 No

◆ Uses services to meet goals

- Yes
 No

Family / Friends

10. English Literacy Limitations

◆ Risk Level

- 0 – Low (Skip to Q11)
- 1 - Moderate
- 2 – High
- NA – Not Addressed (Skip to Q11)

◆ Understands Risk /Needs

- Yes
- No

◆ Stage of Change

- PC – Pre-Contemplation (Skip to Q11)
- C - Contemplation
- P – Preparation
- A – Action
- M – Maintenance
- SE – Self Empowerment

◆ Friends/family support goals

- Yes
- No

◆ Uses services to meet goals

- Yes
- No

11. Criminal Justice / Legal Issues

◆ Risk Level

- 0 – Low (Skip to Q12)
- 1 - Moderate
- 2 – High
- NA – Not Addressed (Skip to Q12)

◆ Understands Risk /Needs

- Yes
- No

◆ Stage of Change

- PC – Pre-Contemplation (Skip to Q12)
- C - Contemplation
- P – Preparation
- A – Action
- M – Maintenance
- SE – Self Empowerment

◆ Friends/family support goals

- Yes
- No

◆ Uses services to meet goals

- Yes
- No

12. Loneliness and Social Isolation

◆ Risk Level

- 0 – Low (Skip to Q13)
- 1 - Moderate
- 2 – High
- NA – Not Addressed (Skip to Q13)

◆ Understands Risk /Needs

- Yes
- No

◆ Stage of Change

- PC – Pre-Contemplation (Skip to Q13)
- C - Contemplation
- P – Preparation
- A – Action
- M – Maintenance
- SE – Self Empowerment

◆ Friends/family support goals

- Yes
- No

◆ Uses services to meet goals

- Yes
- No

Environmental Health

13. Intimate Partner Violence

◆Risk Level

- 0 – Low (Skip to Q14)
- 1 - Moderate
- 2 – High
- NA – Not Addressed (Skip to Q14)

◆Understands Risk /Needs

- Yes
- No

◆Stage of Change

- PC – Pre-Contemplation (Skip to Q14)
- C - Contemplation
- P – Preparation
- A – Action
- M – Maintenance
- SE – Self Empowerment

◆Friends/family support goals

- Yes
- No

◆Uses services to meet goals

- Yes
- No

14. Unsafe Family or Friend Network

◆Risk Level

- 0 – Low (Skip to Q15)
- 1 - Moderate
- 2 – High
- NA – Not Addressed (Skip to Q15)

◆Understands Risk /Needs

- Yes
- No

◆Stage of Change

- PC – Pre-Contemplation (Skip to Q15)
- C - Contemplation
- P – Preparation
- A – Action
- M – Maintenance
- SE – Self Empowerment

◆Friends/family support goals

- Yes
- No

◆Uses services to meet goals

- Yes
- No

15. Economic Activity

◆Risk Level

- 0 – Low (Skip to Q16)
- 1 - Moderate
- 2 – High
- NA – Not Addressed (Skip to Q16)

◆Understands Risk /Needs

- Yes
- No

◆Stage of Change

- PC – Pre-Contemplation (Skip to Q16)
- C - Contemplation
- P – Preparation
- A – Action
- M – Maintenance
- SE – Self Empowerment

◆Friends/family support goals

- Yes
- No

◆Uses services to meet goals

- Yes
- No

16. Homelessness and Residential Instability

- ◆Risk Level
- 0 – Low (Skip to Q17)
 - 1 - Moderate
 - 2 – High
 - NA – Not Addressed (Skip to Q17)

- ◆Understands Risk /Needs
- Yes
 - No

- ◆Stage of Change
- PC – Pre-Contemplation (Skip to Q17)
 - C - Contemplation
 - P – Preparation
 - A – Action
 - M – Maintenance
 - SE – Self Empowerment

- ◆Friends/family support goals
- Yes
 - No

- ◆Uses services to meet goals
- Yes
 - No

17. Environmental Health

- ◆Risk Level
- 0 – Low (Skip to Q18)
 - 1 - Moderate
 - 2 – High
 - NA – Not Addressed (Skip to Q18)

- ◆Understands Risk /Needs
- Yes
 - No

- ◆Stage of Change
- PC – Pre-Contemplation (Skip to Q18)
 - C - Contemplation
 - P – Preparation
 - A – Action
 - M – Maintenance
 - SE – Self Empowerment

- ◆Friends/family support goals
- Yes
 - No

- ◆Uses services to meet goals
- Yes
 - No

18. Home Safety

- ◆Risk Level
- 0 – Low (Skip to Q19)
 - 1 - Moderate
 - 2 – High
 - NA – Not Addressed (Skip to Q19)

- ◆Understands Risk /Needs
- Yes
 - No

- ◆Stage of Change
- PC – Pre-Contemplation (Skip to Q19)
 - C - Contemplation
 - P – Preparation
 - A – Action
 - M – Maintenance
 - SE – Self Empowerment

- ◆Friends/family support goals
- Yes
 - No

- ◆Uses services to meet goals
- Yes
 - No

Health and Human Services

19. Human Services Utilization

◆ Risk Level

- 0 – Low (Skip to Q20)
- 1 - Moderate
- 2 – High
- NA – Not Addressed (Skip to Q20)

◆ Understands Risk /Needs

- Yes
- No

◆ Stage of Change

- PC – Pre-Contemplation (Skip to Q20)
- C - Contemplation
- P – Preparation
- A – Action
- M – Maintenance
- SE – Self Empowerment

◆ Friends/family support goals

- Yes
- No

◆ Uses services to meet goals

- Yes
- No

20. Well-Child Care (Infancy/Toddlerhood Only)

◆ Risk Level

- 0 – Low (Skip to Q21)
- 1 - Moderate
- 2 – High
- NA – Not Addressed (Skip to Q21)

◆ Understands Risk /Needs

- Yes
- No

◆ Stage of Change

- PC – Pre-Contemplation (Skip to Q21)
- C - Contemplation
- P – Preparation
- A – Action
- M – Maintenance
- SE – Self Empowerment

◆ Friends/family support goals

- Yes
- No

◆ Uses services to meet goals

- Yes
- No

21. Use of Other Community Services

◆ Risk Level

- 0 – Low
- 1 - Moderate
- 2 – High
- NA – Not Addressed

◆ Understands Risk /Needs

- Yes
- No

◆ Stage of Change

- PC – Pre-Contemplation
- C - Contemplation
- P – Preparation
- A – Action
- M – Maintenance
- SE – Self Empowerment

◆ Friends/family support goals

- Yes
- No

◆ Uses services to meet goals

- Yes
- No

Global Protection Factors

◆ Overall, are any of the following factors present? (Check all that apply)

- Keeps NFP Appointments
- Engaged in NFP Program
- Has Psychological Resources
- Protects Her Health
- Demonstrates Commitment to Protect Child
- Social Support (Partner, Family, Friends)

Instructions for the STAR Framework

Purpose

The purpose of the STAR Framework is to support the nurses to organize their work with clients by assessing the clients' strengths and risks, which includes behavioral strengths and protective factors, and planning individualized interventions with the client.

General Guidelines

Data gathering for the initial coding may take place over several encounters. The initial visits after enrollment, which support client engagement, can take place over the early visits.

- Please note the skip patterns embedded in this form. Only answer subsequent questions under each domain (risk, stage of change, friends and family, and use of services) if the risk level is Moderate or High.
- When to complete this form:
 - Fifth to Seventh visit
 - 36 weeks of pregnancy
 - 8 weeks postpartum
 - Infancy 12 months
 - Toddler 18 months

PRN

Item Instructions

- For Date of Visit fill in the date that the actual form was completed not the date of the visit.
- For each of the 21 behaviors listed please completed the following:
 - Check the client's risk status assessed at the time of the visit. If the risk status is 0-low continue to the next behavior. If you did not assess the behavior check "Not Addressed" and continue to next behavior.
 - If the client's risk status is 1-moderate or 2-high, indicate if the client understands the risks/needs related to the risk identified.
 - If the client's risk status is 1-moderate or 2-high, check the stage of change for the client related to the risk identified.
 - If the client's risk status is 1-moderate or 2-high, indicate if the client has friends/family support related to the risk identified.
 - If the client's risk status is 1-moderate or 2-high, indicate if the client uses services to meet her goals related to the risk identified.

For further guidance on the STAR framework, please visit the STAR framework page on the NFP Community: <http://community.nursefamilypartnership.org/Nursing-Practice/STAR-Framework>

Use of Government & Community Services

Client ID Client Name DOB

Date Nurse Home Visitor ID Nurse Home Visitor Name

◆ Record services used only at following time points:

- Intake Infancy 6 Months Toddler 18 Months
 Infant's Birth Infancy 12 Months Toddler 24 Months

Service Utilization Response Key:

- 2 = Client or child is currently receiving this service
- 3.1 = Service assessed by NHV as needed – NHV has previously made a referral for this service, but the service is full
- 3.2 = Service assessed by NHV as needed – NHV has previously made a referral for this service, the client or child is waiting for service
- 3.3 = Service assessed by NHV as needed – NHV has previously made a referral for this service, but the service is not available in area
- 4.1 = Service assessed by NHV as needed – NHV has previously made a referral for this service, but the client refused the referral
- 4.2 = Service assessed by NHV as needed – NHV has previously made a referral for this service, but the client did not take action for herself or her child
- 5.1 = Client or child received this service since the last time the form was completed, but is no longer receiving this service because they have completed the service
- 5.2 = Client or child received this service since the last time the form was completed, but is no longer receiving this service because the services were discontinued by the client
- 5.3 = Client or child received this service since the last time the form was completed, but is no longer receiving this service because the services were discontinued by service agency
- 6 = Service assessed by NHV as needed – NHV made referral for this service at the visit

Use of Government & Community Services
August 17, 2018

Client	Child	Service
		Financial Assistance
		1. TANF/Welfare
		2. Food Stamps
		3. Social Security/Social Security Disability
		4. Unemployment Benefits
		5. Subsidized Child Care
		Crisis Intervention
		6. Mental Health Crisis
		7. Intimate Partner Violence
		8. Child Protective Services
		Mental Health
		9. Mental health treatment or therapy
		10. Relationship counseling
		Substance Abuse
		11. Smoking Cessation
		12. Alcohol Abuse
		13. Drug Abuse
		Health Care
		14. Medicaid (The number is to be entered into the View/Edit Client Demographics screen in ETO) <input type="text"/> Client Medicaid Number <input type="text"/> Child Medicaid Number
		15. SCHIP (State Children's Health Insurance Program)
		16. Private insurance
		17. Military insurance (Tricare)
		18. Indian Health Service
		19. Children with Special Health Care Needs
		20. Specialist Care <input type="text"/> Type of Specialist Care
		21. Primary care provider – sick client
		22. Primary care provider – well client – prenatal care
		23. Primary care provider – well client – postpartum
		24. Primary care provider – well client – well-women care
		25. Primary care provider – sick child
		26. Primary care provider – well child
		27. Developmental Disabilities (Adult)
		28. Early Childhood Intervention If 2 or 5 was selected, was the child evaluated within 45 days of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
		29. WIC (Supplemental Nutrition Program for Women, Infants and Children)
		30. Child Care Referral Services

Use of Government & Community Services
August 17, 2018

Client	Child	Service
		31. Job Training and Employment
		32. Housing
		33. Transportation
		34. Injury Prevention (car seat, smoke alarms, etc.)
		35. Child birth education classes
		36. Lactation support
		Educational Programs
		37. GED/Alternative high school
		38. Further education beyond high school
		39. Charitable Services (food bank, clothing, furniture, etc.)
		40. Legal Services
		41. Paternity
		42. Child Support
		43. Adoption Services
		44. Dental Services
		45. Other, specify:
		a.
		b.
		c.

Instructions for the Use of Government & Community Services Form

Purpose

- The purpose of this form is to gather information on whether the client and child are receiving government or other community services. The use of these services demonstrates program linkages to other community organizations. It also reflects referrals and support by the NHVs to connect clients to services.
- This also reflects services received by the child as referred by outside providers.

General Guidelines

- **When to complete this form:** Intake, infant birth and when the child is approximately 6, 12, 18, and 24 months old
- Some boxes in the "Client" and "Child" columns are shaded. If the box is shaded, information cannot be entered. If the box is clear, information may be entered on the form and in the DCS. Example: Primary Care Provider – Sick Client is shaded in the "Child" column. It is not an option for the child. However, Medicaid can be marked for either the Client or Child (or both).
- Note that choices of (1) or (0) are intentionally excluded. This form is utilized to indicate:
 - (2) Client or child is receiving this service at the time point when the form is completed
 - (3) Service assessed by NHV as needed – NHV has previously made a referral for this service, but the service is full, client or child is waiting for service, or service not available in area
 - (4) Service assessed by NHV as needed – NHV has previously made a referral for this service, but the client refused the referral or did not take action for herself or her child
 - (5) Client or child received this service since the last time the form was completed, but is no longer receiving the service
 - (6) Service assessed by NHV as needed – NHV made referral for this service at the visit
- "2" should be selected if the client or child has accessed the service in the past six months.
- Select the service that most closely aligns with what is available in your local service area. If none of the existing categories describe the service then select other and specify.
- When the client is no longer in the child's life and the nurse home visitor continues with another family member (father of child, grandmother, etc.), the nurse home visitor can use the Use of Community & Government Services form and complete the applicable information. There will be missing information that applies to client/mother.
- If "2" or "5" are selected for Early Childhood Intervention (#26), there is an option to indicate whether the child was evaluated within 45 days of the referral.