Nurse-Family Partnership® International Data Collection Manual

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Use of Data in the Nurse-Family Partnership

Introduction

A major strength of the Nurse-Family Partnership (NFP) program is the extensive research of the model over the last 3 decades. In order to ensure that the NFP program has a good chance of reproducing the significant public health impacts found in the US trials, each country seeks to deliver the program with fidelity to the NFP model. In order to guide implementation of the model with fidelity, the 14 Core Model Elements (CMEs) are specified within the NFP license.

Overview of Data Collection in NFP

NFP is a client-centered preventive intervention, nurturing self-efficacy and health across five targeted domains of functioning. Collection of data by NFP nurses and Supervisors is an integral part of the NFP program and assists in the maintenance of high quality of program delivery for families. Data is collected by NFP nurses using a set of structured data forms and guidance is provided for the completion of each form. During Phase One (Adaptation) and Phase Two (Feasibility and Acceptability) of International Research and Implementation of NFP, new countries will adapt their data collection forms as needed and begin to develop methods for entering, reporting and sharing data. During this pilot testing, countries may seek permission to use an alternate valid and reliable dyadic assessment tool to DANCE if needed. This may also be the case with other measures used as part of the data collection, such as where these assessments have not been validated in the language or population of the country such as the ASQ/ASQ:SE or the Edinburgh Postnatal Depression Scale. We recommend that countries not create/finalize their information systems until after Phase 2 (Feasibility and Acceptability study) is completed as this data will inform how the system should function. It may be preferable to just use a simple spreadsheet during thistime.

The content of the forms in this manual are the ones referenced in the International Visit-to-Visit Guidelines. Two additional short scales have been added to existing forms to assist NFP nurses complete the STAR Framework: 1) Substance Abuse Questionnaire (added to Health Habits form) and 2) Loneliness/Social Isolation Scale (added to Client Intake/Client Intake Update Form). There will be some criteria each country will need to adapt to their own context such as high school equivalency, types of social assistance client might receive, types of housing, ranges of low-income etc.

NFP utilizes a data collection system designed specifically to record and report participating family characteristics, needs, services provided and progress toward accomplishing program goals. Written guidance for NFP nurses on the introduction and collection of data within visits is available. Data are entered into the country's national NFP information system (or equivalent). Reports should be generated locally and used during reflective supervision to monitor individual and team progress in delivering the program with fidelity. The schedule of data collection is specified alongside the International Visit-to-Visit NFP Guidelines used by NFP nurses for each visit.

The process of data collection is fundamental to successful program implementation and beneficial outcomes. The data collection system is utilized by each national License holder and Nurse-Family Partnership National Unit and their partners to monitor implementing agencies' program fidelity and the quality of the data collection and provide feedback as appropriate.

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Why Collect Data?

Data Collection in NFP Serves Several Purposes:

1. **To support and guide clinical practice**
   The information collected forms part of the nursing assessment of the client and child and informs the nurse of her progress in her clinical work with her client. The data collected includes information regarding the client's health, personal and social circumstances, as well as the child's health, growth and development and includes a number of standardized assessment tools (e.g. depression assessments, Ages and Stages questionnaires).

2. **To assess and guide program implementation through documentation of the NFP services received by clients**
   - Number of completed visits
   - Length of visits
   - Time spent in the different program domains (personal health, maternal role, environmental health, life course development, family and friends
   - Referrals made to other services

   This information is used to track fidelity against the program model and inform program improvement strategies both locally and nationally.

3. **To measure achievement of program goals**
   Collected data assists each nurse, site and the program nationally in tracking families' progress and in attaining program goals:
   - **Positive pregnancy outcomes, including;**
     - Change in women's health habits during pregnancy and following the birth of their child.
     - Birth weight and gestational age of children.
   - **Healthy infant/toddler growth and development, including;**
     - Immunizations completed by children from birth to two
     - Child development outcomes
     - Emergency room visits and hospitalizations for injuries and ingestions for children birth to two years old.
   - **Self-sufficient, healthy families, including;**
     - Subsequent pregnancies.
     - Work, education and income

4. **To inform reflective supervision and support quality improvements**
   - Assists the supervisor and program staff in planning quality improvements to enhance program implementation and outcomes attained locally.
   - Assists the supervisor and NFP nurse to reflect on individual strengths and areas for improvement in implementing the program model.
   - Assists the supervisor and NFP nurse in mapping out training and development needs.

Accurate data collection is a key component of NFP delivery and NFP nurses need to be supported to understand its use and importance for their day-to-day work. Equally important is the development of a system of reporting that enables teams to be provided with reports to guide their implantation and quality improvement efforts. Over time it is expected that these reporting systems will become routinized.

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Fidelity and Client Outcomes Reports

NFP data collection forms generate two types of reports: Fidelity and Outcomes

Fidelity Reports

Fidelity is the extent to which there is adherence to the Core Model Elements (CMEs) alongside agency/nurse uptake, application of new research findings, and carefully developed innovations. Fidelity helps protect the integrity, quality, and effectiveness of the NFP program while being respectful and sensitive to local context. The international NFP guidance document– *International NFP Core Model Elements* (Sept 2019) sets out the 14 Core Model Elements with detailed descriptions of each element, the rationale and evidence that underpin them, guidance to support their practical application, and establishes benchmarks when required. A summary can be found overleaf.

Fidelity reports assist NFP nurse supervisors and implementing agencies to monitor the extent to which her/his team is implementing the program with fidelity to the model, and to improve implementation fidelity where necessary. Data in the Fidelity Reports are derived from information collected by the NFP nurses (primarily the Home Visitor Encounter Form), nurse supervisors, and implementing agencies.

Element	Core Model Elements – Assessed via Fidelity Reports
1	Client participates voluntarily in the Nurse-Family Partnership (NFP) program.
2	Client is a first-time mother.
3	Client meets socioeconomic disadvantage criteria at intake
4	Client is enrolled in the program early in her pregnancy and receives her first home visit no later than the 28th week of pregnancy.
5	Each client is assigned an identified NFP nurse who establishes a therapeutic relationship through individual NFP home visits.
6	Client is visited face-to-face in the home, or occasionally in another setting (mutually determined by the NFP nurse and client), when this is not possible.
7	Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the current standard NFP visit schedule or an alternative visit schedule agreed upon between the client and nurse.
8	NFP nurses and supervisors are registered nurses or registered nurse-midwives with a minimum of a baccalaureate /bachelor's degree.
9	NFP nurses and nurse supervisors develop the core NFP competencies by completing the required NFP educational curricula and participating in on-going learning activities.
10	NFP nurses, using professional knowledge, judgment and skill, utilize the Visit-to- Visit Guidelines; individualizing them to the strengths & risks of each family, and apportioning time appropriately across the six program domains.
12	Each NFP team has an assigned NFP Supervisor who leads and manages the team and provides nurses with regular clinical and reflective supervision.

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Countries are encouraged to identify and implement methods of collecting quantitative and qualitative data on the remaining four elements:

Element	Core Model Elements – Not Assessed via Fidelity Reports
5	Each client is assigned an identified NFP nurse who establishes a therapeutic relationship through individual NFP home visits.
11	NFP nurses and supervisors apply the theoretical framework that underpins the program (self-efficacy, human ecology, and attachment theories) to guide their clinical work and achievement of the three NFP goals.
13	High quality NFP implementation is developed and sustained through national and local organized support.
14	NFP teams, implementing agencies, and national units collect/and utilize data to: guide program implementation, inform continuous quality improvement, demonstrate program fidelity, assess indicative client outcomes, and guide clinical practice/reflective supervision.

Outcome Reports

Outcomes Reports assist supervisors in monitoring the extent to which her/his team is achieving outcomes that can be measured while a family is active in the program and that are related to common indicators of maternal, child, and family functioning. Outcomes Reports are derived from data collected in the field related to achieving a range of outcomes, including:

- Changes in smoking status during pregnancy
- Premature birth
- Low birth weight
- Breastfeeding initiation and continuation
- Maternal mental health
- Maternal substance misuse
- Maternal mastery
- Contraception use
- Child's immunizations
- Subsequent pregnancies
- Workforce or education participation
- Ages and Stages Questionnaire screening and referrals
- Dyadic interaction assessments
- Child hospitalizations
- Child protection

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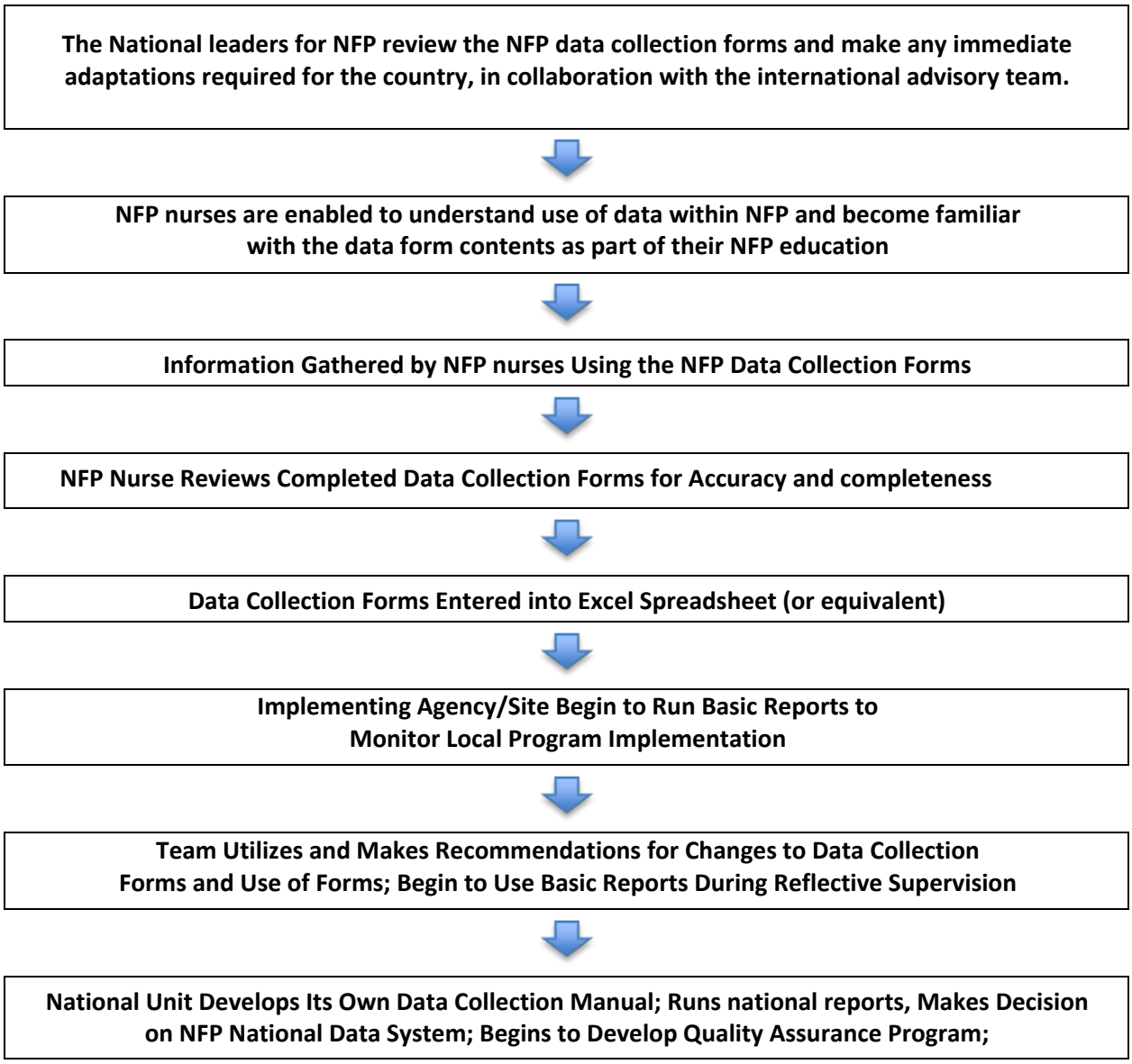
Data Management Flow-Chart Before Countries Invest in a National NFP Data System (or Equivalent)



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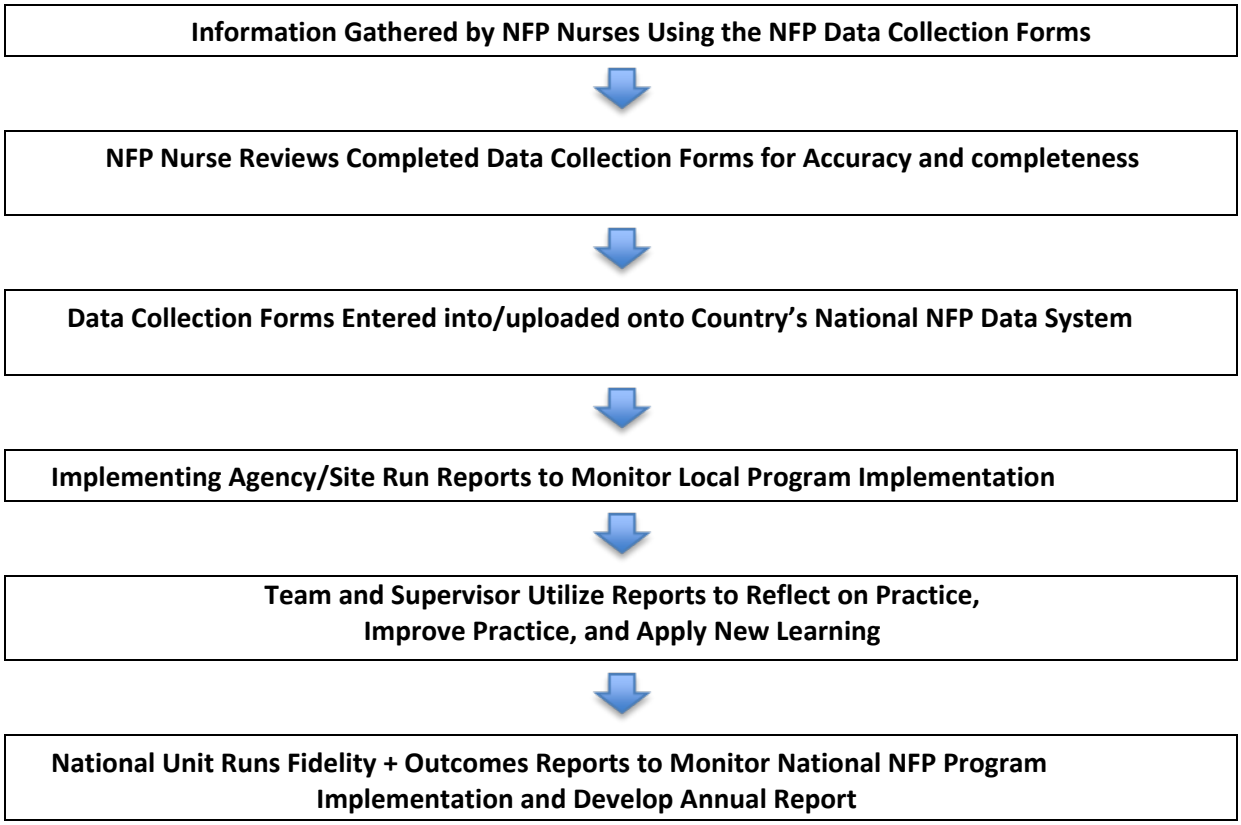
Data Management Flow-Chart Once Countries Invest in a National NFP Data System (or Equivalent)



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International Schedule of Nurse-Family Partnership Data Collection/Nursing Assessment Forms

Data Collection Form	Visit by Age	Visit
Pregnancy:		
Client Intake	Pregnancy intake	1
Maternal Health Assessment: Pregnancy Intake	Pregnancy intake	1
Referrals and Service Utilization	Pregnancy intake	1
Health Habits	Pregnancy intake	1
General Anxiety Disorder 7-item Scale (GAD-7)	Pregnancy	3
Patient Health Questionnaire-9 (PHQ-9)	Pregnancy	3
Intimate Partner Violence	Pregnancy	5-7
STAR Framework – initial review of findings[1]	Pregnancy	4
General Anxiety Disorder 7-item Scale (GAD-7) [2]	34 weeks gestation	11
Patient Health Questionnaire-9 (PHQ-9) or Edinburgh Postnatal Depression Scale (EPDS)[2,3]	34 weeks gestation	11
Relationship Assessment – 36 Weeks Gestation	36 weeks gestation	12
STAR Framework – review and consolidate findings	36 weeks gestation	12
Health Habits	36 weeks gestation	12
Infancy:		
Infant and Maternal Postpartum Assessment	1st Postpartum Visit	1
Referrals and Service Utilization	1st Postpartum Visit	1
General Anxiety Disorder 7-item Scale (GAD-7)	Infancy 1-8 weeks	1-7
Patient Health Questionnaire-9 (PHQ-9) or Edinburgh Postnatal Depression Scale (EPDS)	Infancy 1-8 weeks	1-7
STAR Framework – review and consolidate findings	Infancy 8 weeks	7
Intimate Partner Violence	Infancy 8-12 weeks	7-9
Dyadic Assessment	Infancy 1-3 months	4-9
ASQ/ASQ-SE	Infancy 5-6 months	13-15
Infant Health Care	Infancy 6 months	15
Client Intake Update	Infancy 6 months	15
Referrals & Service Utilization	Infancy 6 months	15
Dyadic Assessment	Infancy 9 (8-10) months	19-23
ASQ/ASQ-SE	Infancy 11-12 months	25-26
Infant Health Care	Infancy 12 months	27
Client Intake Update	Infancy 12 months	27
Referrals & Service Utilization	Infancy 12 months	27
Health Habits	Infancy 12 months	27
General Anxiety Disorder 7-item Scale (GAD-7)	Infancy 12 months	28
Patient Health Questionnaire-9 (PHQ-9) or Edinburgh Postnatal Depression Scale (EPDS)	Infancy 12 months	28
STAR Framework – review and consolidate findings[1]	Infancy 12 months	28

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Data Collection Form	Visit by Age	Visit
Toddler:		
Dyadic Assessment	Toddler 16 (15-17) months	7-11
Intimate Partner Violence	Toddler 16 months	11
ASQ/ASQ-SE	Toddler 17-18 months	11-12
Infant Health Care	Toddler 18 months	13
Toddler continued:		
Client Intake Update	Toddler 18 months	13
Referrals & Service Utilization	Toddler 18 months	13
General Anxiety Disorder 7-item Scale (GAD-7)		
Patient Health Questionnaire-9 (PHQ-9) or Edinburgh Postnatal Depression Scale (EPDS)	Toddler 18 months	13
STAR Framework – review and consolidate findings	Toddler 18 months	13
Dyadic Assessment	Toddler 22 (21-23) months	19-21
ASQ/ASQ-SE	Toddler 23 months	21
Infant Health Care Form	Toddler 24 months	22
Client Intake Update	Toddler 24 months	22
Referrals & Service Utilization	Toddler 24 months	22

1. The Intimate Partner Violence (IPV) forms are NOT completed within visits. NFP nurses complete either the IPV: Record of Assessment and Disclosure form, or the IPV: Previous Disclosure form, based on the client's previous disclosure of IPV.
2. The STAR Framework is NOT completed within home visits and is completed on an ongoing basis. It is included on this list as a prompt to remind the nurse home visitor (NFP NURSE) to review and consolidate her observations on the STAR coding sheet.
3. PHQ-9 + GAD-7 are completed at the specific times and other times as needed, based on NFP nurse's professional judgment.
4. If countries already use the Edinburgh Postnatal Depression Scale, they may substitute this for the PHQ-9, although the PHQ-9 is preferred.
5. The Home Visit Encounter Form is completed on each visit

As needed:

6. Alternative Encounter Form (including Telehealth)
7. Change of Status/Discharge Form

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Time Frames for Completing Forms

Guidance regarding data collection when home visiting schedules are adjusted or interrupted

- The NFP data collection forms should be completed with the client within two months of the designated time frames (6 months, 12 months, etc.).
- The exception is the *Infant Health Care* form which must be completed within 1 month of the designated time frame.
- If too much time has elapsed, the NFP nurse should skip the missing forms and begin with the form that is appropriate for the client's phase.
- All forms should be completed by NFP nurses within 24 hours of a visit (or as determined by agency policy and/or professional nursing documentationstandards.
- Ideally, if the forms are not entered directly into the electronic data system, they are entered within 1 week of the visit. This will help with the accuracy of the data in the reports.

How are Standard and Alternate Visit schedules defined?

Standard Visit Schedule is defined as follows:

- Four weekly visits upon initial enrollment prenatally, then every other week until delivery
- Six weekly visits after infant birth, followed by visits every other week until the baby is 21 months of age
- Monthly visits from 21 through 24 months of age.

Alternate Visit Schedule is defined as any planned visit schedule other than noted in the standard schedule.

- Alternate visit schedules are provided as one strategy in improving client retention in the program.
- This option is selected when the NFP nurse and client have had a formal discussion at an earlier time point in which they have intentionally agreed to a modified visit schedule.
- Alternate visit schedules may include routine visits on a less frequent basis, or more frequent basis and should be based on the client's needs. The STAR Framework will guide this process.
- Decisions regarding alternate visit schedules for clients should be made in consultation with the NFP supervisor.
- This option is not intended for minor deviations from the routine visit schedule such as occasional missed visits due to nurse or client related issues.

➢ Refer to International Guidance Document - *Adapting the Visit Schedule to Meet Client Needs* for more details.

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What NFP Data Collection/Nursing Assessment forms should be filled out in the event of a premature birth?

- Critical data may be missed when services to clients are disrupted due to preterm births.
- If any of the following assessments were missed, they should be completed shortly after the delivery of the infant:
  - General Anxiety Disorder 7-item Scale
  - Patient Health Questionnaire-9 or Edinburgh Postnatal Depression Scale
  - Relationship Assessment – 36 Weeks Gestation
- Once these assessments are completed, the STAR Framework should be updated
- The NFP nurse should rephrase the relevant questions on the Health Habits and Relationship Assessment forms to assist the client to maintain the focus on health behaviors that occurred during the latter part of the pregnancy.
- For example: The NFP nurse might rephrase the question "Over the past fourteen days, on how many different days did you use alcohol?" to "in *the* ***two weeks just prior to delivery of [child's name],*** on how many different days did you use alcohol?"
- Depending on the timing of the birth, the screening for the Edinburgh or PHQ-9 might be skipped/passed over until the 1-8 weeks Infancy timeframe.
- It is not recommended that the NFP nurse perform the screening for both these forms twice during the "1-8" week's timeframe simply to complete all screenings, unless there is a reason for repeat screening within the short time interval.
- NFP nurses should as always, use their nursing judgment to determine what assessments to complete and when during this period of catch-up.

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Nurse-Family Partnership® International

Data Collection/Nursing Assessment Forms and Guidance

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Alternate Home Visit Encounter Form (including Telehealth)

(Please note: The Alternate Home Visit Encounter Form is 2 pages)

Purpose:

This form tracks the number, duration, and general content of services provided to mother/family through telephone or text contacts.

General Guidelines:

This form completed for each telehealth contact between the NFP nurse and the client, the client's family, and/or other involved healthcare/service provider(s). Each encounter is discrete and a separate Alternate Encounter form needs to be completed if there are two significant separate encounters for the same day. This form is also utilized when NFP nurse attends appointments or case conferences with the client.

Definitions/Directions for Completing Form

Significant contact:

- Significant contact: defined as one in which you have engaged in some professional service, e.g., gathering further data to assess mother's or infant's health status, providing health information, making a referral or giving advice etc.
- The referral questions and NFP domain sections must be completed whenever the NFP nurse is engaging in a therapeutic phone call/text with the client.
- Do not use this form to record calls/texts made only to confirm the date and time of a home visit or to record calls from clients stating they need to cancel/reschedule a planned home visit.
- Use a separate form to record each contact made even if they occur on the same date.
- If a referral is decided upon over the phone, then a Referrals & Service Utilization form is completed.

Please ensure that you are familiar with the Telehealth guidance when utilizing this form of contact with the client and be aware that controlling partners can have access to a client's phone or be listening to conversations.

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Alternate Home Visit Encounter Form (including Telehealth)

Client Name:

Client ID:

Nurse ID:

Date:

Duration of Visit (min):

Program Phase: ☐ Pregnancy ☐ Infancy ☐ Toddler

Visit: ☐ Completed ☐ Cancelled by client ☐ Attempted ☐ Cancelled by NFP nurse

Type of Encounter:
☐ Telehealth phone encounter
☐ Telehealth Skype/ facetime
☐ Telehealth text encounter
☐ Attend Appointment with Client
☐ Telephone Call to another service provider
☐ Telephone Call to a Health Care Professional
☐ Participation in Case Conference
☐ Other _____

For telehealth encounter, who did you talk to in the household?
☐ Client ☐ Husband/ Partner ☐ Other Family Member ☐ Friend

Contact Initiated by:
☐ Client
☐ Other Family Member
☐ NFP nurse
☐ Husband/ Partner
☐ Friend
☐ Health Care Professional Service
☐ Provider

REASON FOR TELEHEALTH ENCOUNTER (check all that apply):

☐ Client low risk status - **agreed alternate visit schedule**
☐ Client preference/request
☐ Client too busy for home visits
☐ Hard to locate for home visits
☐ Nurse preference/request
☐ Unsafe client home
☐ Unsafe client neighborhood
☐ Weather conditions
☐ Other_____

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Alternate Home Visit Encounter Form (including Telehealth)

Percentage of time spent on each domain:	
My Health (Personal Health - Health Maintenance Practices; Nutrition and Exercise; Substance Use; Mental Health)	%
My Home (Environmental Health - Home; Work; School and Neighborhood)	%
My Life (Life Course - Family Planning; Education and Livelihood)	%
My Child/ Taking Care of My Child (Maternal Role - Mothering Role; Physical Care; Behavioral and Emotional Care of Child)	%
My Friends and Family (Personal Network Relationships; Assistance with Childcare)	%
Total (Must add up to 100%)	100%
Percentage of planned content covered:	%

Referrals:

Did you make any referrals as a result of this visit? ☐ **Yes** ☐ **No**

If yes, please complete the "Referrals and Services Utilization" Form.

Assessments Completed:

- ☐ Patient Health Questionnaire-9 (PHQ-9)
- ☐ General Anxiety Disorder 7-item Scale (GAD-7)
- ☐ Health Habits
- ☐ Infant Health Care
- ☐ Maternal Health Assessment:
- ☐ Referrals and Service Utilization
- ☐ Edinburgh Postnatal Depression Scale (EPDS)
- ☐ STAR Framework

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ASQ/ASQ:SE Form

(Please note: ASQ/ASQ:SE Form is 1 page)

Purpose:
The purpose of this form is to gather information on the child's developmental milestones. This helps track child health and development outcomes for the children in the program.

General Guidelines:

- This form is completed at four points in time: infancy 5-6 months, infancy 11-12 months, toddler 17-18 months, and toddler 23 months
- If the client gave birth to multiples, use separate forms for each child.

Definitions/Directions for Completing Form

- If the child is receiving early intervention services (EIS) for a developmental delay: If the parent, nurse, and/or supervisor decide that the child is not eligible for further screening, check the box that indicates the child is not eligible for developmental screening. Indicate this option for each of the associated ASQ subscales. The NFP NURSE should document that the developmental assessments have been deferred to the designated EIS worker and keep in close contact with the EIS so that the NFP NURSE can support their work with the baby. The child does not need another developmental assessment as they are already receiving services from EI which means they are displaying a documented delay.
- Include the ASQ and ASQ-SE assessment scores at the appropriate child age. Data will be compared to norms to calculate the percentage of children needing a referral for potential delay.
- The ASQ form may be completed within one month before or after the child's age. also states we must complete it within 1 month - does that mean we can complete it 1 month in advance also?
- If a child was born preterm, the NFP NURSE still completes the ASQ at the scheduled time. If the child is < 1 month premature there is no need to adjust for age as the ASQ is valid for 1 month before and 1 month after the interval age, creating a 2-month window for use.
- If the child is > 1 month premature, you should always adjust for prematurity until the child is 24 months old. So, at the 4-month visit, a child who is 4 weeks premature would still be evaluated using the 4-month ASQ because the adjusted age at this visit is 3 months. For example, the corrected age for a 10-week premature baby at 6 months would be 3.5 months, for which the 4-month ASQ is valid.
- The time frame during which the ASQ:SE is valid differs from that of the ASQ, so adjusting for prematurity will occur less frequently. A child born three months premature can still use the 6-month ASQ:SE at 6 months.
- If the child is not receiving early intervention services, but for other reasons the parent declines all or any portion of the developmental screening, select the box that indicates the client has declined further screening. Indicate this option for each of the associated ASQ subscales.

ASQ:SE Questionnaire	Valid Age Range
6 month	3 through 8 months
12 month	9 through 14 months
18 month	15 through 20 months
24 month	21 through 26 months

Note: These tools are copyrighted and must be purchased for use. ASQ-3 questionnaires are a one-time purchase. A single site can photocopy or print them as needed from the paper and PDF masters.
http://www.brookespublishing.com/store/books/squires-asq/
For more in-depth instructions on completion of the ASQ (ASQ-3) and the ASQ:SE, refer to Appendix A "Ages & Stages-3 and Ages & Stages: Social-Emotional Guidance for Use within NFP"

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Client Name:		
Client ID:	**Nurse ID:**	**Date:**

Please provide Ages and Stages scores for the child:

	5-6 months	11-12 months	17-18 months	23 months
ASQ: Communication				
Gross Motor				
Fine Motor				
Problem Solving				
Personal-social				
ASQ:SE:				
Child not eligible for screening in this subscale at this time because child is receiving services				
Parent declined further screening				

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Change of Status/Discharge Form:

(Please note: The Change of Status/Discharge Form is 3 pages)

Purpose:

The primary purpose of this form is to record a change of status of a client or infant in the program, including graduation or leaving the program prior to the child's second birthday. Because NFP is a primary prevention program, it is important to try to retain families in the program until the child reaches their second birthday in order to attain the targeted program goals and it is expected that NFP Nurses will make great efforts to adapt themselves in order to facilitate this. However, there may be circumstances that result in discharge from the program prior to the child's second birthday. The NFP Nurse should not close a case prematurely because a client has missed or cancelled a few visits. Many of the clients need time to develop a trusting relationship with the Nurse. As a general guideline, the NFP Nurse should be persistent in attempting to engage clients in the program and to consider closing cases only after a few months of consistent effort to re-establish a working relationship. Based on findings from the NFP retention study, NFP Nurses are encouraged to regularly check-in with their clients regarding how the program is going for them. In particular the Nurse should directly address any ambivalence about participation in the NFP program and offer flexible scheduling and visit content to match their needs.[1] Some clients may wish to take a break i.e. "vacation" from the program, or to request to resume home visits. Wherever possible, clients should be welcomed back to the program, even if discharged, as long as their child has not reached their second birthday. Each society will develop the own policies regarding how they will manage these situations.

General Guidelines:

- This form is completed each time there is a change of status for a specific client including: 1) temporary absence, 2) client initiated discharge, 3) move out-of-service area, 4) lost to follow-up, 5) unsafe to visit in the home and no other location available, 6) child is no longer in mother's custody, 7) client is in youth custody or prison and Nurse unable to visit, 8) death (mother, infant, or child)/ pregnancy loss, 9) unable to provide service to client, 10) client transfer to another NFP Nurse, and 11) completion of NFP program. Categories 1-8 include a box for the client returning to the program and/or home visits recommencing.
- When completing this form, indicate the program phase (pregnancy, infancy, or toddler) during which the change occurred. This will facilitate tracking of client changes over the course of the program

<u>Definitions/Directions for Completing Form</u>

Temporary absence:

- Each society will set their own policy for how long a temporary absence can be accommodated, before a decision is made to discharge a client.

[1] Ingoldsby EM, Baca P, McClatchey MW, Luckey DW, Ramsey MO, Loch JM, Olds DL. (2013).Quasi-Experimental Trial of Intervention to Increase Participant Retention and Completed Home Visits in the Nurse-Family Partnership. Prev Sci. 2013; 14(6):525–534.

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Client initiated discharge

- **Dissatisfied with program:** If all attempts to re-engage the client (e.g. offering flexible schedule or new Nurse) have been unsuccessful, use this option.
- **Needs being met by another program:** If a client is receiving services from another program, she perceives all her needs are being met by this other program, and no longer wishes to participate in NFP, use this option. Note clients may participate in other programs while participating in NFP.
- **Perceives that she has received what she needs from the program:** As the child grows there will be milestones and challenges that the program will address. If the Nurse has thoroughly informed the client of the goals and objectives of the program and the client still insists that she has received what she needs from the program, use this option.
- **Pressure from family members to not continue NFP:** The NFP Nurse should take into consideration the circumstances surrounding the situation (intimate partner violence, misperceptions about NFP etc.) to determine the strategy for addressing this issue. If the client's family does not support/approve of their participation and attempts to find a solution are not successful, use this option.
- **Refused a new NFP Nurse:** Clients build strong relationships with their Nurse and they may refuse a new nurse when their Nurse is no longer able to provide service (Nurse leaves NFP, gets a promotion, goes on extended leave etc). If all attempts to transition the client to a new NFP Nurse have been unsuccessful, use this option. Nurse transition planning can help to decrease the likelihood of clients refusing a new Nurse.
- **Refused NFP following report to Child Welfare Services:** Use this option when the client refuses further visits through the NFP program following a report to Child Welfare Services. This option is used when the client refuses further visits due to the Child Welfare report even if the NFP Nurse did not make the report.
- **Returned to work or school:** One of the program goals is to have self-sufficient, healthy families. The success of having clients return to school and work may result in a reduction in time clients have available for visits. If all attempts to schedule visits to accommodate the client's schedule (e.g. visiting at school/work during lunch break, visiting in the evening or weekend, shorter visits) have been unsuccessful, use this option.

Client has moved out of service area

- If the client has moved to an area where NFP not available, and it is not feasible for the NFP Nurse to continue visiting, use this option. If a client cannot be located and the nurse is unsure where the client has moved to, use "Unable to locate" instead

Lost to follow-up

- **Unable to locate:** If a client cannot be found and all attempts to contact the client have failed (e.g. phone is disconnected, mail returned as undeliverable, contacted family and friends), use this option.
- **Excessive missed appointments/attempted visits:** If a client has missed many consecutive appointments or has had many consecutive attempted visits, use this option after all attempts to re-engage the client have been unsuccessful. This option is to be used when a nurse is in contact with the client, but the client has failed to keep scheduled visits.

Baby/Child is no longer in mother's custody

- Sometimes, success is helping a client decide that the best thing to do is relinquish her parental rights.
- If only the client loses custody, the NFP program can continue with the child and another family member (e.g. father, grandmother).

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Unable to provide service to client

- At times, a site may not be able to provide service to a client. Wherever possible the NFP Nurse, in consultation with her supervisor, will explore options to continue providing some level of service to the client such as delivering NFP with the assistance of a cultural interpreter, phone visits, etc.

Pregnancy Loss/Infant Death

- **A miscarriage or stillbirth** 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, it is appropriate to continue grief visits with a client and her family after the death or miscarriage of her child in accordance with agency policy. Only fill out this form when grief visits have been discontinued.
- **An infant/child 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, it is appropriate to continue grief visits with a client and her family after the death of her child in accordance with agency policy. Only fill out this form when grief visits have been discontinued. Please fill in the date of the child's death. If you know the cause of death please check the most appropriate box. If you do not know the cause of the child's death or if the cause is not validated please check unknown. Please only check disease, illness, 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.

Maternal death:

- Maternal deaths will be a rare occurrence, but they may happen. This will be a traumatic event for the whole family, and it is appropriate to continue grief visits with her family in accordance with agency policy.
- Please fill in the date of the client's death. If you know the cause of death, check the most appropriate box. If you do not know the cause of the client's death or if the cause is not validated, please check unknown. Please 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. Then, the primary cause of death is accidental.
- The NFP Nurse will encourage the father or another family member who is caring for the child to continue with the NFP. If the NFP will continue, select **"NFP program to continue with primary caretaker"** and indicate who will be the primary caretaker – this person will be the person the NFP Nurse will make home visits with. If the family do not wish to continue with NFP, select "**NFP program will not continue**

Client incarcerated:

- A NFP Nurse can continue to visit with clients who are incarcerated in youth custody facilities or prisons within the service area, based on agency policy.
- Home visits may need to be adjusted to accommodate the correctional facility's visiting hours and the extra time required to enter the facility.
- If a client is incarcerated without her baby – check off the appropriate box in #6 – Baby/Child no longer in mother's custody"

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Change of Status/Discharge Form

Client Name:		
Client ID:	**Nurse ID:**	**Date:**

Program Phase: ☐ Pregnancy ☐ Infancy ☐ Toddler

1. **Temporary absence (< 3 months) from the program** (select only one):
   - ☐ Client is taking temporary absence from the program
   - ☐ **Client has returned to NFP program after a temporary absence and home visits recommenced**

2. **Client initiated discharge from the program** (select only one):
   - ☐ Dissatisfied with program\
   - ☐ Needs being met through another program
   - ☐ No time for visits
   - ☐ **Perceives** she has received what she needs from the program
   - ☐ perceives that she has sufficient knowledge or support
   - ☐ Pressure from family members to not continue NFP
   - ☐ Refused new NFP Nurse
   - ☐ Refused NFP following report to Child Welfare Services
   - ☐ Returned to school
   - ☐ Returned to work
   - ☐ Other (please specify):_____
   - ☐ **Client has returned to NFP program and home visits recommenced**

3. **Client has moved out of service area** (select only one)**:**
   - ☐ Client has moved to an area where NFP not available.
   - ☐ **Client has returned to NFP service area and home visits recommenced**

4. **Lost to follow-up** (select all that apply):
   - ☐ Unable to locate
   - ☐ Excessive missed appointment/attempted visits
   - ☐ Over three months since last home visit
   - ☐ **Client has re-established contact with NFP Nurse and home visits recommenced**

5. **Unsafe to visit in the home and no other location available** (select only one):
   - ☐ Discharged from NFP
   - ☐ Home visits suspended but phone contact maintained
   - ☐ Other:_____
   - ☐ **Safety issue resolved and NFP home visits recommenced**

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6. **Baby/Child is no longer in mother's custody** (select only one):
   - ☐ NFP Program will stop
     - ☐ Apprehended by child protection services
     - ☐ Baby given up for adoption
     - ☐ Kinship care; family not receptive to NFP home visits
     - ☐ Other:_____
   - ☐ NFP program to continue with different primary caretaker:
     - ☐ Baby's father
     - ☐ Maternal grandmother
     - ☐ Other family member: _____
   - ☐ **Baby/child returned to mother's custody and NFP home visits recommenced**

7. **Client is incarcerated in youth custody or prison** (select only one):
   - ☐ NFP Nurse unable to visit (reason):_____
   - ☐ NFP Nurse able to visit
   - ☐ **Client no longer in youth custody/ prison and NFP home visits have recommenced**

8. **Unable to provide service to client** (select only one):
   - ☐ Unable to accommodate client-requested visiting schedule:
     - ☐ Evening visits
     - ☐ Weekend visits
     - ☐ Other:_____
   - ☐ Unable to serve client due to language (provide details):_____
   - ☐ Other:_____
   - ☐ **Issue resolved and NFP home visits recommenced**

9. **Pregnancy Loss/Child Death** (select only one):
   - ☐ Miscarriage/ Still Birth: Date of loss: _____ (yyyy/mm/dd)
   - ☐ Infant/Child Death: Date of child's death:_____(yyyy/mm/dd)
     - ☐ Disease
     - ☐ Illness
     - ☐ Accidental
     - ☐ Homicide
     - ☐ Unknown

10. **Maternal Death** (select only one)**:** Date of client's death:_____(yyyy/mm/dd)
    - ☐ Disease
    - ☐ Illness
    - ☐ Accidental
    - ☐ Suicide
    - ☐ Homicide
    - ☐ Unknown
    - ☐ **NFP program to continue with primary caretaker:**
      - ☐ Baby's father
      - ☐ Maternal grandmother
      - ☐ Other family member:_____
    - ☐ **NFP program will not continue**

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11. Client transfer to another NFP Nurse (select only one):

- ☐ Client moved to a different NFP site
- ☐ Client requested change in Nurse
- ☐ Client returning to NFP but original NFP Nurse's caseload is full
- ☐ NFP Nurse on leave-of-absence
- ☐ NFP Nurse resigned/took on new work assignment/retired
- ☐ NFP Nurse returning from leave and client is being transferred back to her
- ☐ Other: _____

12. Completion of NFP Program (select only one):

- ☐ Child reached second birthday – timed out
- ☐ Graduated from NFP Program

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Client Intake Form

(Please note: The Client Intake Form is 6 pages)

Purpose:
This form assists the Nurse-Family Partnership (NFP) Nurse in gathering information on the psychosocial and economic characteristics of the client and her family. This form can provide information that will prompt the NFP nurse to conduct in-depth clinical assessments and interventions or may enhance an assessment she has already completed. Assessment data is collected in six categories: 1) personal/family, 2) education/income, 3) main caregivers, 4) current mental health (positive affect); 5) the extent to which they are able to impact their own life situation; and 6) loneliness/social isolation (which informs STAR). While the extent to which the client is able to impact their own life situation may not be generally regarded as an indicator of health per se, a mother's sense of mastery or self-efficacy has a strong influence on how she is able to use health information in caring for herself and her child.

General Guidelines:
This form is completed at the first home visit (pregnancy phase), or as close to this as possible. Before you begin asking for information about the client, assure her of the confidentiality of the data. Explain that the information will be useful to you in helping her to have the healthiest child possible and that you and the client jointly will decide how to use the information.

Please note: many sections of this form will need to be adapted by countries to ensure that it coincides with local conditions (e.g. housing, income, educational attainment)

Definitions/Directions for Completing Form

Ethnicity:
- Wherever possible, the client should self-identify her ethnicity. The NFP nurse may prompt her to refine her answer using the list provided.
- Ethnic origin refers to the ethnic or cultural origins of the respondent's ancestors. An ancestor is someone from whom a person is descended and is usually more distant than a grandparent. A person may have only a single ethnic origin, or may have multiple ethnicities.

Marital Status:
- Definition of common-law: Living with a partner for at least 12 consecutive months in a relationship like a marriage

What type of residence do you currently live in:
- Please carefully watch skip pattern on this question

Who lives in your household:
- Although the NFP focuses on the mother as the client, NFP nurses are encouraged to involve family members, partners etc. if so desired by the client.
- As living arrangements and family constellations can be complex, the list is comprehensive. There is no specific criteria whereby we define "lives in household" – this is simply as viewed/determined by the client.
- If there are a large number of individuals in the household, it may be helpful at some point to use the MY FAMILY & FRIENDS – "My Support" or "Life History Calendar" facilitators to explore the quality of these relationships.

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Education:

- This section on education asks questions on many different educational levels and opportunities clients may experience in order to capture any educational progress made while in the NFP program. Each society should adapt the list of educational achievements to those most applicable within their context.
- Note that the questions related to vocational or certification programs require that a client distinguish between high school or post-high school level.
- If a client has not completed high school or a GED or vocational/certification program, note the last grade level that the client has 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 enrol in any additional kind of school, vocational, certification or educational program?

- This question attempts to capture client 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 identify her intent to continue her educational efforts in the future. This intent could be the near or distant future.
- If a client plans to enrol in school then they should answer the question regarding future enrolment plans even if the client is currently enrolled in school (Q11).

Are you currently working?:

- 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 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.

Household Income:

- If the client has any concerns about sharing this information, assure her that income level is confidential and will not be shared with others outside the team. Income ranges are provided as the specific income may not be known, and clients may feel more comfortable providing an income range rather than a specific amount. Please note we are only seeking the client's personal income and not that of her family or partner even if they support her financially.

Control and Mastery (based on Pearlin and Schooler 7-item mastery scale):[2] [3]

- Mastery is the "extent to which someone regards one's life-chances as being under their own control in contrast to being fatalistically ruled. Low levels of sense of mastery have been linked to mental and general ill-health.
- A high level of sense of mastery is associated with positive mental health. Sense of mastery acts as a mediator between stress factors and various health outcomes.
- An introduction to the mastery questions is embedded within the form.
- Note statements 1-5 are stated in the negative, while items 6-7 are stated in the positive.

[2] Pearlin LI, Schooler C. The structure of coping. J Health Soc Behav. 1978;19:2–21.
[3] Pearlin LI. The life course and the stress process: some conceptual comparisons. J Gerontol Ser B. 2010;65B:207–215.

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Scoring of the mean mastery scale value should be undertaken as follows:

- The first five statements (I have little control over the things that happen to me, here is really no way I can solve some of the problems I have, There is little I can do to change many of the important things in my life, I often feel helpless in dealing with the problems of life, Sometimes I feel that I'm being pushed around in life) are coded as follows: Strongly agree = 1; agree = 2, disagree =3, strongly disagree = 4
- The final two items ('What happens to me in the future mainly depends on me' and 'I can do just about anything I really set my mind to') are coded in reverse;
- Strongly agree=4; agree=3; disagree=2; strongly disagree=1
- Scores of the 7 items are then summed, with a possible total score from 7 to 28 points.
- To account for any missing scores/items answered, the total score should be divided by the number of questions completed (i.e. if seven items are completed, the total should be divided by 7, if 6 are completed, the total should be divided by 6 etc.).
- A higher score indicates increased mastery.
- **A score of below 3 is considered low mastery.**

- The client's mastery score enables to NFP nurse to add to her assessment of the client's needs and could be linked to her mood (see the Feelings section below) or could reflect the environment and situation that she is in. The NFP nurse may want to explore her answers, for example for #4 where it asks about the client's "problems", what these might be? Has she tried to affect any change and if so how?
- Many facilitators and other NFP materials can be used to explore this issue with the client during successive visits and then support her to plan small steps for progress.
- A client agreeing to statements #1 or #5 could also indicate that she is being controlled in some way or feels she is and may be experiencing Intimate Partner Violence. Again, many NFP materials enable exploration of this issue and the NFP nurse may want to prioritize use of these over subsequent visits

NB Additional information on use of the mastery scale can be found in the international guidance document: "Guidance: Use of mastery scales in NFP"

Feelings (based on the 5-item Mental Health Inventory [MHI-5])[4 5 6 7]

- This inventory is completed at 4 points in time over the course of the NFP program which allows the NFP Nurse and client to explore changes in responses over time.
- The MHI-5 has been established as a simple and valid tool for detecting depressive symptoms in the general population and in different chronically ill patient populations.
- An introduction to the feelings questions is embedded within the form.
- Once the NFP Nurse has elicited responses to all the questions and completed the whole form, it will be helpful to review the client's answers. If she has answered 'all' or 'most of the time' to #1, #4, or #5 the NFP Nurse will need to explore these answers further.

- A number of issues may need to be considered:
- Does the client have a diagnosed mental health problem that would explain these answers?

[4] Berwick DM, Murphy JM, Goldman PA, Ware JE Jr, Barsky AJ, Weinstein MC. Performance of a five-item mental health screening test. Med Care. 1991;29:169-176.

[5] McCabe CJ, Thomas KJ, Brazier JE, Coleman P. Measuring the mental health status of a population: a comparison of the GHQ-12 and the SF-36 (MHI-5). Br J Psychiatry. 1996;169(4):516-521.

[6] Rumpf HJ, Meyer C, Hapke U, John U. Screening for mental health: validity of the MHI-5 using DSM-IV Axis I psychiatric disorders as gold standard. Psychiatry Res 2001;105:243-253.

[7] Cuijpers P1, Smits N, Donker T, ten Have M, de Graaf R. Screening for mood and anxiety disorders with the five-item, the three-item, and the two-item Mental Health Inventory. Psychiatry Res. 2009;168(3):250-5.

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- Are these feelings relatively new for the client, has this occurred since she found out she was pregnant or in relation to any other life events?
- Has the client already tried any strategies to manage these feelings?
- The NFP Nurse may want to consider whether further mental health assessment or referral to a primary health care provider or specialist service is warranted

Note: It is always a good idea to bring these cases to the reflective supervision and/team case discussion

Loneliness/Social Isolation Scale:

- This brief scale informs the STAR Framework: Family and Friends Domain – Loneliness and Social Isolation
- The NFP nurse totals the score from the 3 columns

Total score on the Loneliness/Social Isolation Scale	STAR Rating
Less than 4	0 Low Risk
4-5	1 Moderate Risk
6-9	2 High Risk

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Client Intake Form

Client Name:		
Client ID:	**Nurse ID:**	**Date:**

Personal/ Family

1. Date of Birth: _____

2. Were you born in [insert country name]?
   - ❑ Yes
   - ❑ No - If not, how many years have you lived in [insert country name]? ☐

3. How would you best describe your "race" or ethnicity or "colour"? (select all that apply)
   - ❑ Aboriginal (e.g. First Nations, Métis or Inuit)
   - ❑ Arab/ West Asian (e.g. Iranian, Lebanese, Moroccan, Armenian, Egyptian)
   - ❑ Black (e.g. African, Haitian, Jamaican, Somalian)
   - ❑ Chinese
   - ❑ Filipino
   - ❑ Japanese
   - ❑ Korean
   - ❑ Latin-American
   - ❑ South Asian (e.g. East Indian, Pakistani, Punjabi, Sri Lankan)
   - ❑ South-East Asian (e.g. Vietnamese Cambodian, Indonesian, Laotian)
   - ❑ White (e.g. European, Caucasian)
   - ❑ Other: _____

4. Marital Status
   - ❑ Married
   - ❑ Common Law/ Living with partner
   - ❑ Separated
   - ❑ Widowed
   - ❑ Divorced
   - ❑ Single

5. Primary Language spoken at home
   - ❑ English
   - ❑ Spanish
   - ❑ Other (specify): _____

6. Do you currently have a partner?
   - ❑ Yes
     - ❑ Male
     - ❑ Female
   - ❑ No

7. **If question 6 is yes, and partner is male**, is your male partner the biological father of this baby?
   - ❑ Yes
   - ❑ No
   - ❑ Don't know

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Personal/ Family continued

8. How often do you have contact with the baby's biological father (in-person, phone, text)?
   - ❑ Every day
   - ❑ 3-6 times a week
   - ❑ Once or twice a week
   - ❑ 1-3 times a month
   - ❑ Once every few months
   - ❑ Once a year
   - ❑ Less than once a year
   - ❑ Never

9. What type of residence do you currently live in? (please select only one)
   - ❑ Apartment/ House
   - ❑ Foster Home (**skip to question # 11**)
   - ❑ Staying with friend(s) temporarily (**skip to question # 11**)
   - ❑ Group home/ shelter (**skip to question # 13**)
   - ❑ Residential care (treatment centre, custody, group home) (**skip to question # 13**)
   - ❑ Homeless (**skip to question # 13**)
   - ❑ Other arrangement: _____

10. Who lives in your household (select all that apply)?
    - ❑ Client's mother
    - ❑ Client's father
    - ❑ Stepmother
    - ❑ Stepfather
    - ❑ Sister(s) (includes step or half)
    - ❑ Brother(s) (includes step or half)
    - ❑ Grandmother
    - ❑ Grandfather
    - ❑ Husband – Father of baby
    - ❑ Husband – Not father of baby
    - ❑ Boyfriend – Father of baby
    - ❑ Boyfriend – Not father of baby
    - ❑ Father of baby (if different than husband/ boyfriend)
    - ❑ Aunt(s)
    - ❑ Uncle(s)
    - ❑ Other (specify) _____

11. Total number of people living today in client's household (includes client): ☐

12. Is your housing rented or owned? (please select only one)
    - ❑ Owned/ rented by someone else, contribute to payment
    - ❑ Owned/ rented by someone else, do not contribute to payment
    - ❑ Owned by client, responsible for payments
    - ❑ Rented non-subsidized
    - ❑ Rented, subsidized
    - ❑ Client unable/ unwilling to give this information

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Education and Income

13. Are you currently enrolled in any kind of school, vocational or educational program?
    - ❑ Yes
    - ❑ No (Skip to question #15)

14. What type of course are you currently enrolled in?
    - ❑ Middle School/ High School (indicate Grade Level) [ ]
    - ❑ Community college or technical school
    - ❑ University

15. If you have not graduated from high school and are no longer attending**. (If graduated high school, skip to question #15)**.
    - How old were you when you left? [ ]
    - What is the last grade in school that you completed? [ ]

16. What is your highest level of education?
    - ❑ Completed high school:
      - ❑ Diploma ❑ Equivalent: [ ]
    - ❑ Some community college or technical school
    - ❑ Some university
    - ❑ Completed bachelor's degree
    - ❑ Graduate degree
    - ❑ N/A (still in high school)

17. Do you have a plan to enroll in any additional kind of school, vocational, certification or educational program?
    - ❑ Yes
    - ❑ No

18. Are you currently working?
    - ❑ Yes **(Complete question and then skip to question #20)**
      - ❑ Full-time: 37 hours per week or more
      - ❑ 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)

19. For the most recent or current job you have/ had, what is/ was your wage before taxes and deductions?`

Hourly [$] Weekly [$]

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20. Are you currently receiving any of the following financial benefits? (Check all that apply)
    - ❑ Income Assistance (includes Disability, Hardship, Income Assistance)
    - ❑ Employment Insurance/ Maternity Benefits
    - ❑ Canada Child Tax Credits (includes BC Bonus)
    - ❑ Special refundable tax rebates
    - ❑ Medical Services Premium Assistance
    - ❑ Declined to answer
    - ❑ Don't know
    - ❑ Other specify _____

Education and Income continued

21. What is the client's total personal income (not including partner or family), before taxes and deductions?
    - ❑ No income
    - ❑ Under $5,000
    - ❑ $5,000 - $9,999
    - ❑ $10,000 - $14,999
    - ❑ $15,000 - $19,999
    - ❑ $20,000 - $24,999
    - ❑ $25,000 - $29,999
    - ❑ $ 30,000 or more
    - ❑ Unwilling/ unable to answer

Main Caregivers

22. Have you ever lived away from your biological parents/ extended family, when under the age of 18, for more than 3 months?
    - ❑ Yes
    - ❑ No
    - ❑ Don't know
    - ❑ Declined to answer

23. Where did you live? (check all that apply)
    - ❑ Relatives
    - ❑ Friends
    - ❑ Foster Parents
    - ❑ Residential Care (e.g., treatment centre, custody, group home.)
    - ❑ On own
    - ❑ Other: _____
    - ❑ Declined to answer

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Control and Mastery

The following 7 statements are about your experience of your ability to control and master things in your life. There are 4 options for each statement ("strongly agree", "agree", "disagree", or "strongly disagree). Do not spend too much time thinking about your answer as your immediate response is likely to be the most accurate.

24. I have little control over the things that happen to me.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

25. There is really no way I can solve some of the problems I have.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

26. There is little I can do to change many of the important things in my life.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

27. I often feel helpless in dealing with the problems of life.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

28. Sometimes I feel that I'm being pushed around in life.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

29. What happens to me in the future mainly depends on me.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

30. I can do just about anything I really set my mind to do.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

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Feelings

The next set of five questions is about how you feel and how things have been with you during the past thirty days. There are 5 options for each statement ("all the time", "most of the time", "some of the time", "almost never", or "never" . There are no right or wrong answers.

31. How much of the time have you been a very nervous person?
    - ❑ All the time
    - ❑ Most of the time
    - ❑ Some of the time
    - ❑ Almost never
    - ❑ Never

32. During the past thirty days, how much of the time have you felt calm and peaceful?
    - ❑ All the time
    - ❑ Most of the time
    - ❑ Some of the time
    - ❑ Almost never
    - ❑ Never

33. How much of the time have you felt downhearted and blue?
    - ❑ All the time
    - ❑ Most of the time
    - ❑ Some of the time
    - ❑ Almost never
    - ❑ Never

34. How often have you felt so down in the dumps that nothing could cheer you up?
    - ❑ All the time
    - ❑ Most of the time
    - ❑ Some of the time
    - ❑ Almost never

35. During the past thirty days, how much of the time were you a happy person?
    - ❑ All the time
    - ❑ Most of the time
    - ❑ Some of the time
    - ❑ Almost never
    - ❑ Never

36. **Loneliness/Social Isolation Scale**

	Hardly Ever	Sometimes	Often
How often do you feel you don't have a friend to turn to?	1	2	3
How often do you feel left out?	1	2	3
How often do you feel isolated from others?	1	2	3

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Client Intake Update Form

(Please note: The Client Intake Update Form is 6 pages)

Purpose:

The purpose of this form 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. This new data builds on the information gathered using the Client Intake Form at the first NFP home visit. This form can provide information that will prompt the NFP Nurse to conduct in-depth clinical assessments and interventions or may enhance an assessment she has already completed. Assessment data is collected in six categories: 1) personal/family, 2) education/income, 3) birth control and additional pregnancies, 4) current mental health (positive affect); 5) the extent to which they are able to impact their own life situation; and 6) loneliness/social isolation (which informs STAR). While the extent to which the client is able to impact their own life situation may not be generally regarded as an indicator of health per se, a mother's sense of mastery or self-efficacy has a strong influence on how she is able to use health information in caring for herself and her child. One of the consistent outcomes across all three US randomized controlled trials was a reduction in subsequent pregnancies which is important as it increases the likelihood that mothers will be able to return to school, increases their labor force participation, improves their economic self-sufficiency, and reduces government spending.[8]

General Guidelines:

- This form is completed at four times, when the child is 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.
- Before you begin asking for information about the client, remind her that the data is confidential. Explain that the information will be useful to you in helping her to have the healthiest child possible and that you and the client jointly will decide how to use the information.
- Some mothers may become pregnant and continue with the pregnancy, while in the NFP program prior to the first child's second birthday. The NHV should continue to implement the NFP program protocols for infancy/toddler with the client, addressing questions/issues that arise related to the second pregnancy as needed. Each society will determine how their NFP data collection system will handle subsequent pregnancies.

Please note: many sections of this form will need to be adapted by countries to ensure that it coincides with local conditions (e.g. housing, income, educational attainment)

Olds DL; Kitzman HJ, Cole RE; Hanks CA; Arcoleo KJ; Anson EA; Luckey DW; Knudtson MD; Henderson Jr CR; Bondy J, Stevenson AJ. Enduring Effects of Prenatal and Infancy Home Visiting by Nurses on Maternal Life Course and Government Spending Arch Pediatr Adolesc Med. 2010;164(5):419-424.

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Definitions/Directions for Completing Form

Marital Status

- Definition of common-law: Living with a partner for at least 12 consecutive months in a relationship like a marriage

How often do you have contact with the baby's biological father (in-person, phone, text)

- This question seeks to understand the amount of contact the client has with the baby's biological father which begin to assist the NFP nurse to assess the relationship between the client and baby's father. Assure the client that there is no judgment to be made based on her answer.

How often does the biological father see the baby

- This question simply ascertains if the father is present in the home seeing the baby, but does not discern if the father is an active participant in the care of his child. There may be extenuating circumstances that prevent the father from seeing the baby. Assure the client that there is no judgment to be made based on her answer.

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 specifically assess the father's caretaking differentiates between a father who is simply gathers information related to the amount of time the baby interacts with the biological father. Assure the client that there is no judgment to be made based on her answer. The NFP nurse can use this information to inform her assessment of the father's attachment to the baby and to monitor change in this over time,

What type of residence do you currently live in:

- Please carefully watch skip pattern on this question

Who lives in your household:

- Although the NFP focuses on the mother as the client, NHVs are encouraged to involve family members, partners etc. if so desired by the client.
- As living arrangements and family constellations can be complex, the list is comprehensive. There is no specific criteria whereby we define "lives in household" – this is simply as viewed/determined by the client.
- If there are a large number of individuals in the household, it may be helpful at some point to use the MY FAMILY & FRIENDS – "My Support" or "Life History Calendar" facilitators to explore the quality of these relationships.

Education:

- This section on education asks questions on many different educational levels and opportunities clients may experience in order to capture any educational progress made while in the NFP program.
- Note that the questions related to vocational or certification programs require that a client distinguish between high school or post-high school level.
- If the client has completed a high school diploma equivalent please note which
- If a client has not completed high school or a GED or vocational/certification program, note the last grade level that the client has 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

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educational program?

- This question relates to the client's 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 future. This intent could be the near or distant future.
- If a client plans to enroll in school then they should answer the question regarding future enrollment plans even if the client is currently enrolled in school (Q11).

Are you currently working?:

- 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 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.

Household Income:

- If the client has any concerns about sharing this information, assure her that income level is confidential and will not be shared with others outside the team. Income ranges are provided as the specific income may not be known, and clients may feel more comfortable providing an income range rather than a specific amount. Please note we are only seeking the client's personal income and not that of her family or partner even if they support her financially.

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

- While this question may seem very personal, explain to the client that you are asking this information in order to assist her to protect herself from unsafe sex and an unplanned pregnancy
- The NFP nurse can use the question to reinforce the importance of having her male partner use condoms with every sexual encounter so as to protect herself from serious infections, e.g., HIV.

If you never used any form of birth control to prevent another pregnancy in the last six months, which of the following apply?

- If the client answers "no" to everything on the list, gently explore if anything might apply? This will provide helpful information to the Nurse which she can then use when discussing topics in the "MY HEALTH - What About Family Planning & Sex" Visit-to-Visit Guidelines with the client

Please tell me all the different types of birth control you have used in the last 6 months

- Be sure to read the complete list of forms of birth control and check all that client states she has used (reading the list may help client to more accurately recall methods used).

Birth Control and Additional Pregnancies

- Improved economic self-sufficiency is one of the 3 NFP program goals. Because subsequent pregnancies/short spacing between pregnancies can impeded a mother's return to school or entering/returning to the workforce, it is important to track this program outcome for every pregnancy the client has over the course of the NFP program. The NHV documents the age of the first child when the client became pregnant again and the outcome of that pregnancy. There is room on the form to document up to 3 additional pregnancies.

Control and Mastery (based on Pearlin and Schooler 7-item mastery scale)[9] [10]

[9] Pearlin LI, Schooler C. The structure of coping. J Health Soc Behav. 1978;19:2–21.

[10] Pearlin LI. The life course and the stress process: some conceptual comparisons. J Gerontol Ser B. 2010;65B:207–215.

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- Mastery is the "extent to which someone regards one's life-chances as being under their own control in contrast to being fatalistically ruled. Low levels of sense of mastery have been linked to mental and general ill-health.
- A high level of sense of mastery is associated with positive mental health. Sense of mastery acts as a mediator between stress factors and various health outcomes.
- An introduction to the mastery questions is embedded within the form.
- Note statements 1-5 are stated in the negative, while items 6-7 are stated in the positive.

Scoring of the mean mastery scale value should be undertaken as follows:

- The first five statements (I have little control over the things that happen to me, here is really no way I can solve some of the problems I have, There is little I can do to change many of the important things in my life, I often feel helpless in dealing with the problems of life, Sometimes I feel that I'm being pushed around in life) are coded as follows: Strongly agree = 1; agree = 2, disagree =3, strongly disagree = 4
- The final two items ('What happens to me in the future mainly depends on me' and 'I can do just about anything I really set my mind to') are coded in reverse;
- Strongly agree=4; agree=3; disagree=2; strongly disagree=1
- Scores of the 7 items are then summed, with a possible total score from 7 to 28 points.
- To account for any missing scores/items answered, the total score should be divided by the number of questions completed (i.e. if seven items are completed, the total should be divided by 7, if 6 are completed, the total should be divided by 6 etc).
- A higher score indicates increased mastery.
- **A score of below 3 is considered low mastery.**

- The client's mastery score enables to NFP nurse to add to her assessment of the client's needs and could be linked to her mood (see the **Feelings** section below) or could reflect the environment and situation that she is in. The NFP nurse may want to explore her answers, for example for #4 where it asks about the client's "problems", what these might be? Has she tried to affect any change and if so how?
- Many facilitators and other NFP materials can be used to explore this issue with the client during successive visits and then support her to plan small steps for progress.
- A client agreeing to statements #1 or #5 could also indicate that she is being controlled in some way or feels she is and may be experiencing Intimate Partner Violence. Again, many NFP materials enable exploration of this issue and the NFP nurse may want to prioritize use of these over subsequent visits

NB Additional information on use of the mastery scale can be found in the international guidance document: "Guidance: Use of mastery scales in NFP"

Feelings (based on the 5-item Mental Health Inventory [MHI-5])[11] [12] [13] [14]

[11] Berwick DM, Murphy JM, Goldman PA, Ware JE Jr, Barsky AJ, Weinstein MC. Performance of a five-item mental health screening test. Med Care. 1991;29:169-176.
[12] McCabe CJ, Thomas KJ, Brazier JE, Coleman P. Measuring the mental health status of a population: a comparison of the GHQ-12 and the SF-36 (MHI-5). Br J Psychiatry. 1996;169(4):516-521.
[13] Rumpf HJ, Meyer C, Hapke U, John U. Screening for mental health: validity of the MHI-5 using DSM-IV Axis I psychiatric disorders as gold standard. Psychiatry Res 2001;105:243-253.
[14] Cuijpers P1, Smits N, Donker T, ten Have M, de Graaf R. Screening for mood and anxiety disorders with the five-item, the three-item, and the two-item Mental Health Inventory. Psychiatry Res. 2009;168(3):250-5.

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- This inventory is completed at 4 points in time over the course of the NFP program which allows the NHV and client to explore changes in responses over time.
- The MHI-5 has been established as a simple and valid tool for detecting depressive symptoms in the general population and in different chronically ill patient populations.
- Read the introduction to the section verbatim:
- The next set of five questions is about how you feel and how things have been with you during the past thirty days. I will present you with 5 options for each statement ("all the time", "most of the time", "some of the time", "almost never", or "never" . There are no right or wrong answers.
- Then read each question verbatim:
    1. How much of the time have you been a very nervous person?
    2. During the past thirty days, how much of the time have you felt calm and peaceful?
    3. How much of the time have you felt downhearted and blue?
    4. How often have you felt so down in the dumps that nothing could cheer you up?
    5. During the past thirty days, how much of the time were you a happy person?
- Once the NFP Nurse has asked these questions and completed the whole form, it will be helpful to review the client's answers. If she has answered 'all' or 'most of the time' to #1, #4, or #5 the NHV will need to explore these answers further.
- A number of issues may need to be considered:
    - Does the client have a diagnosed mental health problem that would explain these answers?
    - Are these feelings relatively new for the client, has this occurred since she found out she was pregnant or in relation to any other life events?
    - Has the client already tried any strategies to manage these feelings?
- The FN may want to consider whether the use of the FNP relaxation CD is appropriate at this time.
- If the NHV is concerned that the level of the client's responses suggest that she may be unwell, the NHV should request a mental health assessment from the client's primary health care provider or alternate. FN may want to consider using the HADS at this time as a more in depth guide as to what is happening for her. From this, the NHV will be able to explore with the client possible treatment options and their implications for her developing baby.
- Note: It is always a good idea to bring these cases to the reflective supervision and/team case discussion.

Loneliness/Social Isolation Scale:

- This brief scale informs the STAR Framework: Family and Friends Domain – Loneliness and Social Isolation
- The NHV totals the score from the 3 columns

Total score on the Loneliness/Social Isolation Scale	STAR Rating
Less than 4	0 Low Risk
4-5	1 Moderate Risk
6-9	2 High Risk

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Client Intake Update Form

Client Name:		
Client ID:	**Nurse ID:**	**Date:**

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

Personal/ Family

1. Do you currently have a partner?
   - ❑ Yes
     - ❑ Male
     - ❑ Female
   - ❑ No

2. **If question 1 is yes, and partner is male**, is your male partner the biological father of this baby?
   - ❑ Yes
   - ❑ No
   - ❑ Don't know

3. Marital Status
   - ❑ Married
   - ❑ Common Law/ Living with partner
   - ❑ Separated
   - ❑ Widowed
   - ❑ Divorced
   - ❑ Single

4. How often do you have contact with the baby's biological father (in-person, phone, text)?
   - ❑ Every day
   - ❑ 3-6 times a week
   - ❑ Once or twice a week
   - ❑ 1-3 times a month
   - ❑ Once every few months
   - ❑ Once a year
   - ❑ Less than once a year
   - ❑ Never

5. How often does the biological father see the baby?
   - ❑ Biological father lives with mom and baby
   - ❑ Every day
   - ❑ 3-6 times a week
   - ❑ Once or twice a week
   - ❑ 1-3 times a month
   - ❑ Once every few months
   - ❑ Once a year
   - ❑ Less than once a year
   - ❑ Never

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

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- ❑ He does most/ all of the care
- ❑ Every day
- ❑ 3-6 times a week
- ❑ Once or twice a week
- ❑ 1-3 times a month
- ❑ Less than once a month
- ❑ He has not spent time caring for or interacting with the baby

7. What type of residence do you currently live in? (please select only one)
   - ❑ Apartment/ House
   - ❑ Foster Home (**skip to question # 9**)
   - ❑ Staying with friend(s) temporarily (**skip to question # 9**)
   - ❑ Group home/ shelter (**skip to question # 11**)
   - ❑ Residential care (treatment centre, custody, group home) (**skip to question # 11**)
   - ❑ Homeless (**skip to question # 11**)
   - ❑ Other arrangement: _____

8. Who lives in your household (select all that apply)?
   - ❑ Client's mother
   - ❑ Client's father
   - ❑ Stepmother
   - ❑ Stepfather
   - ❑ Sister(s) (includes step or half)
   - ❑ Brother(s) (includes step or half)
   - ❑ Grandmother
   - ❑ Grandfather
   - ❑ Husband – Father of baby
   - ❑ Husband - Not father of baby
   - ❑ Boyfriend – Father of baby
   - ❑ Boyfriend – Not father of baby
   - ❑ Father of baby (if different than husband/ boyfriend)
   - ❑ Aunt(s)
   - ❑ Uncle(s)
   - ❑ Other (specify) _____

9. Total number of people living today in client's household (includes client): ☐

10. Is your housing rented or owned? (please select only one)
    - ❑ Owned/ rented by someone else, contribute to payment
    - ❑ Owned/ rented by someone else, do not contribute to payment
    - ❑ Owned by client, responsible for payments
    - ❑ Rented non-subsidized
    - ❑ Rented, subsidized
    - ❑ Client unable/ unwilling to give this information
    - ❑ Other: _____

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Education and Income

11. Are you currently enrolled in any kind of school, vocational or educational program?
    - ❑ Yes
    - ❑ No (**Skip to question #13**)

12. What type of course are you currently enrolled in?
    - ❑ Middle School/ High School (indicate Grade Level) ☐
    - ❑ Community college or technical school
    - ❑ University

13. If you have not graduated from high school and are no longer attending.
(If graduated high school, skip to question #15).
    - How old were you when you left? ☐
    - What is the last grade in school that you completed? ☐

14. What is your highest level of education?
    - ❑ Completed high school:
      - ❑ Diploma ❑ Equivalent: ☐
    - ❑ Some community college or technical school
    - ❑ Some university
    - ❑ Completed bachelor's degree
    - ❑ Graduate degree
    - ❑ N/A (still in high school)

15. Do you have a plan to enroll in any additional kind of school, vocational, certification or educational program?
    - ❑ No:
    - ❑ Yes: plese specify:_____

16. Have you worked at all at a paid job since the birth of your baby/child?
    - ❑ Yes
    - ❑ No (**Skip to question #20**)

17. How many months have you worked since the birth of your infant? ☐ months.

18. Are you currently working?
    - ❑ Yes
      - ❑ Full-time: 37 hours per week or more
      - ❑ 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)

19. For the most recent or current job you have/ had since the birth of your infant, what is/ was your wage before taxes and deductions?`

    Hourly $ ☐ Weekly $ ☐

20. Are you currently receiving any of the following financial benefits? (Check all that apply)

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- ❑ Income Assistance (includes Disability, Hardship, Income Assistance)
- ❑ Employment Insurance/ Maternity Benefits
- ❑ Child Tax Credits
- ❑ Special refundable tax rebates
- ❑ Medical Services Premium Assistance
- ❑ Declined to answer
- ❑ Don't know
- ❑ Other specify _____

21. What is the client's total personal income (not including partner or family), before taxes and deductions?
    - ❑ No income
    - ❑ Under $5,000
    - ❑ $5,000 - $9,999
    - ❑ $10,000 - $14,999
    - ❑ $15,000 - $19,999
    - ❑ $20,000 - $24,999
    - ❑ $25,000 - $29,999
    - ❑ $ 30,000 or more
    - ❑ Unwilling/ unable to answer

22. Since the birth of your infant **(use "Since we last completed this form when your child was [6, 12, 18] months old" for later time points)**, how much money has the baby's biological father (use "husband/ male partner" if he is the biological father) provided for you or your child during a typical month?

    $ _____

    - ❑ Client unsure
    - ❑ Joint account

Birth Control and Additional Pregnancies

23. Thinking about all the times you've had sexual intercourse in the last six months, about how often did you use birth control? (for any response other than "never" skip to question #24)
    - ❑ Never
    - ❑ Almost never
    - ❑ Some of the time
    - ❑ About half of the time
    - ❑ Most of the time
    - ❑ Every time

24. If you never used any form of birth control to prevent another pregnancy in the last six months, which of the following apply?
    - ❑ Female partner
    - ❑ Tubal ligation or hysterectomy
    - ❑ Partner had vasectomy
    - ❑ No intercourse
    - ❑ Practicing abstinence
    - ❑ Planning another pregnancy
    - ❑ Didn't think of this or wasn't able to obtain birth control
    - ❑ Other: _____

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25. Please tell me all the different types of birth control you have used in the last 6 months. (Check all that apply)
    - ❑ Male condoms
    - ❑ Natural family planning, rhythm method
    - ❑ Spermicides, jelly foam, cream suppositories, vaginal film, sponge
    - ❑ Diaphragm
    - ❑ Cervical cap
    - ❑ Withdrawing, pulling out before coming
    - ❑ Birth control pills
    - ❑ Patch
    - ❑ Vaginal ring
    - ❑ Quarterly birth control injection (Depo-Provera)
    - ❑ IUD Hormonal
    - ❑ IUD Non-Hormonal
    - ❑ Emergency contraception
    - ❑ Female condom
    - ❑ Hormonal implant
    - ❑ None of these

26. Have you been pregnant since you had [**child's name**]?
    - ❑ Yes (**Complete table below**)
    - ❑ No (**Skip to question #28**)

27. For each pregnancy reported in question #26, please complete the following information:

First pregnancy after index child	**Second** pregnancy after index child	**Third** pregnancy after index child
• How old was your child when you became pregnant? _____ months • What was the outcome? ❑ Still pregnant ❑ Miscarriage ❑ Abortion ❑ Stillbirth ❑ Live birth	• How old was your child when you became pregnant? _____ months • What was the outcome? ❑ Still pregnant ❑ Miscarriage ❑ Abortion ❑ Stillbirth ❑ Live birth	• How old was your child when you became pregnant? _____ months • What was the outcome? ❑ Still pregnant ❑ Miscarriage ❑ Abortion ❑ Stillbirth ❑ Live birth

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Control and Mastery

Now I would like to read 7 statements about your experience of your ability to control and master things in your life. I will present you with 4 options for each statement ("strongly agree", "agree", "disagree", or "strongly disagree). Do not spend too much time thinking about your answer as your immediate response is likely to be the most accurate.

28. I have little control over the things that happen to me.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

29. There is really no way I can solve some of the problems I have.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

30. There is little I can do to change many of the important things in my life.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

31. I often feel helpless in dealing with the problems of life.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

32. Sometimes I feel that I'm being pushed around in life.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

33. What happens to me in the future mainly depends on me.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

34. I can do just about anything I really set my mind to do.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

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Feelings

The next set of five questions is about how you feel and how things have been with you during the **past thirty days**. I will present you with 5 options for each statement ("all the time", "most of the time", "some of the time," almost never", or "never". There are no right or wrong answers.

35. How much of the time have you been a very nervous person?
    - ❑ All the time
    - ❑ Most of the time
    - ❑ Some of the time
    - ❑ Almost never
    - ❑ Never

36. During the past thirty days, how much of the time have you felt calm and peaceful?
    - ❑ All the time
    - ❑ Most of the time
    - ❑ Some of the time
    - ❑ Almost never
    - ❑ Never

37. How much of the time have you felt downhearted and blue?
    - ❑ All the time
    - ❑ Most of the time
    - ❑ Some of the time
    - ❑ Almost never
    - ❑ Never

38. How often have you felt so down in the dumps that nothing could cheer you up?
    - ❑ All the time
    - ❑ Most of the time
    - ❑ Some of the time
    - ❑ Almost never
    - ❑ Never

39. During the past thirty days, how much of the time were you a happy person?
    - ❑ All the time
    - ❑ Most of the time
    - ❑ Some of the time
    - ❑ Almost never
    - ❑ Never

40. Loneliness/Social Isolation Scale

	Hardly Ever	Sometimes	Often
How often do you feel you don't have a friend to turn to?	3	2	1
How often do you feel left out?	3	2	1
How often do you feel isolated from others?	3	2	1

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Dyadic Assessment of Naturalistic Caregiver-child Experiences (DANCE) coding form

(Please note: The DANCE coding form is 1 page)
Please also note: Where countries use alternate dyadic assessment tools, this coding form should be replaced accordingly.

Instructions for the DANCE 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 this form 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 colleague 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.

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.

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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.

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.

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DANCE Coding Sheet

Client ID _____ Client Name _____

Date _____ NFP Nurse ID _____ NFP Nurse 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:

Negative Comments about the Child to Others (P) ..... _____ #

☐ Observation for this behavior not conducted at this visit

Comments:

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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:

Completes Interactions (P) ..... ____ %

☐ Observation for this behavior not conducted at this visit

Comments:

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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 a

Comments:

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Edinburgh Postnatal Depression Scale (EPDS)

(Please note: The Edinburgh Postnatal Depression Scale is 1 page)
Please also note that countries will use EITHER the EPDS or the PHQ9 to assess and record maternal depression.

Purpose:

The purpose of this form is to screen for perinatal depression. Postpartum depression is the most common complication of childbearing. The research literature indicates that the incidence may be as high as 17%-18%.[1] The Edinburgh Postnatal Depression Scale (EPDS) is a 10-question self-rating scale that has been proven to be an efficient and effective way of identifying women at risk for perinatal/postnatal depression.[2] Without treatment, perinatal depression affects all aspects of a woman's health and that of her baby. It can be a factor leading to low birth weight, compromised mother-infant interaction, and behavioural/cognitive impairment in early preschool years. The most tragic consequences of perinatal depression are maternal suicide and infanticide. NFP Nurses may be the first point of contact for women experiencing perinatal depression. The use of a reliable screening instrument is intended to supplement the NFP NURSE's clinical judgment and assist with decision making about the client's care. Its use provides women with the opportunity to discuss their feelings and enables 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 themselves 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 psychiatric/mental health assessment and clinical judgment. The EPDS cannot be used to predict whether or not a respondent will experience depression in the future - it can only be used to determine current mood- within the past seven days. The EPDS will not detect mothers with anxiety neuroses, phobias or personality disorders. The EPDS Score is designed to assist, not replace, clinical/professional judgment. Since the Patient Health Questionnaire-9 is a mandatory component of STAR, agencies/societies may elect not to use the Edinburgh.

General Guidelines:

- This form is completed 3 times: Pregnancy 36 Weeks, Infancy 6-8 weeks, and Infancy 4-6 months and as needed
- If the client has a high EPDS prenatally, or indicates/exhibits any early signs of postpartum depression, the EPDS should be done prior to 6-8 weeks.

Definitions/Directions for Completing Form

- The mother should complete the scale herself, unless she has limited English or has difficulty with reading.
- The mother is asked to put an "X" beside the response that comes closest to how she has been feeling in the previous 7 days.
- All ten items must be completed.
- Good clinical care also involves asking if the mother has fears about hurting the baby or fears of the baby coming to harm.

Scoring:

- Questions 1, 2 and 4 are scored 0, 1, 2 or 3 with top box scored as a 0 and the bottom box scored as 3.
- Questions 3, 5-10 are reverse scored, with the top box being scored as a 3 and the bottom box scored as 0.
- Individual items are totaled to give an overall score.
- Guidance for action and interpretation of the client's EPDS score is found on the next page

[1] Josefsson A, Berg G, Nordin C, Sydsjö G. Prevalence of depressive symptoms in late pregnancy and postpartum. Acta Obstet Gynecol Scand. 2001;80(3):251-5.

[2] Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. Br J Psychiatry, 1987;150:782-6.

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Edinburgh Postnatal Depression Scale

Guidance for action and interpretation of Edinburgh Postnatal Depression Scale (EPDS) score

EPDS Score	Interpretation	Action
0-9	Depression not likely	• Scores in this range may indicate the presence of some symptoms of distress that may be short-lived and are less likely to interfere with day to day ability to function at home, work, or school. • If these symptoms have persisted more than a week or two further enquiry is warranted.
10-12	Depression possible	• Scores within this range indicate presence of symptoms of distress that may be discomforting. • Repeat the EPDS in 2 weeks' time and continue monitoring • If the scores increase to above 12, assess further and consider referral as needed. • NFP Nurse assesses with the client any needs for additional support and offers additional information/education • Consider referral to primary care provider (PCP).
13 and higher (positive screen)	Fairly high possibility of depression	• Women with scores above 12 require further assessment and appropriate management as the likelihood of depression is high. • Refer to PCP and/or mental health specialist for diagnostic assessment and treatment • NFP Nurse works with the client and community health professionals to develop a collaborative plan of care
Positive score (1, 2 or 3) on question #10 (suicidality risk)		• Immediate discussion required. • Refer to PCP ± mental health specialist or emergency resource for further assessment and intervention as appropriate. • Urgency of referral will depend on several factors including: whether the suicidal ideation is accompanied by a plan, whether there has been a history of suicide attempts, whether symptoms of a psychotic disorder are present and/or there is • concern about harm to the baby.

Adapted from:
http://www.perinatalservicesbc.ca/NR/rdonlyres/895522A4-933C-4F0C-B980-EA2B5958692F/0/EPDSScoringGuide_March2015.pdf
and
http://www.blackdoginstitute.org.au/docs/CliniciansdownloadableEdinburgh.pdf

Note: NFP Nurses should follow their agency policies and procedures regarding referral and coordination of care for clients who screen positive or those who are in need of mental health evaluation/assessment based on the nurse's clinical judgment.

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Edinburgh Postnatal Depression Scale

Nurse-Family Partnership
Helping First-Time Parents Succeed®

Client Name:		
Client ID:	**Nurse ID:**	**Date:**

Check one: ❑ Pregnancy 36 Weeks ❑ Infancy 6-8 weeks ❑ Infancy 4-6 months

As you are having a baby, we would like to know how you are feeling. Please mark an "X" beside the answer which comes closest to how you have felt in the **past 7 days** – not just how you feel today.

In the past 7 days:

1. I have been able to laugh and see the funny side of things		6. Things have been getting on top of me	
___As much as I always could	0	____Yes, most of the time I haven't been able to cope	3
___Not quite so much now	1	____Yes, sometimes I haven't been coping as well as usual	2
___Definitely not so much now	2	____No, most of the time I have coped quite well	1
___Not at all	3	____No, I have been coping as well as ever	0
2. I have looked forward with enjoyment to things		7. I have been so unhappy that I have had difficulty sleeping	
____As much as I ever did	0	____Yes, most of the time	3
____Rather less than I used to	1	____Yes, sometimes	2
____Definitely less than I used to	2	____Not very often	1
____Hardly at all	3	____No, not at all	0
3. I have blamed myself unnecessarily when things went wrong		8. I have felt sad or miserable	
____Yes, most of the time	3	____Yes, most of the time	3
____Yes, some of the time	2	____Yes, quite often	2
____Not very often	1	____Not very often	1
____No, never	0	____No, not at all	0
4. I have been anxious or worried for no good reason		9. I have been so unhappy that I have been crying	
____No, not at all	0	____Yes, most of the time	3
____Hardly ever	1	____Yes, quite often	2
____Yes, sometimes	2	____Only occasionally	1
____Yes, very often	3	____No, never	0
5. I have felt scared or panicky for no very good reason		10. The thought of harming myself has occurred to me	
____Yes, quite a lot	3	___Yes, quite often	3
____Yes, sometimes	2	___Sometimes	2
____No, not much	1	___Hardly ever	1
____No, not at all	0	___Never	0

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Generalized Anxiety Disorder – 7 (GAD-7) Questionnaire

(Please note: The GAD-7 Questionnaire is 1 page)

Purpose:
The GAD-7 is a valid and reliable tool to assess for Generalized Anxiety Disorder which according to National Institutes of Health occurs in about 18% of the population. This is not brief, episodic anxiety related to stressful situations, but anxiety that persists and can result in impairment. Anxiety is frequently co-morbid with depression and other mental illnesses as well as substance use. The GAD-7 is also moderately good at screening for panic disorder, social anxiety disorder and Post-traumatic Stress Disorder (PTSD).

General Guidelines:

- This form is completed 5 times: Pregnancy Intake, Pregnancy 36 Weeks, Infant 1-8 weeks (the NFP NURSE uses her clinical judgement to determine the best time to complete this), Infant 12 months, and Toddler 18 months.
- The NFP NURSE uses her clinical nursing judgment and critical thinking to determine if the questionnaire should be administered at a different/additional time.

Definitions/Directions for Completing Form

- Complete GAD-7 screening as needed to determine level of anxiety. See STAR Framework for additional guidance and timeframes.

Interpretation of Total Score and Recommended Action

Total Score	Anxiety Severity	Corresponding STAR Coding		Action
0-4	Minimal anxiety	0	Low Risk	
5-9	Mild anxiety	1	Moderate Risk	• Referral to Primary Care Provider for assessment • NFP Nurse assesses with the client any needs for additional support and offers additional information/education • Consider administering GAD-7 earlier than next scheduled date; no later than 90 days • Assessment with each NFP NURSE contact
10-21	Severe Anxiety	2	High Risk	• Referral to Primary Care Provider/Mental Health Services for diagnostic assessment and treatment * • NFP Nurse works with the client and community health professionals to develop a collaborative plan of care • Assessment with each NFP Nurse contact

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***An emergency referral is required for any client who intentions or plan to harm herself, baby, or someone else.**

- Note: With a total score of 5 and above (i.e., mild to severe anxiety), assessment should occur with every NFP Nurse 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 the GAD-7 score but rather represents the client's global impression of symptom-related impairment. It may be useful in decisions regarding initiation of/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.

Instructions for patient health questionnaire (PHQ-9) and GAD-7 measures: http://www.phqscreeners.com/instructions/instructions.pdf.

Note: NFP Nurses should follow their agency policies and procedures regarding referral and coordination of care for clients who screen positive or those who are in need of mental health evaluation/assessment based on the nurse's clinical judgment.

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Generalized Anxiety Disorder – 7 Questionnaire

Client Name:		
Client ID:	**Nurse ID:**	**Date:**

Check one:
- ❑ Pregnancy Intake
- ❑ Pregnancy 36 Weeks
- ❑ Infancy 1-8 weeks
- ❑ Infancy 12 months
- ❑ Toddler 18 months
- ❑ Other: _____

Generalized Anxiety Disorder – 7 Questionnaire (GAD-7)				
Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	**Not at all**	**Several days**	**Over half the days**	**Nearly every day**
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
Nurse Home Visitor to Total	0 +	+	+	
			Total Score =	

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
☐	☐	☐	☐

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Health Habits Form

(Please note: The Health Habits Form is 2 pages)

Purpose:

This form provides NFP nurses with: important clinical information about their client's substance use (if any) over the course of the program. The form is divided into 6 brief sections: smoking, alcohol, marijuana/hash, cocaine, other substances, and the Substance Use and Abuse Questionnaire (which informs the STAR Framework). This information provides the NFP Nurse with an opportunity to address modifiable factors that influence women's substance use (including smoking) by guiding and supporting necessary behaviour change. The tracking of this information also allows demonstration of outcomes for the program (percentage of clients who quit/reduce smoking, percentage of clients who reduce use of alcohol/other substance, etc.).

General Guidelines:

- This form is completed 3 times: at the first home visit (Pregnancy Intake), 36 weeks gestation (Pregnancy 36 Weeks) and when the infant is 12 months month old (Infancy 12 Months).
- Before you begin asking for information on the client's health behaviors, assure her of the confidentiality of the data (i.e., use of illicit drugs will not be reported to authorities).Explain that the information will be useful to you in helping her to have the healthiest child possible and that you and the client jointly will decide how to use the information.
- If a client delivers before 36 weeks, the NFP Nurse 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 behaviours that occurred during the later part of the pregnancy.
- The first question of each section is asked only at the first home visit (Pregnancy Intake)

<u>Definitions/Directions for Completing Form</u>

- Read the instructions/script before each set of questions.
- When you are working with your client to complete this form, be aware that you may need to assist her in recalling 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

During the three months before you became pregnant, how many cigarettes did you usually smoke in a day?

- 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. The nurse home visitor can then convert to number of cigarettes (there are 20 cigarettes per pack).

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Substance Use and Abuse Questionnaire

- This brief questionnaire informs the STAR Framework: Personal Health Domain – Substance Use and Abuse
- When asking the client to respond to these questions, you may:
  - Ask the assessment questions verbatim as written; or
  - Use the following (grounded in an MI approach) as a guide for eliciting potentially sensitive information. You may make your inquiry more conversational by using language you normally use with consideration to the stated timeframe (i.e., past three months). For example, you might ask:
    - "*Has it been hard to care for your child in the past three months*?"
    - "*In the past three months, how often have you experienced the following*?" (Have the client respond to each item in the table).
    - "*Has anyone expressed concern that the things you have experienced could be related to alcohol or drug use*?"
    - "*Do you have any concerns that your alcohol or drug use could be part of the reason you are experiencing these things*?"

STAR coding:

- If client denies experiencing any of the items in the Substance Use and Abuse Questionnaire, then client score is 0 (no concerns about impairment due to alcohol or drug use).
- If client reports experiencing the items in the Substance Use and Abuse Questionnaire, but there is no concern that the experiences are due to alcohol or drug use, then client score is 0 (no concerns about impairment due to alcohol or drug use).
- If the client scores a "1" in any/all of the Category A items but a "no" to all Category B items, she is coded as "1- Moderate Risk" on the STAR Framework.
- If the client scores a "2" in any/all of the Category A items or a "yes" to any Category B items, she is coded as "2- High Risk" on the STAR Framework.
- If the client denies any of the items in Category A or B but the NFP Nurse has reason to believe differently, this discrepancy is documented in the client's chart and the NFP Nurse proceeds with interventions that support the safety of the client and child.

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Health Habits Form

Client Name:		
Client ID:	**Nurse ID:**	**Date:**

Check one: ❑ Pregnancy Intake ❑ Pregnancy 36 Weeks ❑ Infancy 12 Months

I have some questions about smoking cigarettes. Sometimes women who are pregnant will smoke before they know they are pregnant, or they may find it hard to stop smoking once they start. These are questions about regular, nicotine cigarettes, roll-ups or small cigars only. Marijuana and hash will be asked about later.

1. During the three months before you became pregnant, how many cigarettes did you usually smoke in a day? (ask only at intake)_____cigarettes.
2. Have you smoked at all during your pregnancy, including before you found out you were pregnant?

   (ask only at intake) **Yes** ☐ **No** ☐
3. Have you smoked at all during your pregnancy? (ask only at pregnancy - 36 weeks assessment)

   ☐ **Yes** ☐ **No**
4. Have you smoked at all since your baby was born? (as only at infancy - 12 months assessment)

   ☐ **Yes** ☐ **No**
5. In the last 48 hours, HOW MANY cigarettes, roll-ups or small cigars have you smoked? By 48 hours, I mean from (TIME AND DAY OF WEEK) to (TODAY AND TIME)? (ask at each assessment)_____cigarettes.

Now I am going to ask some questions about alcohol. 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, ale, cider, wine, wine coolers, and hard liquor such as vodka, whiskey, gin, rum, or other types of drinks with alcohol in them.

1. Have you used alcohol at all during your pregnancy, including before you found out you were pregnant?

   (ask only at intake) **Yes** ☐ **No** ☐
2. OVER THE PAST FOURTEEN DAYS, on how many DIFFERENT DAYS did you use alcohol? _____days.
3. OVER THE PAST FOURTEEN DAYS, when you used alcohol, how many drinks (including glasses of wine and bottles of beer) did you USUALLY have PER DAY? _____drinks.

Now I am going to ask you a series of questions about marijuana and hash. 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.

1. Have you used marijuana or hash at all during your pregnancy, including before you found out you were pregnant? (ask only at intake) **Yes** ☐ **No** ☐
2. OVER THE PAST FOURTEEN DAYS, on how many DIFFERENT DAYS did you use marijuana or hash? ____days.
3. OVER THE PAST FOURTEEN DAYS, when you use marijuana or hash, how many pipes or joints did you USUALLY smoke PER DAY? ____pipes or joints/ day.

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

1. Have you used cocaine at all during your pregnancy, including before you found out you were pregnant? (ask only at intake**) Yes** ☐ **No** ☐
2. OVER THE PAST FOURTEEN DAYS, on how many DIFFERENT DAYS did you use cocaine? _____days.
3. OVER THE PAST FOURTEEN DAYS, when you use cocaine, how many times PER DAY did you USUALLY use it? _____ times/day.

Now I am going to ask some questions about other drugs that people use to get high. These include AMPHETAMINES, such as speed, uppers, or crystal meth; LSD, such as acid or trips; other HALLUCINOGENS, such as peyote, ecstasy, or magic mushroom; PCP; AMYL NITRATE, or poppers; KETAMINE; HEROIN, also known as smack, or speedball; INHALANTS (things that people sniff to get high), such as spray paint, hairspray, petrol, lighter fluid, glue, deodorant or paint thinner.

4. Have you used other street drugs to get high at all during your pregnancy, including before you found out you were pregnant? (ask only at intake) Yes ☐ No ☐
5. OVER THE PAST FOURTEEN DAYS, on how many DIFFERENT DAYS did you use these other street drugs? ____days.
6. OVER THE PAST FOURTEEN DAYS, when you used street drugs, how many times PER DAY did you USUALLY use them? _____times/ day.

Substance Use and Abuse Questionnaire

1. Category A :In the past three months, how often have you experienced the following due to alcohol or drug use?

	Never	Once in the Last 3 Months	Twice in the Last 3 Months
Missed work or school	0	1	2
Had trouble at work or school	0	1	2
Had trouble with family or friends	0	1	2
Difficulty providing care for your child (e.g., missed activities or appointments, less energy, less responsive, increased conflict)	0	1	2

2. Category B: In the past three months, how often have you experienced the following due to

	No	Yes
Motor vehicle accident or traffic violation	No	Yes
Arrest or incarceration	No	Yes
Treatment for alcohol or drug use (including overnight stays for detox)	No	Yes

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Home Visit Encounter Form

(Please note: The Home Visit Encounter Form is 2 pages)

Purpose:
This form provides information about every visit that a client receives including: the duration and location; participants' engagement; program content covered; whether the visit resulted in any referrals to government or community services and plans for the next visit. This form supports program documentation and reporting on fidelity requirements. Additionally, this form records the content and length of each visit which will help determine whether clients in the NFP program are receiving similar services to participants in the previous randomized controlled trials. The purpose of the cancelled visits options is to 1) Show the efforts the NFP NURSE makes trying to connect with clients; and 1) Identify trends for specific clients, teams, and individual NFP NURSEs.

General Guidelines:
This form is completed every time a Nurse Home Visitor (NFP NURSE) meets with a client and/or her family, attempts to meet with a client and/or her family, and/or the client or NFP NURSE cancels the appointment.

Definitions/Directions for Completing
Form Duration:

- Total time of the visit. Include only the time spent with the client or family member during the visit.

Completed Home Visit

- Any direct face-to-face contact in which you are interacting with the client or someone from her family where significant program material is covered.
- Although most visits will be at the client's home, visits may take place elsewhere, as long as the NFP NURSE is covering program content with the client or her family

Attempted Visit

- When a NFP Nurse attempts/goes to a client's home for a scheduled or unscheduled appointment and the client is not home or not answering the door.
- Record the date, duration of attempted contact, and program phase.

Visit cancelled by client

- The visit is cancelled by client and the visit cannot be rescheduled to meet the NFP visiting schedule timelines
- Record the date, and indicate the program phase

Cancelled by NFP NURSE

- Any visit cancelled by the NFP Nurse within 24 hours of the scheduled appointment and the visit cannot be rescheduled to meet the visiting schedule timeline
- The purpose of the cancelled visits options is to show the efforts of the NFP Nurse. This information will be reported in the Content and Length of Client Visit report. You only need to fill out the top portion of the form. Please enter the start time of the contact when the cancellation was made. The end time should reflect when the contact ended. If a NFP Nurse spends time on the phone discussing program content when a visit is being cancelled, s/he should record this data on the Alternative Encounter form, in addition to completing the Home Visit Form.
- Record the date, and indicate the program phase

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Location of Visit:

- The client's home is where the client sleeps at least 4 nights per week.
- If a client is living at a homeless shelter, group facility or in a jail mark "Client's home" on the Home Visit Encounter form as this is where she sleeps at least 4 nights per week. We will know by the answer to the question on the Client Intake forms that the client resides in a group home, shelter or correctional facility.

Participant(s) Engagement in Visit:

Use the following scale to indicate how involved the client; client's mother and/or husband/partner were in the visit.

- **Rate 1 if :** The person has little interaction other than being present. Greeting to the NFP NURSE and eye contact is minimal. This person has no involvement in the session, seems to not be listening and may even be engaging in an independent activity (such as watching TV, texting or reading). Attempts at conversation come to a dead end. They may tolerate the NFP NURSE's presence, but show few signs of excitement or interest in the session.
- **Rate 2 or 3 if:** The person shows an average amount of involvement in the visit, keeping eye contact, listening most of the time, and speaking up. They may make it through a good part of the planned content, but may fade out towards the end of the visit, or they may be "slow to warm up", becoming more engaged towards the end. The NFP Nurse may feel that s/he has to jump-start activities or conversations, but then the client follows along and there is some two-way interaction. The client is willing to engage in some of the programme (that is, their attention to the NFP Nurse is not just social or superficial).
- **Rate 4 or 5 if:** The person is involved in the entire visit. They are very interested in the content, even if they do not fully understand it. They have taken a very active role in the agenda matching and the content of the session, fully maintaining a two-way conversation with the NFP Nurse. They are fully invested in spending time with the NFP Nurse, whether that means that they are eager and glad to be with the NFP Nurse or that they strongly disagree or are in conflict with him/her. Their enthusiasm or involvement is apparent and contagious.

Understanding of Material:

Use the following scale to indicate the client's and/or family member understanding of the material.

- **Rate 1 if:** The person seemed very confused with a large portion of the material presented. There was difficulty in conveying even relatively basic points to them, and this difficulty forced considerable changes in the planned visit.
- **Rate 2 or 3 if:** The person had mild problems understanding the material. Some points have to be repeated, rephrased or simplified before she can understand it or show some comprehension of the material. Therefore, there is little change from the planned visit. This score can also be given if the person showed confusion over only small portions of the material, but this does not detract from an overall understanding of the "bigger picture".
- **Rate 4 or 5 if:** The person seemed to have an almost intuitive understanding of the material presented in the visit, so little additional explanation was necessary. The NFP NURSE may feel as though the client and the nurse "are on the same wavelength". The person gives multiple 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.

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Percent of Time Spent on Each Program Area

- Estimate the relative proportion of time (0 – 100%) during the visit spent covering each of the five content domains listed.
- Make sure that the total amount of time adds up to 100%.
- If the NFP Nurse spends no time in a domain, score it "0" (zero); this can also be left blank. Given that the emphasis on a particular content domain within the home visit guidelines varies from visit to visit, it is not expected that the NFP NURSE consistently records an equal amount of time spent on each program area.
- The five content domains are:
  - Personal Health: refers to mother's health both pre and post-natal, e.g., nutrition and exercise requirements, fatigue and loss of sleep, physical or emotional symptoms, birth control, pre-term labour, substance abuse, mental health, etc.
  - Environmental Health: refers to factors within the home, work, school, neighbourhood or community which have the potential to adversely impact mother or child's health/safety, e.g., domestic violence, inadequate heating, gangs, etc.
  - Life Course Development: mother's plans for the future related to education, job training, employment, and decisions about planning further children, etc.
  - Maternal Role: mother's adjustment to the responsibilities of the maternal role, facilitation of infant attachment, child care, immunisations and well-child care, discipline, promotion of child development, physical, behavioural and emotional care of child, etc.
  - Friends and Family: mother's development of social networks and other support systems, changes in relationships with husband/partner, assistance with childcare, etc.

Note: Usually, any discussion of Health and Human Services (the sixth domain) arises because of a need identified in one of the other content domains, so a separate category for time spent discussing community resources is not included. For example, a client's interest in completing her education may lead to discussion about educational support for young mothers available to her and the agencies she should contact for more information; interest in completing education falls within the "Life Course Development" domain. Apply discussions about community resources to one of the applicable content domains specified above.

Percent of planned content covered

- The purpose of this item is to help determine whether the NFP Nurse is able to cover program material that both the NFP Nurse and client planned to cover – this planning will have occurred prior to this visit.
- Estimate the total proportion of the planned content covered during this visit. This is not a reflection of the content covered for the particular visit, rather it is what ACTUALLY happened during the visit.
- In order to agenda match the NFP Nurse has the flexibility to move topics included in the home visit guidelines from one visit to another especially for clients who enter the program later in pregnancy (e.g. 26 weeks gestation). The NFP Nurse may need to rearrange visit content in order to cover the essentials for a given client prior to the birth.
- When planned in advance of the visit, reapportioning visit content or covering a topic at a time other than when it appears in the Visit to Visit Guidelines because a client expresses interest in the topic need not be viewed as not following the program plan.
- During many visits, the NFP Nurse may not cover all the planned material.
- However, the NFP Nurse may find that on some visits clients are so distracted by an immediate crisis that you have to set aside much of the plans for the visit in order to help the client problem-solve how to handle the crisis (e.g. utilities have been turned off due to lack of payment, or there has been a recent incident of intimate partner violence and client is asking for help on how to handle it).

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- When this occurs, it is to be expected that agenda matching within a visit will need to estimate the percentage of time spent following the plans that had been established for the visit versus that spent dealing with a crisis or unexpected need of the client.
- The goal is that planned content does not take a back seat to crisis the majority of the time, since the planned content is that which is expected to provide the long-term benefits of the program. However, it is important to remember that some clients will always have a crisis and this may detract from undertaking any of the program content. Part of the NFP program is to help clients regulate and problem solve, so you the NFP Nurse will need to decide when to respond to regular crisis, and when to encourage the client with some of the established program which will help the client deal with crises in the longer term. In these circumstances, NFP Nurse will estimate the percentage of planned content against their original plans and will indicate that less than 100% of the planned material was covered. This will enable NFP Nurses and supervisors to see how much of the planned content for each visit is undertaken and be curious about how nurses are managing the 'creative tension' between planned content and flexibility in response to client's needs and current challenges.
- Planning visits with clients instead of for them is what puts the "partnership" in Nurse-Family Partnership. When clients feel invested in the program through planning visits, it may have a positive effect on the number of completed visits and client retention.

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Home Visit Encounter Form

Client Name:	
Client ID:	**Nurse ID:**
Date:	**Duration of Visit (min):** / **Mileage (km):**

Program Phase: ☐ Pregnancy ☐ Infancy ☐ Toddler

Visit: ☐ Completed ☐ Attempted ☐ Cancelled by client ☐ Cancelled by NFP NURSE

Location of Visit: ☐ Client's Home ☐ Family/ Friend's Home ☐ Doctor/ Clinic ☐ School ☐ Public Health Office ☐ Other_____

Who was Present at the Visit and Participated ☐ Client ☐ Infant/ Child ☐ Client's Mother ☐ Client's Father ☐ Father of Child ☐ Current Partner (Not Father of Child) ☐ Other Family Member ☐ Friend ☐ Foster parent(s) ☐ NFP Supervisor Other ☐ NFP NURSE ☐ Health Care Professional ☐ Other _____

Who was Present at the Visit <u>But Did Not Participate</u> ☐ Client ☐ Infant/ Child ☐ Client's Mother ☐ Client's Father ☐ Father of Child ☐ Current Partner (Not Father of Child) ☐ Other Family Member ☐ Friend ☐ Foster parent(s) ☐ NFP Supervisor Other ☐ NFP NURSE ☐ Health Care ☐ Professional Other

Interpreter Present: ☐ Yes ☐ No

Participant(s) Engagement in Visit: (Rate 1 = Low to 5 = High)

	Client	Client's Mother	Client's Father	Partner/ Child's Father	Friend	Other Family Member
Involvement						
Understanding of Material						
Acceptance of Material						

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Home Visit Encounter Form

Percentage of time spent on each domain:	
My Health (Personal Health - Health Maintenance Practices; Nutrition and Exercise; Substance Use; Mental Health)	%
My Home (Environmental Health - Home; Work; School and Neighborhood)	%
My Life (Life Course - Family Planning; Education and Livelihood)	%
My Child/ Taking Care of My Child (Maternal Role - Mothering Role; Physical Care; Behavioral and Emotional Care of Child)	%
My Friends and Family (Personal Network Relationships; Assistance with Childcare)	%
Total (Must add up to 100%)	**100%**
Percentage of planned content covered:	%

Referrals:

Did you make any referrals as a result of this visit? ☐ **Yes** ☐ **No**

If yes, please complete the "Referrals and Services Utilization" Form.

Assessments Completed:

- ☐ ASQ/ASQ-SE
- ☐ Client Intake
- ☐ Dyadic Assessment
- ☐ Edinburgh Postnatal Depression Scale (EPDS)
- ☐ General Anxiety Disorder 7-item Scale (GAD-7)
- ☐ Health Habits
- ☐ Infant and Maternal Postpartum Assessment
- ☐ Infant Health Care
- ☐ IPV Universal Assessment
- ☐ Maternal Health Assessment:
- ☐ Patient Health Questionnaire-9 (PHQ-9)
- ☐ Referrals and Service Utilization
- ☐ Relationship Assessment
- ☐ STAR Framework

Next Visit Date: _____

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Infant and Maternal Postpartum Assessment Form

(Please note: The Infant and Maternal Postpartum Assessment Form is 2 pages)

Purpose:
This form is designed to provide information about birth outcomes, initiation of breastfeeding, and the mother's history of Urinary Tract Infections (UTIs)/Sexually Transmitted Diseases (STIs). STIs in pregnancy can harm the developing baby, depending on the type of infection. Some STIs can transfer in the birth canal during delivery; having an UTI makes women more susceptible to STIs

General Guidelines:

- This form is completed at the first postpartum visit or as soon after as possible.
- If the client gave birth to multiples, use separate forms for each child.

Definitions/Directions for Completing Form

Birthweight:

- The NFP Nurse will usually have a discharge referral from the hospital which includes birthweight – simply enter that information here.

Infant's weight at newborn home visit

- The NFP Nurse should ideally bring an accurate, calibrated infant weight scale with her to the visit so she can weigh the baby. Note: sites/societies may have organization policies that supersede this in which case a protocol should be developed re how to assess this accurately.

Gestational age at birth:

- For children delivered more than 3 weeks prior to client's EDD, if this information is not provided on the hospital discharge referral, attempt to validate gestational age of the child at birth with the client's health care provider. Otherwise, record the client's report of what she was told was the child's gestational age at birth.

Does your child have any of the following health problems?

- The information in this section informs the STAR Framework: Maternal Role Domain - Child Health and Development
- The NFP Nurse may have to provide prompts for health problems such as heart problem, infection, breathing problem etc.

UTIs/STIs questions:

- If the client was treated for an STI during pregnancy, the NFP Nurse should assess if the client might benefit from further discussion regarding safe sex.

Breastfeeding questions:

- Non-exclusive breastfeeding is an indicator of poorly-established breastfeeding and this mother is at-risk of early breastfeeding cessation. The NFP Nurse should make a more detailed assessment of how breastfeeding is going for her clients.

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Infant and Maternal Postpartum Assessment Form

Client Name:		
Client ID:	**Nurse ID:**	**Date:**

Information about baby

1. Infant Gender
   - ☐ Male
   - ☐ Female
2. Exact age of baby on day of home visit: _____ days
3. Infant's Weight:

   Birth weight: _____ kilograms Infant's weight at newborn home visit: _____ kilograms

4. Gestational age at birth: _____ weeks
5. Did (child's name) have to spend any time in the neonatal unit (NICU) or special care nursery (SCN)?
   - ☐ No
   - ☐ Yes
     - ☐ Still in NICU/SCN
     - ☐ Discharged home

   Number of days in NICU or SCN: _____ Days Reason for neonatal admission: _____
6. Does your child have any of the following health problems:
   - ☐ Congenital disorders
   - ☐ Health problem: _____
   - ☐ Low birth weight
   - ☐ Preterm birth
   - ☐ Other: _____
7. Has (child's name) been for a well-child check-up yet?
   - ☐ Yes
   - ☐ No

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Infant and Maternal Postpartum Assessment Form

Information about mother

1. During your pregnancy, how many times were you treated for urinary tract infections? _____ times
2. During your pregnancy, how many times were you treated for STIs? _____ times
3. During your pregnancy, how many times did you get a prescription for antibiotics for any type of infection (other than UTIs or STIs? _____ times

Breastfeeding

1. Are you breastfeeding or offering expressed breastmilk to your baby?
   - ☐ Yes
   - ☐ No
2. If yes, has baby been exclusively breastfed?
   - ☐ Yes
   - ☐ No

   If no, what was the reason?:_____

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Infant Health Care Form:

(Please note: The Infant Health Care Forms is 4 pages)

Purpose:
The purpose of this form is to gather information on and the child's general health; immunization status; developmental disability/concerns, chronic illnesses, and behavior problems; visits to emergency room/urgent care centers, and hospitalizations for injuries/ingestions; breastfeeding; and referrals to child welfare. This helps track child health and development outcomes for the children in the program.

General Guidelines:

- This form is completed at four points in time: Infancy 6 Months & 12 Months, Toddler 18 & 24 Months
- Explain to the client that she may have reported previously 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 at this time.

Definitions/Directions for Completing Form

Well child visits:

- Indicate all the well child visits that the child has completed since the previous data collection time point.
- Care should be taken to only select the visits attended since the last data collection time point to prevent any duplicate data entry

Immunizations:

- Immunization information may be collected by mother's report. However. NFP Nurses are strongly encouraged to check a written record.
- There is a question on the Infant Health Care form that asks whether the immunization information collected was from written record or mothers self-report.

Infant's weight and height:

- The form asks for a percentile. Use the WHO (World Health Organization) growth charts: http://www.cdc.gov/growthcharts/who_charts.htm

Does your child have any of the following:

- The information in this table informs the STAR Framework: Maternal Role Domain- Child Health and Development

ER Visits and Hospitalizations:

- Injury includes: Cut/wound, burn, broken bone, concussion, etc.
- Use this classification also if client went to emergency room to have child checked because of a fall/accident, but was told he/she was okay.
- Ingestion includes: Swallowed coin/other small object or potentially harmful substance, such as medicine, cleaning fluids, etc.

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Infant Health Care Form

Client Name:		
Client ID:	**Nurse ID:**	**Date:**

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

"I would like to review your baby's health and healthcare services"

1. Have you taken (child's name) for a well-child check-up in the last 6 months? (**Note to NFP Nurse:** Please only report well-child visits completed since the last time this form was completed)
   - ☐ No
   - ☐ Yes (If yes, please indicate which of these well child visits were completed; check all that apply)
     - ☐ Within the first week since birth
     - ☐ By 1 month old
     - ☐ 2 months old
     - ☐ 4 months old
     - ☐ 6 months old
     - ☐ 9 months old
     - ☐ 12 months old
     - ☐ 15 months old
     - ☐ 18 months old
     - ☐ 24 months old
     - ☐ 24 month visit scheduled but not yet completed
2. Where do you usually take (child's name) for any medical follow up? (single select)
   - ☐ Family doctor
   - ☐ Walk In Clinic
   - ☐ Pediatrician
   - ☐ Emergency room
   - ☐ Other:_____
   - ☐ Does not take child for health check ups; no identified need or did not know of need
   - ☐ Declined or unable to answer
3. Based on your immunization schedule is (child's name) up-to-date on all vaccinations:
   - ☐ Yes
   - ☐ No
   - ☐ Not aware of schedule
   - ☐ Declined or unable to answer
4. Was the above information on child's immunization status based on written record or mother's self-report?
   - ☐ Written record (Child Health Passport)
   - ☐ Mother's self-report
5. What is the child's current weight? (Based on last recorded weight) Date of last weight:_____

   _____kilograms _____percentile ☐ Unable to provide
6. What is the child's current length? (Based on last recorded length) Date of last length:_____

   _____centimeters _____percentile ☐ Unable to provide

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7. Does your child have any of the following:

Developmental Disability or Concerns	Chronic Illnesses	Behavior Problems
☐ Blindness ☐ Cerebral palsy ☐ Deafness ☐ Neurodevelopmental disorders (e.g., cognitive delay) ☐ Not meeting normal physical growth curve ☐ Not meeting or delayed developmental milestones ☐ Seizures ☐ Other:_____	☐ Asthma ☐ Cancer ☐ Cystic fibrosis ☐ Diabetes ☐ HIV ☐ Sickle cell anemia ☐ Spina bifida ☐ Other: _____	☐ Excessive crying ☐ Feeding problem ☐ Sleeping problem ☐ Other: _____

Injuries and Ingestions

1. **Emergency Room Visits**: Injuries and Ingestions

In the past 6 months, have you taken your child to a hospital or other emergency room for an **INJURY** or because you were concerned your child **swallowed** something harmful? (**INGESTION**)

☐ Yes (**If yes to either INJURY or INGESTION, please mark the reason and number of times**)

☐ No

INGESTION – Number of times: _____
Age of Child: _____ Description of situation:_____(e.g., swallowed coin)
Age of Child: _____ Description of situation:_____
Age of Child: _____ Description of situation:_____

INJURY – Number of times:_____
Age of Child:_____ Description of situation: _____(e.g., burns, broke wrist)
Age of Child:_____ Description of situation: _____
Age of Child:_____ Description of situation: _____

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2. **Walk-In Clinic Visits**: Injuries and Ingestions
In the past 6 months, have you taken your child to a **Walk-In Clinic** for an **INJURY** or because you were concerned your child **swallowed** something harmful? (**INGESTION**)

☐ Yes (**If yes to either INJURY or INGESTION, please mark the reason and number of times**)
☐ No

INGESTION – Number of times:_____
Age of Child:____ Description of situation: _____(e.g., swallowed coin)
Age of Child:____ Description of situation: _____
Age of Child:____ Description of situation: _____

INJURY – Number of times: _____
Age of Child:_____ Description of situation: _____(e.g., burns, broke wrist)
Age of Child:_____ Description of situation: _____
Age of Child:_____ Description of situation: _____

3. **Hospital Admissions**: Injuries and Ingestions
In the past 6 months how many times **has your baby been admitted to hospital** (that is, had to spend at least one night there) for an **INJURY** or because you concerned your child **swallowed** something harmful? (**INGESTION**)

☐ Yes (**If yes to either INJURY or INGESTION, please mark the reason and number of times**)
☐ No

INGESTION – Number of times:
Age of Child: ____ Description of situation: _____(e.g., swallowed coin)
Age of Child:_____ Description of situation: _____
Age of Child: ____ Description of situation:_____

INJURY – Number of times:
Age of Child:_____ Description of situation: _____(e.g., burns, broke wrist)
Age of Child:_____ Description of situation: _____
Age of Child:_____ Description of situation: _____

Special Care Baby Unit

1. If (Child's name) was in the neonatal unit, is he/ she still in the neonatal unit or special care nursery? (only completed at 6 month assessment).

☐ Yes
☐ No (specify) _____number of days spent in neonatal unit/ special care nurse

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Infant Health Care Form

Breastfeeding

1. Have you ever breastfed or expressed milk for your baby?
   - ☐ Yes
   - ☐ No (Skip to Question #11)
2. How are you currently feeding your baby?
   - ☐ Exclusive breastfeeding
   - ☐ Non-exclusive breastfeeding
   - ☐ No breastfeeding
   - ☐ Not assessed
3. At what age did you offer complementary foods to your baby?_____months (decimal)
   (ask at 6 and 12 month only)
   - ☐ Not yet offering complementary foods

To be completed after the home visit by the NFP Nurse:

1. Are you aware of any referral regarding mother/ family to your Child Welfare/Protection Organization for concerns regarding suspected abuse or neglect of child since his/her birth?
   - ☐ Yes
     Date of referral: _____
     Date of referral: _____
     Date of referral: _____
   - ☐ No
2. Did you (NFP Nurse) initiate any referral of mother/ family to Child Welfare/Protection Organization for concerns regarding suspected abuse or neglect of child since his/her birth?
   - ☐ Yes
     Date of referral: _____
     Date of referral: _____
     Date of referral: _____
   - ☐ No
3. Are you aware of any referral to your Child Welfare/Protection Organization for voluntary support services since the baby's birth?
   - ☐ Yes
     Date of referral: _____
     Date of referral: _____
     Date of referral: _____
   - ☐ No
4. Did you (NFP Nurse) initiate any referral of mother/ family to the local Child Welfare/Protection Organization for voluntary support services since his/her birth?
   - ☐ Yes
     Date of referral: _____
     Date of referral: _____
     Date of referral: _____
   - ☐ No

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Intimate Partner Violence: Record of Assessment and Disclosure Form

(Please note: The Intimate Partner Violence Assessment and Disclosure Form is 2 pages)

Purpose:
The purpose of this form is to record clinical assessment activities and client responses regarding Intimate Partner Violence (IPV) experiences, as well as nurse actions following her/his assessment. It is designed to collect data on IPV so that collated data can be analyzed to identify patterns, trends and impacts over time.

- This form is completed by the NFP nurse FOLLOWING the visit where the "My Experiences" facilitator is used (a list of questions to guide the completion of an assessment to ascertain the types of IPV a client is currently experiencing, or has experienced in the last 12 months).
- This form is not an assessment or nursing documentation form and should NOT be used with the client.
- This form is completed for ALL CLIENTS three times: Pregnancy Visit 5-7, Infancy 8-12 weeks, Toddler 16 months and as required in addition.
- The NFP nurse should complete section 1 to record the client's responses to the assessment of her IPV experiences and section 2 to record nurse actions following the assessment
- This form replaces the Relationship Assessment form.
- For further information on expectations for clinical assessments, nurses should refer to the national clinical pathway or guidance document.

General Guidelines:
This form is completed:

- For ALL women in pregnancy (visit 5-7) following completion of the IPV Clinical Assessment – unless the client has already disclosed IPV (in which case complete Intimate Partner Violence (IPV) Previous Disclosure form)
- During Infancy (8-12 weeks postpartum), following completion of the IPV Clinical Assessment - unless the client has already disclosed IPV (in which case complete Intimate Partner Violence (IPV) Previous Disclosure form)
- When the child is 16 months of age, following completion of the IPV Clinical Assessment - unless the client has already disclosed IPV (in which case complete Intimate Partner Violence (IPV) Previous Disclosure form)
- To record client disclosures (current or within the last 12 months) that occur at time points outside the regular assessment points.
- If the client has disclosed IPV, the data form **'Intimate Partner Violence (IPV) Previous Disclosure Form** should be completed at the subsequent expected time points in place of this form

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- The form can be completed over 6 weeks to provide adequate time for the NFP nurse to complete the necessary follow-up activities following the initial assessment.
- As with all other NFP assessment and data forms, clients should: be aware that these data are being inputted into an information system; and understand the various levels of access that others will have to this data. Strict protocols should be followed to ensure that sensitive client data, such as that contained within this form, remains confidential.

Definitions/Directions for Completing Form:
The form requests that the nurse provides information/ data on the clinical assessment that she has completed with the client. Specific instructions relating to this are as follows:

Date of IPV assessment:

- The date inserted into the form should be that when the "My Experiences" facilitator was shared with the client, or the date at which IPV was spontaneously disclosed.

The NFP nurse indicates when the form was completed:

- Indicate if this was a: scheduled assessment, other assessment time point, or scheduled assessment not completed
- If entering an "other" assessment date, select one of the reasons indicated: delayed assessment, additional indicator-based assessment time point, or client initiated disclosure.
- The "Delayed Assessment" box should be ticked if the original assessment cannot be undertaken at the scheduled time
- Also indicate at which stage of pregnancy or age of the child the assessment was completed.
- If the "Scheduled assessment was not completed" tick one of the reasons boxes

Section 1: Documentation of client responses to IPV assessment.

- If the client disclosed IPV during the assessment, complete questions 2-6 to indicate the client's responses to the Clinical Intimate Partner Violence Facilitator "My Experiences" or your request for an update on her experiences
- If the client did not disclose IPV, skip to Section 2
- Question 5: If the client discloses both past and current violence or abuse, the nurse records this as current

Section 2: NFP Nurse activities

- Question #7 should **always** be completed to indicate whether the NFP nurse is undertaking any ongoing actions related to IPV at this time point.
  - If the answer to #7 is "no", no further documentation is required on this form
  - If actions were taken i.e. "yes", complete the appropriate section:
    - If there is no client disclosure of IPV, complete questions # 8-9
    - If the client discloses IPV, complete questions # 10-15

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Client Name:	**DOB:**

Client ID:	**Nurse Name:**	**Date of IPV assessment:**

Scheduled Assessment: ❑ 5-7th week pregnancy ❑ 8-12 weeks post-partum ❑ Toddler 16 months

Other Assessment:
❑ Delayed assessment→ completed at pregnancy gestation_____ or age of child _____
❑ Additional indicator-based assessment → completed at pregnancy gestation_____ or age of child _____
❑ Client initiated disclosure → completed at pregnancy gestation_____ or age of child _____

Scheduled assessment not completed: → please provide reason:
❑ Partner present ❑ Other person present
❑ Client declined ❑ Other: _____

Section 1: Documentation of client responses to IPV assessment

1. Did the client disclose IPV?
   - ☐ Yes → Continue completing form
   - ☐ No → Skip to Section 2

2. Which types of IPV did the client disclose? (Please tick all that apply)
   - ☐ Physical force/violence
   - ☐ Emotional abuse
   - ☐ Threats communicating the intent to cause harm
   - ☐ Sexual violence/coercion
   - ☐ Controlling behaviors

3. Does the client have concerns that the actions of her partner (or ex-partner) may impact the safety of her child(ren)? ☐ Yes ☐ No

4. Has the client disclosed that she is afraid of her partner? ☐ Yes ☐ No

5. When has the IPV occurred? (tick one):
   - ☐ Current
   - ☐ Within the past 12 months (but not happening currently)

6. Is the client currently living with an intimate partner who is the perpetrator of the IPV?
   ☐ Yes ☐ No

Section 2: NFP nurse activities

1. Were any actions taken following the IPV assessment?	☐ No → No further documentation required ☐ Yes → please also complete either the section • No client disclosure of IPV (# 8-9) or • Client disclosure of IPV (# 10-15)

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No client disclosure of IPV:

1. Community health/social service information provided (including information about local IPV/domestic violence services)	☐ No ☐ Yes
2. Client response/actions taken summarized in client's chart/ record	☐ No ☐ Yes

Client disclosure of IPV:

1. Assessment of Stage of readiness to address personal safety (please indicate client's current stage)	☐ Committed to continuing in the relationship (Pre-contemplation) ☐ Committed to the relationship, but questioning (Contemplation) ☐ Considering changes and options (Preparation) ☐ Breaking away (with safety plans) or abuse is curtailed (Action) ☐ Establishing a new life apart from partner or together (Maintenance)
2. Risk assessment undertaken? (e.g. Danger Assessment, DASH-9) Country to add assessment being used	☐ No ☐ Yes → Risk assessment score: _____ Date risk assessment completed: _____
3. Safety planning initiated with client?	☐ No ☐ Yes
4. Child safety (child protection) assessed?	☐ No ☐ Yes
5. Nursing plan summarized in client's NFP chart/record?	☐ No ☐ Yes
6. Referrals made?	☐ No ☐ Yes → complete Referrals & Service Utilization Form

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Intimate Partner Violence: Previous Disclosure Form

(Please note: The Intimate Partner Violence Previous Disclosure Data Form is 2 pages)

Purpose:

This form should be completed by the NFP nurse for all clients who have previously disclosed Intimate Partner Violence (IPV). This form is used to record activities regarding ongoing client experiences of (IPV), as well as nurse responses and actions. This form will assist the NFP nurse to collect data at points subsequent to the initial assessment without a requirement for additional direct, nursing structured assessments. This form is designed to collect data on IPV so that this collated information can be analyzed to identify patterns, trends and impacts of the program in relation to IPV over time. This is not an assessment or nursing documentation form and should NOT be used with the client.

General Guidelines:

- This form is completed at the time points of pregnancy (visit 5-7), Infancy (8-12 weeks postpartum) and Toddler (child 16 months of age) **for clients who have previously disclosed IPV**
- Compete this data form ONLY to provide updates on client status and nurse activities for clients who have previously disclosed IPV
- If a client disclosure of IPV has not already been reported to the Information System, the 'Intimate Partner Violence (IPV) Record of Assessment and Disclosure Data Form' should be completed by the nurse to do so.
- The nurse is NOT expected to repeat the IPV assessment with a client who has previously disclosed IPV, rather she/he should use their ongoing knowledge of the client's circumstances, arising from their work with the client, to complete this data form
- As with all other NFP assessment and data forms, clients should: be aware that these data are being inputted into an information system; and understand the various levels of access that others will have to this data. Strict protocols should be followed to ensure that sensitive client data, such as that contained within this form, remains confidential

Definitions/Directions for Completing Form:

- The data form completion time point should **always** be ticked to show which routine data collection time point the form relates to. The date of previous IPV exposure should always be identified.

Section 1: Client IPV experiences

- Question 1 should **always** be completed to indicate the client's current experiences of IPV
- If the client identifies her IPV experiences as current (i.e. continuing to occur at this time point) questions 2-5 should be completed
- If the client identifies her IPV experiences as not happening currently, questions 2-5 are skipped

Section 2: NFP nurse activities related to current or ongoing actions with client in relation to IPV

- Question #6 should always be completed to indicate whether the NFP nurse is undertaking any ongoing actions related to IPV at this time point.
    - If the answer to #6 is "no", no further documentation is required on this form
    - If the answer to #6 is "yes", questions 7-12 should be completed

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Client Name:	**DOB:**

Client ID:	**Nurse Name:**	**Date of IPV assessment:**

Data form completion time point (Tick one):

- ☐ 5-7th week pregnancy
- ☐ 8-12 weeks post-partum
- ☐ Toddler 16 months

Date of previous client IPV disclosure _____

Section 1: Client IPV experiences

1. At this time point does your client describe her experiences of IPV as:
   - ☐ Current → **continue completing Section 1**
   - ☐ Within the past 12 months (but not happening currently) → **skip to Section 2**
   - ☐ Longer than 12 months previously (and not happening currently) → **skip to Section 2**

2. Which types of IPV does the client disclose as currently occurring? (Please tick all that apply)
   - ☐ Physical force/violence
   - ☐ Emotional abuse
   - ☐ Threats communicating the intent to cause harm
   - ☐ Sexual violence/coercion
   - ☐ Controlling behaviours

3. Does the client have concerns that the actions of her partner (or ex-partner) may impact the safety of her child(ren)? ☐ Yes ☐ No

4. Has the client disclosed that she is afraid of her partner? ☐ Yes ☐ No

5. Is the client currently living with an intimate partner who is the perpetrator of the IPV? ☐ Yes ☐ No

Section 2: NFP nurse activities related to current or ongoing actions with client in relation to IPV

1. Are you currently undertaking any activities with this client in relation to her IPV experiences?	☐ No → no further documentation required on form ☐ Yes → complete questions 7-12
2. Assessment of Stage of readiness to address personal safety (please indicate client's current stage)	☐ Committed to continuing in the relationship (Pre-contemplation) ☐ Committed to the relationship, but questioning (Contemplation) ☐ Considering changes and options (Preparation) ☐ Breaking away (with safety plans) or abuse is curtailed (Action) ☐ Establishing a new life apart from partner or together (Maintenance)
3. Risk assessment undertaken? (e.g. Danger Assessment, DASH-9) Country to add assessment being used	☐ No ☐ Yes → Risk assessment score: _____ Date risk assessment completed: _____

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4. Safety planning initiated with client?	☐ No ☐ Yes
5. Child safety (child protection) assessed?	☐ No ☐ Yes
6. Nursing plan summarized in client's NFP chart/record?	☐ No ☐ Yes
7. Referrals made?	☐ No ☐ Yes → complete Referrals & Service Utilization Form

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Maternal Health Assessment Form

(Please note: The Maternal Health Assessment Form is 2 pages)

Purpose:
To provide Nurse Home Visitors (NFP NURSEs) with: 1) important clinical information needed to better assist clients with the care of themselves during pregnancy; 2) valuable information about the risk characteristics of mothers served by the program in different communities; and 3) an understanding of the client's intention to breastfeed. This information helps the NFP NURSE to better understand the pregnancy and birth outcomes for her clients. It also provides the NFP NURSE with an opportunity to address modifiable factors that influence women's breastfeeding decisions are: breastfeeding intention, breastfeeding self-efficacy and social support. Assessment data is collected in three categories: obstetrical history; general health history; and breastfeeding.

General Guidelines:
This form is completed at the first home visit (pregnancy phase). Before you begin asking for information on the client's health history, assure her of the confidentiality of the data. Explain that the information will be useful to you in helping her to have the healthiest child possible and that you and the client jointly will decide how to use the information.

Definitions/Directions for Completing Form

General Health History:

- Read the entire list in case there is something the client may not 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".

How many live births have you had?

- Women meet first-time mother eligibility if:
  - A previous pregnancy ended in termination, miscarriage or stillbirth
  - Previous parenting involved step-parenting only
  - If no live birth
- If the client reveals that she is not a first-time mother and she has already enrolled in the program, the NFP Nurse should consultant with her NFP Supervisor regarding how to manage this situation.

How many weeks pregnant were you when you had you first started getting prenatal care for this pregnancy?

- Obtain the client's "best guess" if she is not certain; however, be clear that you are interested in how many weeks pregnant she was at her first visit with a health care provider (physician, nurse, midwife) as opposed to how many weeks pregnant she was when she had a pregnancy test to confirm that she was pregnant.

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Body Mass Index (BMI)

- Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters.
- BMI can be calculated:
  - Automatically by the NFP database using the data entered for the clients height and weight.
  - Calculated either using an on-line BMI calculator such as: http://bodyandhealth.canada.com/health_tools.asp?t=5&text_id=1855
  - Manually: BMI = Weight in Kilograms/ (Height in Meters)^2
- A high BMI can be an indicator of high body fatness. BMI can be used to screen for weight categories that may lead to health problems but it is not diagnostic of the body fatness or health of an individual.
- To determine if a high BMI is a health risk, a healthcare provider would need to perform further assessments. These assessments might include skinfold thickness measurements, evaluations of diet, physical activity, family history, and other appropriate health screenings.
- There are a number of facilitators in the MY HEALTH domain section of NFP Visit-to-Visit Guidelines that can be used to address healthy nutrition and exercise.

When is your baby due?

- At a subsequent visit, if the client tells you that the EDD has been revised based on ultrasound, etc., this information can be updated in the database. As per professional nursing documentation standards, NFP Nurses should not change their written/initial documentation.

Breastfeeding

- Prenatal intention to breastfeed has an influence on both initiation and duration of breastfeeding.
- There are a number of facilitators in the MY CHILD domain section of NFP Visit-to-Visit Guidelines that can be used to address breastfeeding.

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Maternal Health Assessment Form

Client Name:		
Client ID:	**Nurse ID:**	**Date:**

Obstetric History

You may have discussed your pregnancy with your doctor or midwife or other care provider, but I just wanted to go over a few facts again.

1. How many live births have you had?
2. Not counting your current pregnancy, how many times have you been pregnant?
3. How many weeks pregnant were you when you had your first prenatal appointment?
4. When is your baby due?

General Health History

Now I am going to ask you some questions about your overall health and any problems you may have had since you learned that you are pregnant.

1. Do you have a history of any health concerns? (check all that apply)
   - ☐ Heart Problems
   - ☐ High Blood Pressure
   - ☐ Type I Diabetes
   - ☐ Type II Diabetes
   - ☐ Kidney Disease
   - ☐ Epilepsy
   - ☐ Sickle Cell Disease
   - ☐ Chronic Gastrointestinal Diseases (e.g. Crohn's Disease, Ulcers)
   - ☐ Asthma/ Other Chronic Pulmonary Diseases
   - ☐ Chronic Urinary Tract Infections
   - ☐ Chronic Vaginal Infections (e.g. Yeast Infections)
   - ☐ Sexually Transmitted Infections (e.g. Herpes, Genital Warts, Chlamydia, Gonorrhea)
   - ☐ Mental Health (e.g. severe anxiety, depression, behaviour, attention/ learning problem, substance use problem, eating disorder, psychosis)
   - ☐ Other (Identify) _____
2. Since you learned you were pregnant, how many times have you been treated for a urinary tract infection? _____
3. Since you learned you were pregnant, how many times have you been treated for a vaginal infection? _____
4. Since you learned you were pregnant, how many times have you been treated for a sexually transmitted infection (such as herpes, genital warts, chlamydia)? _____
5. What is your height? (metres) _____
6. What is your usual weight before you became pregnant? _____(kg)

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7. Body Mass Index (BMI)

☐ NFP Database will calculate automatically based on data from #8 and #9
☐ Manual BMI calculation: ☐

BMI = Weight in Kilograms/(Height in Meters)2

1 m = 100 cm

Breastfeeding

8. Do you plan to breastfeed your baby?

☐ Yes, definitely ☐ Possibly, not certain ☐ No, definitely not (skip to question # 13)

9. What are your reasons for planning to breastfeed your baby? (check all that apply)

☐ Breastfeeding is best for the baby
☐ Breastfeeding is convenient
☐ Breastfeeding is economical
☐ Breastfeeding will help me lose weight after the baby is born
☐ Partner/ Family encouraged me
☐ Friend(s) encouraged me
☐ Other (Specify)

10. Were you breastfed as a baby?

☐ Yes ☐ No ☐ Don't know

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Nurse-Family Partnership Program Referral Form

(Please note: The NFP Program Referral Form is 1 page)

Purpose:
This form is used to track the number of eligible pregnant women referred to the program and the disposition of the referrals. This information can help track 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.

Please note: This form is for guidance purposes only. Countries should ensure that any data provided by potential clients (before consent is given) is stored in accordance with the local legal frameworks. This may mean that this data can only be stored anonymously.

General Guidelines:
This form is completed whenever a new referral to the program is received.
Sites should 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 NFP nurses.

Definitions/Directions for Completing Form

Item	Guidelines	
Primary Language:	Language information is for supervisors to utilize when assigning a referral to a NFP Nurse	
Date of Referral	The date the referral was received by the implementing agency.	
Referral Source Code	Enter the appropriate referral source code (1 – 14).	
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 Physicians). The name of the referral source is for the supervisor to track the sources of referrals.	
Follow-up NFP Nurse	This is an optional field. This can be utilized by the supervisor to track the nurse assigned to the referral	
Contact Log	This is an optional field. *Utilize this text box to track all attempts to contact a potential client.*	
Disposition Codes	Mark the appropriate code indicating whether or not the client entered the program. If she did not, choose the appropriate reason.	
	1 = Enrolled in NFP – met eligibility criteria	Client eligible, verbally consented to participate*, accepted in program, and ready to have first home visit.
	2 = Enrolled in NFP – did not meet eligibility criteria	Client signed consent to participate but does not meet eligibility criteria. *This scenario should be very rare - indicate in the "Comments" section indicate if this was inadvertent or the rationale for the decision (only after consultation with a supervisor).*
	3 = Eligible but declined to participate	Client meets site eligibility criteria but declined to participate. *If the reason is known, indicate in the "Comments" section.*

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	4 = Unable to locate/contact	Multiple efforts have been made to contact the client referred and you have been unable to reach her.
	5 = Did not meet NFP eligibility criteria	*Section at on eligibility criteria (bottom of form) should be completed on all referrals – countries/sites will adapt this to their own context as needed, in particular age cut-offs.*
	6 = Program full/waiting list	Client meets eligibility criteria but currently site/implementing agency has a waiting list. *Indicate that client has been added to the wait list in the "ON WAIT LIST" box*
	7 = Program full – client referred to an alternate program	If referral will time out if put on a wait list, client may be better served by a referral to another program/service; *indicate which program/service in "Comments" section.*
	8 = Already enrolled in another program	Client is enrolled in another program that is similar or supports her development. *In the "Comments" section, indicate which program/service client is already enrolled in.*
	9 = Unable to serve client due to language	*Indicate primary language spoken by client.*

*Some sites may determine eligibility and obtain consent in a home visit

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Nurse-Family Partnership Program Referral Form

Referral information:

First Name:		**Last Name:**	
Date of Birth:		**Estimated Date of Delivery:**	
Primary Language:		**Gestation in Weeks:**	
Address:			
Postal Code:		**Email:**	
Mobile #:		**Other phone:**	

Referral source:

Date of Referral:		**Referral Source Code: ***	
Location & Phone:			
Secondary Referral Source Name & Phone:			
Assigned NFP nurse:			

Referral Source Codes:
1 = Child welfare services
2 = Hospital
3 = Mental health counselling
4 = Midwife
5 = NFP client (past or present)
6 = Obstetrician
7 = Other home visiting program
8 = Primary Care Physician
9 = School
10 = Self
11 = Sexual health clinic
12 = Social services
13 = Women's Shelter
14 = Other

Contact Log:

On Wait List:	
Referral Disposition Code: ^	

^Disposition Codes:
1 = Enrolled in NFP – met eligibility criteria
2 = Enrolled in NFP – did not meet eligibility criteria[1]
3 = Eligible but declined to participate
4 = Unable to locate/contact
5 = Did not meet NFP eligibility criteria
6 = Program full – client added to waiting list
7 = Program full – client referred to an alternate program[1]
8 = Already enrolled in another program[1]
9 = Unable to serve client due to language

[1]Comments:	

Meets Eligibility: [Please insert your country eligibility criteria here]

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Patient Health Questionnaire-9 (PHQ-9)

(Please note: The PHQ-9 is 1 page)

Purpose:

The most common mental health challenges experienced by NFP clients are depression and anxiety, which can interfere with a mother's ability to achieve what she wants for herself and her child. A mother also may exhibit other mental health problems that interfere with her ability to care for herself and her child. The Edinburgh was originally designed for use with postpartum women. The PHQ-9 has been validated with a wide variety of populations, including pregnant women, women in the post- partum period, as well as adults in the general population. It has become the standard tool in primary care for assessment of depression, so the Nurse Home Visitor (NFP NURSE) can communicate the score to other medical professionals with greater confidence that the scores will be used to collaboratively guide treatment interventions. The questionnaire relies on patient client-report.

General Guidelines:

- This form is completed 5 times: Pregnancy Intake, Pregnancy 36 Weeks, Infant 1-8 weeks (the NFP NURSE uses her clinical judgement to determine the best time to complete this), Infant 12 months, and Toddler 18 months.
- The NFP NURSE uses her clinical nursing judgment and critical thinking to determine if the questionnaire should be administered at a different/additional time.

Definitions/Directions for Completing Form

- The client should complete the questionnaire herself, unless she has limited English or has difficulty with reading.
- The client is asked "Over the last 2 weeks, how often have you been bothered by any of the following problems?
- She then responds: Not at all (0), Several days (1), More than half the days (2), or Nearly every day (3)
- The 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, 15, and 20 represent cut off points for mild, moderate, moderately severe and severe depression, respectively (p. 5)."
- 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)."
- All nine items must be completed.
- Good clinical care also involves asking if the mother has fears about hurting the baby or fears of the baby coming to harm.

Instruction manual: Instructions for patient health questionnaire (PHQ-9) and GAD-7 measures. Retrieved from http://www.phqscreeners.com/instructions/instructions.pdf.

Interpretation of Total Score and Recommended Action on next page.

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Interpretation of Total Score and Recommended Action

Total Score	Depression Severity	Corresponding STAR Coding		Action
0-4	Minimal depression	0	Low Risk	
5-9	Mild depression	1	Moderate Risk	• Referral to Primary Care Provider for assessment • NFP Nurse assesses with the client any needs for additional support and offers additional information/education • Consider administering PHQ-9 earlier than next scheduled date • Assessment with each NFP Nurse contact
10-14	Moderate depression			
15-19	Moderately severe depression	2	High Risk	• Referral to Primary Care Provider/Mental Health Services for diagnostic assessment and treatment * • NFP NURSE works with the client and community health professionals to develop a collaborative plan of care • Assessment with each NFP Nurse contact
20-27	Severe depression			

***An emergency referral is required for any client who intentions or plan to harm herself, baby, or someone else.**

Note: NFP Nurses should follow their agency policies and procedures regarding referral and coordination of care for clients who screen positive or those who are in need of mental health evaluation/assessment based on the nurse's clinical judgment.

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Patient Health Questionnaire-9

Client Name:		
Client ID:	**Nurse ID:**	**Date:**

Check one:
☐ Pregnancy Intake ☐ Pregnancy 36 Weeks ☐ Infancy 1-8 weeks
☐ Infancy 12 months ☐ Toddler 18 months ☐ Other: _____

Patient Health Questionnaire-9 (PHQ-9)				
Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
NFP Nurse to Total	0 +	+	+	
		= Total Score:		

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

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc.
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Rapid Estimate of Adolescent Literacy in Medicine (REALM) Teen©

(Please note: The REALM-Teen is 1 page)

Purpose:

The REALM-Teen is a brief, reliable instrument for assessing adolescent literacy skills in English and reading below grade level and is ideal for use with teens in grades 6-12. This one-page instrument consisting of 66 health words arranged in increasing order of difficulty on three widely spaced columns. The REALM-Teen can be administered and scored in under 3 minutes and is strongly correlated with standardized literacy assessments. Among adults, low levels of literacy have been repeatedly linked to lower socioeconomic status and poorer health outcomes. Teens who do not master reading will eventually transition into adulthood without the prerequisite literacy skills needed to obtain, process, and understand basic information and services\ needed to make appropriate health decisions. Reading recognition does not imply comprehension or proper interpretation. Note: The REALM-Teen is a reading-recognition test. The selection of medical- and health-related words commonly used in adolescent client education materials increases relevance for use in health care settings.

General Guidelines:

- This form is usually only completed once, and ideally as early as possible.
- Many low literate individuals will attempt to hide their deficiency, may feel ashamed and/or be embarrassed. You may need to provide encouragement and reassurance. A positive, sensitive, respectful attitude is essential when introducing REALM-Teen to your client.

The copy given to the client should be laminated on lime green paper.

Administration and Scoring:

1. Give your client the laminated copy of the REALM-Teen word list. Attach your copy of the form to a clipboard. Hold the clipboard at an angle so that your client is not distracted by your scoring procedure.
2. The following is a suggested script to introduce the REALM-Teen to your client, but you may adapt this as needed:
    - *"Sometimes I or other health professional, may use medical words that you aren't familiar with"*
    - *"I would like you to take a look at this list of words to help me get an idea of what medical words you are familiar with. This will help me know what kinds of Nurse-Family Partnership resources to share with you."*
    - *"Start with the first word, [point to first word in the left-handed column with pencil/pen] and please say all of the words you know."*
    - *"If you come to a word you do not know, you can sound it out or just skip it and go on."*

Note: Do not use the words "read" and "test" when introducing and administering the REALM-Teen. These words may make your client feel uncomfortable and unwilling to participate.

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1. If the client takes more than 5 seconds on a word, encourage the client to move along saying, "Let's try the next word."
2. If the client begins to miss every word of appears to be struggling or frustrated, tell the client, "Look down at the list, are there any other words on this list that you recognize?"
3. Count as an error any word that is not attempted or mispronounced (see "Special Considerations" for pronunciation/scoring guidelines).
4. Scoring options:
    a) Place a check mark (☐) in the box next to each word the client pronounces correctly; or
    b) Place an X in the box next to each word the client does not attempt or mispronounces.
5. Scoring should be strict, but take into consideration any problems which could be related to dialect or articulation difficulties. Use the dictionary if in doubt. Count as correct any self-corrected word.
6. Count the number of correct words in each list to give you the "Raw Score". Match this score with its grade equivalent found in table below.

Score Interpretation

Raw Score	Grade Range Equivalent	Literacy Skills
0-37	3rd Grade and Below	These adolescents will have a 5-fold quarter likelihood of reading below grade level. They are reading below grade level and may be at risk of school failure.
38-44	4th to 5th Grade	
45-58	6th to 7th Grade	Will struggle with most client education materials; may have skills to pass GED.
59-62	8th to 9th Grade	
63-66	10th Grade and Above	Will be able to read most client education materials.

Please refer to the REALM-Teen Manual for more detailed information:
http://healthliteracy.bu.edu/documents/2/REALM-TEEN%20MANUAL.pdf

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Rapid Estimate of Adolescent Literacy in Medicine (REALM) Teen©

Nurse-Family Partnership
Helping First-Time Parents Succeed®

Client Name:		
Client ID:	**Nurse ID:**	**Date:**

Check when completed:
☐ Pregnancy Intake ☐ Pregnancy 36 Weeks ☐ Infancy 1-8 weeks
☐ Infancy 12 months ☐ Toddler 18 months ☐ Other: _____

Race:	**Age:**	**Current or highest school grade completed:**

Location: ☐ Home ☐ Other: _____

List 1		**List 2**		**List 3**	
eye		fever		nutrition	
Pill		pimple		alcoholism	
Fat		virus		antibiotic	
Skin		calories		complications	
Throat		allergy		delinquency	
Bleed		marijuana		penicillin	
Weight		pelvic		puberty	
stress		asthma		menstrual	
death		emergency		pneumonia	
liquid		infection		constipation	
disease		exercise		diagnosis	
drug		medicine		nausea	
mouth		violence		acne	
ounce		prevention		anemia	
heart		suicide		hepatitis	
risks		depression		adolescent	
diet		prescription		bulimia	
teaspoon		abnormal		fatigue	
period		injury		anorexia	
cancer		ointment		tetanus	
stomach		seizure		bronchial	
Headache		diabetes		obesity	

List 1	List 2	List 3 Raw Score

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Client Copy

List 1		List 2		List 3	
Eye	_____	fever	_____	nutrition	_
Pill	_____	pimple	_____	alcoholism	_
Fat	_____	virus	_____	antibiotic	_
Skin	_____	calories	_____	complications	__
Throat	_____	allergy	_____	delinquency	_
Bleed	_____	marijuana	_____	penicillin	_
Weight	_____	pelvic	_____	puberty	_
stress	_____	asthma	_____	menstrual	_
death	_____	emergency	_____	pneumonia	_
liquid	_____	infection	_____	constipation	_
disease	_____	exercise	_____	diagnosis	_
drug	_____	medicine	_____	nausea	_
mouth	_____	violence	_____	acne	_
ounce	_____	prevention	_____	anemia	_
heart	_____	suicide	_____	hepatitis	_
risks	_____	depression	_____	adolescent	_
diet	_____	prescription	_____	bulimia	_
teaspoon	_____	abnormal	_____	fatigue	_
period	_____	injury	_____	anorexia	_
cancer	_____	ointment	_____	tetanus	_
stomach	_____	seizure	_____	bronchial	_
headache	_____	diabetes	_____	obesity	_

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Referrals and Service Utilization Form

(Please note: The Referrals and Service Utilization Form is 2 pages)

Purpose:

The purpose of this form is to gain information on referrals made by the Nurse Home Visitor (NFP NURSE) and services utilized by the client. The form helps the NFP NURSE to:

- Gather information on whether the client is receiving other community services, a good demonstration of the NFP program's linkages to other community organizations and of the service the NFP NURSE is connecting them to.
- Recall what services have been recommended to a client and then review outcomes of these recommendations over time.
- Encourage a client to follow-up on the recommendations made and discuss barriers if they exist.
- Track services for clients and allows demonstration to funders and others of the services being providing to families as well as how the team is working with other professionals.

General Guidelines:

- This form is reviewed at six points in time during the program: intake, infants birth, 6 months of age, 12 months of age, 18 months of age, and prior to discharge.
- This form is also used each time the NFP NURSE makes a referral on behalf of the client OR has updated information about the referral.

Definitions/Directions for Completing Form

Referral:

- **Definition of a referral**: 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 gives the client/family a list of resources to call for assistance. Liaison with universal services such as the midwife/family physician is not.
- If the NFP NURSE makes more than one referral arising from one home visit, s/he can tick as many referrals as appropriate on the one form.
- If the NFP NURSE wishes to re-refer back to a service that have closed the case, this is considered a new referral.

Coding of the referral:

- In order to track the status of a referral the NFP Nurse enters the relevant code and updates this as new information becomes known:
  1 = Service recommended by NFP Nurse and client receptive
  2 = Service recommended by NFP Nurse but client declined the referral or unable to follow through
  3 = Client or child currently receiving service
  4 = Referral in process, client on waiting list, or service not available
  5 = Client no longer receiving service as issue resolved

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Referrals and Service Utilization Form

Client Name:		
Client ID:	**Nurse ID:**	**Date:**

Review all services at the following time points (and as needed):

☐ Intake ☐ Infant's Birth ☐ Infancy 6 mos
☐ Infancy 12 mos ☐ Toddler 18 mos ☐ Toddler 24 mos

Coding:

1 = Service recommended by NFP Nurse and client receptive
2 = Service recommended by NFP Nurse but client declined the referral or unable to follow through
3 = Client or child currently receiving service
4 = Referral in process, client on waiting list, or service not available
5 = Client no longer receiving service as issue resolved

Date	Date	Date	Service
Code	**Code**	**Code**	**Financial Assistance**
			Income Assistance (includes Disability, Hardship)
			Employment Insurance - Maternity Benefits
			Canada Child Tax Credits (includes BC Bonus)
			Special refundable tax rebates
			Medical Services Premium Assistance
			Rental Assistance
			Adult Basic Education (ABE) Student Assistance Program
			At Home Respite Benefits
			Child Care Subsidy
			Healthy Kids Program
			Other:
Code	**Code**	**Code**	**Pregnancy and Parenting Programs**
			Pregnancy Outreach Program (Includes CPNP, POPs, Healthiest Babies Possible)
			Prenatal Education
			Family Resource Program
			Short Term Parenting Program (Nobody's Perfect, Mother Goose, Baby's Head Start, StrongStart)
			Prenatal/parenting program for youth (includes school based programming)
			Adoption Services
			Multicultural Support Services
			Other:
Code	**Code**	**Code**	**Mental Health/ Crisis Intervention**
			Adult Outpatient Mental Health Clinic (Community Mental Health Team)
			Reproductive Mental Health Services (includes professionally led groups, psychiatry, etc)
			Child and Youth Mental Health Services (includes infant mental health services)
			Youth Forensic Psychiatric Services
			Community Counseling Services (e.g. Child, Adult or Family Services)
			Crisis Intervention Services (includes Intimate Partner Violence Services)
			Primary Care Provider
			Peer Support (e.g. Pacific Postpartum Support Society)
			Victim Services
			Other:
Code	**Code**	**Code**	**Substance Use and Harm Reduction**
			Smoking Cessation Support (e.g. Quit Now)
			Residential Drug Treatment Program
			Counselling for Alcohol Use

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Code	Code	Code	Substance Use and Harm Reduction
			Smoking Cessation Support (e.g. Quit Now)
			Residential Drug Treatment Program
			Counselling for Alcohol Use
			Counselling for Other Substance Use
			Counselling for Problem Gambling
			Primary Care Provider
			Harm reduction/needle exchange services
			Other:
Code	**Code**	**Code**	**Health Care**
			Primary Care Provider (includes Walk-In Clinic)
			Public Health Dental Services
			Public Health Audiology Services
			Public Health Speech Language Pathologist
			Public Health Other (Nutrition)
			Physician Specialist – including Pediatrician
			Community Health Services
			Breastfeeding Clinic/Lactation Consultant
			Early Intervention Therapies
			Nursing Support Services (includes At Home Program)
			STI Clinic
			Youth Clinic (includes Sexual Health Clinic, Options, etc)
			Hospital Ambulatory Care Centre
			Other:
Code	**Code**	**Code**	**Children's Services**
			Infant Development Program
			Supported Child Development
			Child Care Resource and Referral
			Other:
Code	**Code**	**Code**	**Child Welfare**
			MCFD/DAA social worker for support services/programs
			MCFD/DAA social worker for child protection services
			Other:
Code	**Code**	**Code**	**Shelter and Housing**
			Emergency Shelter
			Women's Transition Housing/Shelter
			Supportive Housing (includes Maternity Home)
			Subsidized Housing
			Other:
Code	**Code**	**Code**	**Education and Employment**
			Adult Graduation Diploma Program
			General Education Development Testing Service
			School District Support Programs
			Job, Career and/or Apprenticeship Programs
			Life Skills
			Other:
Code	**Code**	**Code**	**Other Community Programs and Services**
			Charitable Services (food bank, clothing, furniture, toys etc.)
			Legal Services
			Immigrant and Refugee Services
			DNA Paternity Testing
			Other:

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Referrals and Service Utilization Form

(Please note: The Referrals and Service Utilization Form is 2 pages)

Purpose:

The purpose of this form is to gain information on referrals made by the NFP nurse and services utilized by the client. The form helps the NFP nurse to:

- Gather information on whether the client is receiving other community services, a good demonstration of the NFP program's linkages to other community organizations and of the service the NFP nurse is connecting them to.
- Recall which services have been recommended to a client and then review outcomes of these recommendations over time.
- Encourage a client to follow-up on the recommendations made and discuss barriers if they exist.
- Track services for clients and allow demonstration to funders and others of the services being providing to families as well as how the team is working with other professionals.

General Guidelines:

- This form is reviewed at six points in time during the program: intake, infants birth, 6 months of age, 12 months of age, 18 months of age, and prior to discharge.
- This form is also used each time the NFP nurse makes a referral on behalf of the client OR has updated information about the referral.
- **Please note that each country will have to customize the list of services to reflect their own context**

Definitions/Directions for Completing Form

Referral:

- Definition of a referral: A referral to services may be made directly by the NFP nurse who calls a community service agency requesting services for the client/family or indirectly when the nurse gives the client/family a list of resources to call for assistance. Liaison with universal services such as the midwife/family physician is not.
- According the recommended schedule of data collection it is reviewed at 6 points in time. The NFP nurse ticks which assessment point time it is and adds in the date the assessment was done.
- The form can be used for 3 different assessments so unless it is updated in-between the recommended schedule, the NFP nurse would use a total of 2 forms.
- Reviewing/updating referrals information between scheduled assessment points:
- If there are just small changes/updates, the NFP nurse can note this with the new date in the same column
- If the NFP nurse does a full assessment or if there are a lot of changes she should use a new column with the date of the assessment; the NFP nurse will then need 3 pages to cover all the assessment points (6 scheduled + additional assessments)

Coding of the referral:

- In order to track the status of a referral the NFP nurse enters the relevant code and updates this as new information becomes known:
  - 1 = Service recommended by NFP nurse and client receptive
  - 2 = Service recommended by NFP nurse but client declined the referral or unable to follow through
  - 3 = Client or child currently receiving service
  - 4 = Referral in process, client on waiting list, or service not available
  - 5 = Client no longer receiving service as issue resolved
- If the NFP nurse makes more than one referral arising during a single home visit, s/he can code as many referrals as appropriate in the one column.
- If the NFP nurse wishes to re-refer back to a service that have closed the case, this is considered a new referral.

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Referrals and Service Utilization Form

Client Name:	
Client ID:	**Nurse ID:**

Review all services at the following time points (and as needed). Date assessment done:

☐ Intake: _____ ☐ Infant's Birth: _____ ☐ Infancy 6 months: _____

☐ Infancy 12 months: _____ ☐ Toddler 18 months: _____ ☐ Toddler 24 months: _____

Coding:

1 = Service recommended by NFP nurse and client receptive
2 = Service recommended by NFP nurse but client declined the referral or unable to follow through
3 = Client or child currently receiving service
4 = Referral in process, client on waiting list, or service not available
5 = Client no longer receiving service as issue resolved

Date	Date	Date	Service
Code	**Code**	**Code**	**Financial Assistance**
			Income Assistance (includes Disability, Hardship)
			Employment Insurance - Maternity Benefits
			Child Tax Credits
			Special tax rebates
			Medical Services Premium Assistance
			Rental Assistance
			Adult Basic Education
			At Home Respite Benefits
			Child Care Subsidy
			Healthy Kids Program
			Other:
Code	**Code**	**Code**	**Pregnancy and Parenting Programs**
			Pregnancy Outreach Program
			Prenatal Education
			Family Resource Program
			Short Term Parenting Program
			Prenatal/parenting program for youth (includes school based programming)
			Adoption Services
			Multicultural Support Services
			Other:
Code	**Code**	**Code**	**Mental Health/ Crisis Intervention**
			Adult Outpatient Mental Health Clinic (Community Mental Health Team)
			Reproductive Mental Health Services (includes professionally led groups, psychiatry, etc)
			Child and Youth Mental Health Services (includes infant mental health services)
			Youth Forensic Psychiatric Services
			Community Counseling Services (e.g. Child, Adult or Family Services)
			Crisis Intervention Services (includes Intimate Partner Violence Services)
			Primary Care Provider
			Peer Support (e.g. Pacific Postpartum Support Society)
			Victim Services
			Other:
Code	**Code**	**Code**	**Substance Use and Harm Reduction**
			Smoking Cessation Support (e.g. Quit Now)
			Residential Drug Treatment Program
			Counselling for Alcohol Use
			Other:

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Referrals and Service Utilization Form

Date	Date	Date	Service
Code	**Code**	**Code**	**Substance Use and Harm Reduction**
			Smoking Cessation Support (e.g. Quit Now)
			Residential Drug Treatment Program
			Counselling for Alcohol Use
			Counselling for Other Substance Use
			Counselling for Problem Gambling
			Primary Care Provider
			Harm reduction/needle exchange services
			Other:
Code	**Code**	**Code**	**Health Care**
			Primary Care Provider (includes Walk-In Clinic)
			Public Health Dental Services
			Public Health Audiology Services
			Public Health Speech Language Pathologist
			Public Health Other (Nutrition)
			Physician Specialist – including Pediatrician
			Community Health Services
			Breastfeeding Clinic/Lactation Consultant
			Early Intervention Therapies
			Nursing Support Services (includes At Home Program)
			STI Clinic
			Youth Clinic (includes Sexual Health Clinic, Options, etc)
			Hospital Ambulatory Care Centre
			Other:
Code	**Code**	**Code**	**Children's Services**
			Infant Development Program
			Supported Child Development
			Child Care Resource and Referral
			Other:
Code	**Code**	**Code**	**Child Welfare**
			MCFD/DAA social worker for support services/programs
			MCFD/DAA social worker for child protection services
			Other:
Code	**Code**	**Code**	**Shelter and Housing**
			Emergency Shelter
			Women's Transition Housing/Shelter
			Supportive Housing (includes Maternity Home)
			Subsidized Housing
			Other:
Code	**Code**	**Code**	**Education and Employment**
			Adult Graduation Diploma Program
			General Education Development Testing Service
			School District Support Programs
			Job, Career and/or Apprenticeship Programs
			Life Skills
			Other:
Code	**Code**	**Code**	**Other Community Programs and Services**
			Charitable Services (food bank, clothing, furniture, toys etc.)
			Legal Services
			Immigrant and Refugee Services
			DNA Paternity Testing
			Other:

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STAR Framework

(Please note: The STAR Framework Coding Form is 5 pages)

Purpose:

The NFP Strength and Risk (STAR) Framework is designed to help NFP Nurses and supervisors systematically characterize levels of strength and risk exhibited by the mothers and families they serve. The STAR framework is intended to provide consistent ways for NFP NURSEs and supervisors to inform clinical decisions on visit content, dosage, and methods of promoting behavioral change to improve maternal and child health by attending to specific strengths that mothers and family members bring to the program. It is expected that the use of STAR will result in increased client retention and increased NFP Nurse confidence and effectiveness in working with complex clients. Information organized with the STAR informs how the NFP Nurse works with families and helps her align the program content and frequency with the mother's (and other family members) abilities and interests in engaging in the program. STAR assists the NFP NURSE plan her visit content and interventions in a thoughtful way so that the purpose of the home visits is focused on achieving the intended NFP program goals and outcomes. Information organized with the STAR informs NFP Nurses' ways of working with families and helps them align the program content and frequency with mothers' (and other family members') abilities and interests in engaging in the program. The NFP Nurse uses the facilitators in the Visit-to-Visit Guidelines to assist the client in achieving her individual goals. One of the central goals for developing this system is to identify families who are doing so well on their own that they may not need to be visited as frequently as called for in the current program guidelines and to identify those that need more visits due to greater risk or need.

General Guidelines:

- This form is completed at 5 points in time: Initial review of findings Pregnancy Visit 4, Pregnancy 36 weeks, Infancy 8 weeks, Infancy 12 month, and Toddler 18 months
- The STAR Framework should also be updated whenever there's a change in a client's status.
- It might take multiple visits to complete the entire STAR Framework during each time frame and some critical elements in STAR (such as the child's health and development) can be measured only once the child is born; this emphasizes the tool's dynamic properties.
- The data source(s) that the NFP Nurse will use to inform the coding are listed with each behaviour in the guidance table below; the NFP Nurse will have already gathered much of this data already.
- STAR is meant to be used flexibly as NFP Nurses gain a deeper understanding of maternal, child, and family strengths and needs.
- More detailed instructions for scoring and coding are found in the **Strengths and Risks (STAR) Framework guidance document**

<u>Definitions/Directions for Completing Form Alternate Visit Schedule:</u>

- Families choose their frequency of visitation after hearing the standard visitation schedule during visit one.
- By the time the infant is 4 months of age (and in many cases well before this), nurses should have a deep sense of families' risks and strengths; this information can be used by nurses and parents to guide decisions about whether families may be served effectively with fewer visits while some families may benefit from more frequent visits for a brief period.
- Some clients, particularly those who have gone back to school or who are working may request shorter visits. If there is an agreed upon plan between the NFP Nurse and client to adjust the standard visitation schedule, the NFP Nurse checks "yes."

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STAR # for this period:

- There is room on each STAR coding form to document up to 3 points in time; because STAR is completed 5 times the NFP Nurse will need to use at least 2 forms.
- Note in this box if this is the # 1st, # 2nd form etc.

Date of Visit:

- Enter the date that the actual form was completed, not the date of the home visit.

For each of the 21 measurement categories/behaviours listed please completed the following:

- Assess risk: Low (0), Moderate (1), or High (2) using the guidance in the **Strengths and Risks (STAR) Framework guidance document**.
- If the NFP Nurse did not assess the behaviour she checks "Not Addressed" and then continues with the next behaviour.

For any behaviours rated as moderate (1) or high-risk (2) indicate:

- If the client understands the risks/needs related to the identified risk (yes or no)
- If the client (based on her self-report) has friends/family support related to the identified risk (yes or no)
- If the client (based on her self-report) is using services to meet her goals related to the identified risk (yes or no)

Stage of Change

- Indicate the stage of change for the client related to the identified risk using the table below as a guide

Not ready to change	**Getting ready to change**	**Working toward goals**	**Thinking of changing**	**Making small changes**	**Keeping it up**
Pre- Contemplation	**Preparation**	**Maintenance**	**Contemplation**	**Action**	**Self- Empowerment**
Unaware or unconcerned about risks. Unable to see link between behaviour & consequences. Unwilling to change. Demoralized. More cons, few pros for making change.	Doesn't fully understand risks. Aware of problem but on the fence. Ambivalent. Trying to understand causes and cures of the problem. Pros and cons about equal.	Committed to taking action. More pros for change than cons. Focus less on problem and more on solution. Asking for support for change. Making plans.	Beginning new behaviours, stopping old ones or changing frequency, duration or intensity of a behaviour. Commitment of time & energy for change. Some slips or lapses common.	Experiencing long-lasting change and more confident of ability to sustain behaviour. Should be aware of and continuing to avoid triggers. Some behaviours such as alcoholism may require life-time of maintenance	Achieved their goal! No desire to return to old behaviour. New identity: Experience self as a person without the problem or behaviour. "I am a non smoker."

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Protective Factors:

- STAR identifies a number of "Protective Factors" which are personal characteristics that clients or families bring to the program and appear to be a fundamental part of their makeup.
- Examples of what the NFP Nurse might expect to see if a client is displaying a specific Protective Factor are provided in the STAR Framework Guidance document
- These factors are assessed globally across client functioning and with consideration of client background and history.
- For every protective factor the client displays, fill in "Yes" in the corresponding column and add brief comments which reflect your data/observations to support the rating.

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STAR Framework Coding Form

Client Name:		
Client ID:	**Nurse ID:**	**Date:**

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

Data up to: (Check one)	☐ Initial (Visit Pregnancy 4) ☐ Pregnancy 36 weeks	☐ Infancy 8 weeks ☐ Infancy 12 months ☐ Toddler 18 months	Alternate Visit Schedule: ☐ Yes ☐ No	STAR # for this period:

☐ Visit conducted with an interpreter\translator	☐ Caregiver has a visual or auditory impairment	☐ Child has a visual or auditory impairment

Stages of Change Codes					
PC =	Pre-Contemplation/ Not ready to change	P =	Preparation/Getting ready to change	M =	Maintenance/ Working toward goals
C =	Contemplation/ Thinking of changing	A =	Action/Making small changes	SE =	Self-Empowerment/ Keeping it up

				Behavioral Strengths				
				(Y/N)	(Code)	(Y/N)	(Y/N)	
	Measurement Category	**Date**	**Risk Level** NA, 0, 1, 2	Understands risk/needs	Stage of Change	Friends/family support goals	Uses services to meet goals	**Comments** Strengths | Risks
Personal Health	1. Substance Use and Abuse							
	Continued on a new sheet							
	Not addressed							
	2. Pregnancy Complication and/or Chronic Illness							
	Continued on a new sheet							
	Not addressed							

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Personal Health	3. Dev. and Intellectual Disability							
	Continued on a new sheet							
	Not addressed							
	4.Depression, Anxiety and other Mental Health Issues							
	Continued on a new sheet							
	Not addressed							
Maternal Role	5. Caregiving Attitudes and Behaviors							
	Continued on a new sheet							
	Not addressed							
	6. Child Health and Development							
	Continued on a new sheet							
	Not addressed							
	7. Child Care							
	Continued on a new sheet							
	Not addressed							
Life Course	8. Maternal Education and Work							
	Continued on a new sheet							
	Not addressed							

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Life Course	9. Pregnancy Planning							
	Continued on a new sheet							
	Not addressed							
	10. English Literacy Limitations							
	Continued on a new sheet							
	Not addressed							
	11. Criminal Justice/Legal Issues							
	Continued on a new sheet							
	Not addressed							
Family/Friends	12. Loneliness and Social Isolation							
	Continued on a new sheet							
	Not addressed							
	13. Intimate Partner Violence							
	Continued on a new sheet							
	Not addressed							

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Family/Friends	14. Unsafe Family or Friend Network							
	Continued on a new sheet							
	Not addressed							
Environmental Health	15. Economic Adversity							
	Continued on a new sheet							
	Not addressed							
	16.Homelessness and Residential Instability							
	Continued on a new sheet							
	Not addressed							
	17.Environmental Health							
	Continued on a new sheet							
	Not addressed							
	18. Home Safety							
	Continued on a new sheet							
	Not addressed							

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Health & Human Services	19. Health Services Utilization							
	Continued on a new sheet							
	Not addressed							
	20. Well-Child Care Infancy/ Toddlerhood Only							
	Continued on a new sheet							
	Not addressed							
	21. Use of Other Community Services							
	Continued on a new sheet							
	Not addressed							

Global Protective Factors	Yes	Comments
Keeps NFP Appointments & Engaged in NFP Program		
Has Psychological Resources		
Protects Her Health		
Demonstrates Commitment to Protect Child		
Social Support (Partner, Family, Friends)		
Citizen or Legal Resident of Country		

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Appendix A: Ages & Stages-3 and Ages & Stages: Social-Emotional Guidance for Use within NFP

Screening infants and toddlers is an effective, efficient way to catch problems and intervene when it does the most good - during the crucial early years when the child's brain and body are developing rapidly. Because developmental and social-emotional delays can be subtle and can occur in children who appear to be developing typically, most children who would benefit from early intervention are not identified until after they start school.

Research underscores the importance of early intervention:

- Developmental delays, learning disorders, and behavioral and social-emotional problems are estimated to affect anywhere from 5-18% of all children and that less than 20-30% are detected prior to school entry (Glascoe, 2000; American Academy of Pediatrics, 2001)
- Studies show that when professionals use reliable and valid screening instruments, they are able to identify 70% to 80% of children with developmental delays (Squires et al., 1996; Velikonja et al., 2017)
- Studies have shown that intervention prior to kindergarten has huge academic, social, and economic benefits, including substantive savings to society (Shonkoff & Philips, 2000)
- By involving parents in assessing their child's development, they will gain insight into their child's abilities and if any concerns become apparent, they will likely be more willing to accept referrals for early intervention (McKnight, 2014)

PART A: Screening, Monitoring and Referral; Questions and Answers (Q&A)

Q: What is the role of developmental screening, monitoring and referral in NFP?
A: Because of the long-term relationship NFP nurses establish with the families they serve, they are in a unique position to observe/screen infants and toddlers at risk for developmental problems and refer them for further evaluation when indicated. The developmental screening process empowers families by giving them anticipatory guidance on developmental tasks and allowing them to appreciate their child's unique way of accomplishing developmental milestones.

Q: What are the developmental screening tools available to me as an NFP nurse?
A: There are many screening tools in common usage nationally but the NFP recommends these two tools be used:

1. ***Ages and Stages (ASQ)*** **-** screens general development.
2. ***Ages and Stages: Social-Emotional (ASQ:SE)*** **-** screens social-emotional development.

These tools all valid and reliable. They have the added advantages of brevity and a high level of parent involvement in screening of their own child (Flamant et al., 2011; Hornman et al., 2013;Velikonja et al., 2014).

Q: Has the use of ASQ and ASQ:SE been evaluated with diverse cultures?
A: These tools have been translated and evaluated in many different countries and cultural contexts:

- Asia (Saihong, 2010; Bian et al., 2012; Heo & Squires, 2012; Juneja et al., 2012)
- Australia (D'Aprano et al., 2016)
- Europe (Kerstjens et al., 2009; Campos et al., 2011; Troude et al., 2011; Østergaard et al., 2012)
- Middle East (Charafeddine et al., 2013)
- South America (Filgueiras et al., 2013; Schonhaut et al., 2013)

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Q: What are the criteria for referral for evaluation for further services?
A: Guidelines for monitoring and referral for each of these three tools are provided later in this document. However, no screening tool is a substitute for professional nursing judgment based on observation of a child, parental concern, or even a 'hunch'.

- ***A good rule of thumb is, "If there is a concern, refer."***

Q: How does the referral process proceed?
A: All NFP sites maintain a directory of programs and services for which their clients may be eligible. It is important that NFP nurses become familiar with the guidelines and processes for referral for services both within their organization and in the community. NFP staff are encouraged to meet with these service providers to explain the NFP program to them and to describe the developmental screening information the NFP nurse can provide. Establishing and maintaining these relationships creates a 'protective net' for the high risk NFP families served.

Q: What is the role of the NFP nurse during the referral process?
A: Because of the unique relationship the NFP nurse has with families, it is important that she make herself available for the subsequent evaluation and planning process. With client consent, information related to such things as maternal depression, DANCE scores, substance abuse, and/or intimate partner violence will enhance the multidisciplinary evaluation process. One of the most important roles of the NFP nurse is to serve as an 'interpreter' and advocate for families moving through the stressful process of assessment and intervention of their child for possible developmental problems. The NFP nurse will also follow up to find out if the child was determined eligible and to coordinate any new services with what the family is already receiving.

Q: How long does it take to complete the assessments?
A: Each questionnaire takes approximately 10–15 minutes for parents to complete and just 2–3 minutes for the NFP nurse to score

PART B: Using Ages & Stages-3® and Ages & Stages: Social- Emotional Version-2®

The Ages & Stages Questionnaires®, Third Edition (ASQ-3™) screens infants and young children from 1 month to 66 months for developmental delays in five areas. The *ASQ* and *ASQ:SE* tools actively involve parents in the screening process. ASQ-3 questionnaires reveal a child's strengths as well as areas of concern. Since parents complete these straightforward questionnaires either on their own or with NFP nurse assistance, their confidence is strengthened. If their child isn't yet performing in a certain area, they are alerted to behaviors to anticipate in the near future. It will take parents approximately 10-15 minutes to complete the assessment, and 2-3 minutes for the NFP nurse to score it. Questions are written at a grade 4-5 reading level.

- Age range: 1–66 months for ASQ-3, 3–66 months for ASQ:SE
- Number of questionnaires: 21 for ASQ-3, 8 for ASQ:SE

These tools are copyrighted and must be purchased for use. ASQ-3 questionnaires are a one-time purchase. A single site can photocopy or print them as needed from the paper and PDF masters.
http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/

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AREAS EVALUATED

Ages & Stages

Each *ASQ* questionnaire contains 30 items divided into five areas of development. The items in each area are arranged from easy to more difficult. The 30 items that pertain to specific areas of development are followed by a section of overall questions that ask about general parental concerns. Table 1 specifies the five developmental areas covered in each *ASQ* questionnaire and their associated content.

Table 1: *ASQ* developmental areas

Developmental areas	Content
Communication	Babbling, vocalizing, listening and understanding
Gross Motor	Arm, body and leg movements
Fine motor	Hand and finger movements
Problem solving	Learning and playing with toys
Personal-social	Solitary social play and play with toys and other children

Ages & Stages: Social-Emotional

The *ASQ: SE* questionnaires contain a variable number of total items pertaining to competencies and problems in seven behavioral areas. In the *ASQ:* SE the items pertaining to each area are not grouped as they are in the *ASQ* but are interspersed throughout the questions. Every *ASQ: SE* questionnaire ends with the same four questions which give the parent an opportunity to communicate if they or anyone else have concerns about their baby's behaviors and a chance to describe what things they enjoy about their baby. Table 2 specifies the seven behavioral areas covered in each *ASQ:* SE and their associated definitions.

Table 2: *ASQ:SE* behavioural areas

Behavioural areas	Definitions
1. **Self-regulation**	Ability or willingness to calm or settle down or adjust to physiological
2. **Compliance**	Ability or willingness to conform to the direction of others and follow rules
3. **Communication**	Ability or willingness to respond to or initiate verbal or nonverbal signals
4. **Adaptive behaviors**	Success or ability to cope with physiological needs (e.g. sleeping, eating, elimination, safety)
5. **Autonomy**	Ability or willingness to self-initiate or respond without guidance (i.e., moving to independence)
6. **Affect**	Ability or willingness to demonstrate his or her own feelings and empathy for others
7. **Interactions with people**	Ability or willingness to respond to or initiate social responses to parents, other adults, and peers

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AGE INTERVALS FOR WHICH QUESTIONNAIRES ARE AVAILABLE

Table 3: *ASQ* and *ASQ:SE* questionnaires with age range

ASQ		***ASQ:SE***	
Questionnaire	**Valid age range**	**Questionnaire**	**Valid age range**
2 months	1 through 2 months	2 months	1 through 2 months
4 months	3 through 4 months		
6 months	5 through 6 months	6 months	3 through 8 months
8 months	7 through 8 months		
9 months	8 through 9 months		
10 months	9 through 10 months		
12 months	11 through 12 months	12 months	9 through 14 moths
14 months	13 through 14 months		
16 months	15 through 16 months		
18 months	17 through 18 months	18 months	15 through 20 moths
20 months	19 through 20 months		
22 months	21 through 22 months		
24 months	23 through 24 months	24 months	21 through 26 months

RECOMMENDEDROUTINE SCREENING SCHEDULE FOR NFP CLIENTS:

- 5-6 months
- 11-12 months
- 17-18 months
- 23 months

If missed visits or other circumstances prevent doing screenings at the recommended time the NFP nurse's discretion is required for re-establishing a screening routine for the client. Use Table 3 to determine the appropriate questionnaire for the child's age at the time of screening. The general rule is that *ASQ* questionnaires valid are valid for 1 month before and after the indicated age. The age for which the *ASQ:SE* questionnaires are valid appears on the first page of each *ASQ:SE* questionnaire. When attempting to re-establish a routine screening schedule it is advisable to space out the *ASQ* and the *ASQ: SE* over different months.

"Self-administered" versus "nurse-assisted"

Although the questionnaires are designed to be self-administered it is best do it *with* the client the first time. After administering *Ages & Stages* and *Ages & Stages: Social*- Emotional for the first time the NFP nurse can judge whether or not the client will be able to self-administer the questionnaires in the future.

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INTRODUCING THE TOOLS TO PARENTS

Ages and Stages

When **Ages and Stages** is done for the first time it is important to offer a general introduction. Here is an example of how the NFP nurse might introduce developmental screening to the client:

- "In order to help you follow your baby's growth and development we'll be doing some questionnaires from time to time. Information in the questionnaires will be kept confidential. This will help me know what type of information and activities I can bring to visits. If there are concerns I can, with your permission, help you communicate with your family physician/pediatrician and connect you with services your baby might need."

Then the NFP nurse will let the client know about the process for completing the questionnaire: "You'll answer questions about some things your baby can and can't do. Your baby may not be able to do everything in the questionnaire and that's ok."

Explain how to answer the questions:

1. Discuss the scoring options in the first five sections
   - *'Yes'* means her baby is doing the activity now. '*Yes'* is also an appropriate in the case of an activity her baby did earlier but now doesn't do very often, like crawl after she has learned to walk.
   - *'Sometimes'* means her baby is just beginning to do this activity
   - *'Not yet'* means her baby hasn't started to do this activity yet
2. The 'Overall' section has questions to answer by checking '*Yes'* or '*No'*

Ages and Stages: Social-Emotional

Here is an example of how the NFP nurse might introduce the ASQ:SE to the client for the first time:

- "Do you remember several months ago when we did a questionnaire about your baby's development? Now we're going to do one that's a little different. This one asks about your baby's social and emotional development and your feelings and concerns about your baby's behaviors."
- "All this information about your baby will be kept confidential. This will help me know what type of information and activities I can bring to visits.
- If there are concerns identified, with your permission, I can help you communicate with your family physician/pediatrician and connect you with services your baby might need."

Explain how to answer the questions:

1. Discuss the scoring options:
   - *'Most of the time'* means her baby is doing the behavior most of the time, too much, or too often
   - *'Sometimes'* means her baby is doing the behavior occasionally but not consistently
   - *'Rarely or never'* means her baby hardly ever or never does the behaviour

2. Explain that she should check the circle in the far-right column next to each question if she has a concern about that behavior.

3. Throughout the ASQ:SE there are questions that provide space for parent comments.
   - Encourage the client to use them.

4. The 18 and 24 month questionnaires ask "Does your child do things over and over and can't seem to stop?" This is meant to identify perseverative behaviours.
   - Explain to the client that this doesn't apply to favorite activities like singing a certain song over and over again.

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SCORING

The scoring instructions provided at the end of each *ASQ* and *ASQ: SE* questionnaire should be followed. Be aware that the *ASQ* provides a score in each developmental area, whereas the *ASQ: SE* combines all behavioural areas to provide a total score.

Another important difference is that *the scoring patterns for the ASQ and the ASQ: SE are the opposite:*

- **Low scores on the *ASQ* are an indication for concern**
- **High scores on the *ASQ: SE* are an indication for concern**

Reviewing Questionnaire with Parent:

- Discuss child's strengths and reinforce positive parent/child interactions.
- Discuss items that individually score 10 or 15 points
- Discuss answers to open-ended questions
- Review score and compare to cutoffs
- Remember that cutoffs on ASQ:SE are very different from ASQ
- Discuss (consider) need for referral/further assessment if indicated

MONITORING, CONSULTATION, AND REFERRAL

Ages & Stages

"Monitoring" NFP clients includes repeating ASQ screenings every other month using the age- appropriate questionnaire. Refer to table 5 for cut-off scores for seeking consultation and monitoring. Referral means sharing concerns with existing relevant service providers and/or initiating referrals for further assessment or intervention.

Monitoring: These are the guidelines for monitoring:

1. NFP has established the cutoff scores for monitoring at 1.5 standard deviations below the mean.
2. Monitor the child whose score in one or more areas is at or below the established monitoring cutoffs.
3. Monitor the child whose parent has indicated a concern in the 'Overall' section of the questionnaire even if scores are above the cutoffs.
4. ASQ-3 provides a Child Monitoring Sheet which you can use to track a child's ASQ scores over time.
5. Monitoring NFP clients includes **repeating ASQ screenings every other month** using the age appropriate questionnaire.

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Referral: These are the guidelines for referral:

1. The ASQ scoring sheet is designed so that the child whose score in one or more areas falls in the darkened area on the score sheet (2.0 standard deviations below the mean) should bereferred.
2. Consider referral for the child whose scores in several areas are between 1.5 and 2.0 standard deviations from the mean particularly if you or the parent have other concerns that support areferral.
3. Consider referral if a child's score in one or more areas remains between 1.5 and 2.0 standard deviations below the mean for more than two or three consecutive assessments and/or if you or the parents have other concerns that support seeking consultation.

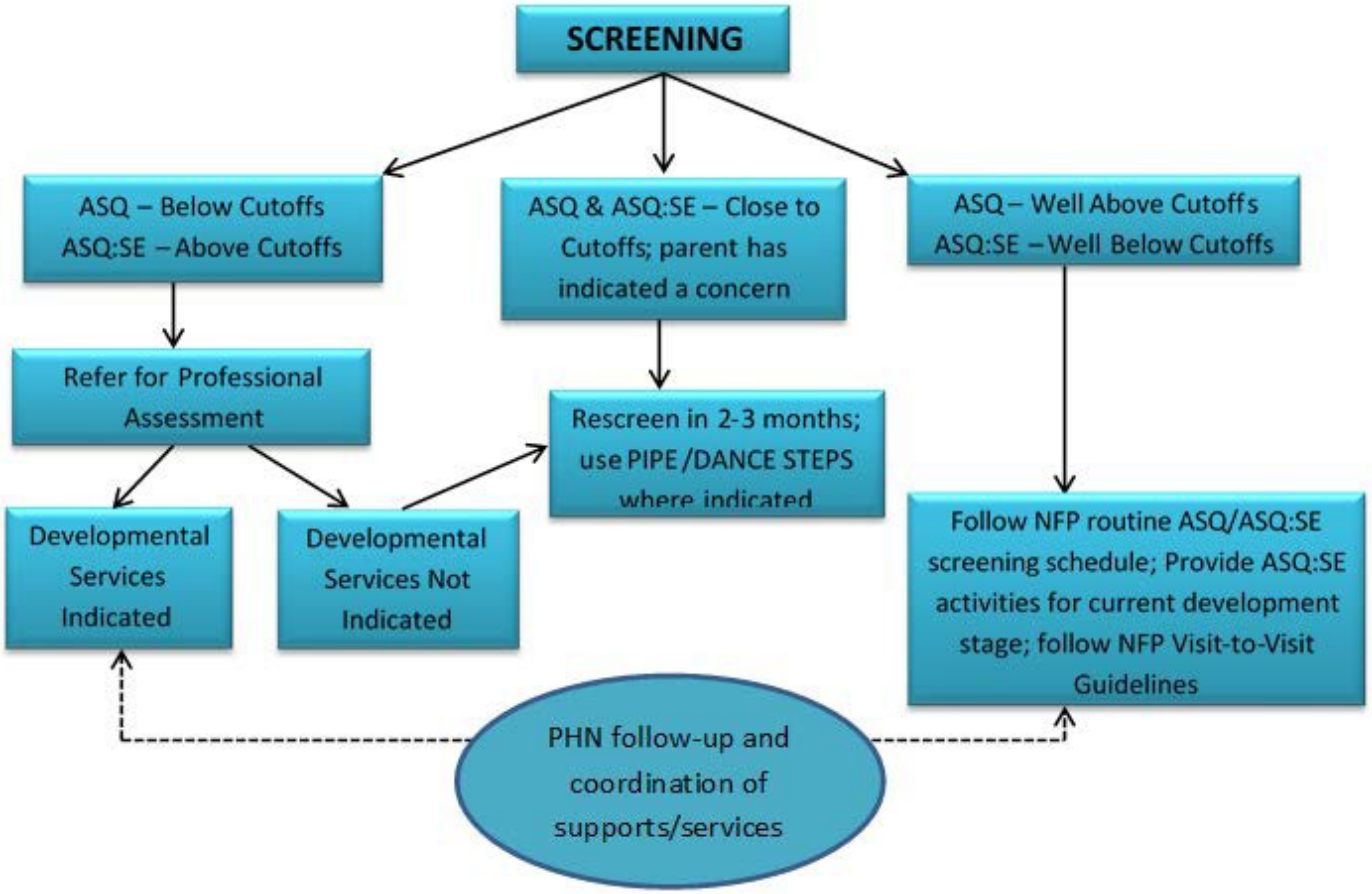

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Table 4: ASQ-3 cut-off scores for seeking consultation and monitoring/referral zones

Age	Area	Seek Consultation	Monitor/Referral zone
4 months	Communication	34.60	43.44-34.60
	Gross motor	38.41	46.52-38.41
	Fine motor	29.62	40.60-29.62
	Problem-solving	34.98	44.38-34.98
	Personal-social	33.16	42.54-33.16
6 months	Communication	29.65	39.27-29.65
	Gross motor	22.25	33.95-22.25
	Fine motor	25.14	37.04-25.14
	Problem-solving	27.72	39.06-27.72
	Personal-social	25.34	36.83-25.34
8 months	Communication	36.06	42.73-33.06
	Gross motor	30.61	41.35-30.61
	Fine motor	40.15	47.95-40.15
	Problem-solving	36.17	45.05-36.17
	Personal-social	35.84	44.60-35.84
10 months	Communication	22.87	35.52-22.87
	Gross motor	30.07	41.54-30.07
	Fine motor	37.97	46.36-37.97
	Problem-solving	32.51	42.35-32.51
	Personal-social	27.25	38.37-27.25
12 months	Communication	15.64	30.00-15.94
	Gross motor	21.49	35.71-21.49
	Fine motor	34.50	43.36-34.50
	Problem-solving	27.32	38.16-27.32
	Personal-social	21.73	33.73-21.73
14 months	Communication	17.40	31.63-17.40
	Gross motor	25.80	39.44-25.80
	Fine motor	23.06	34.97-23.06
	Problem-solving	22.56	34.82-22.56
	Personal-social	23.18	35.76-23.18
16 months	Communication	16.81	30.45-16.81
	Gross motor	37.91	47.11-37.91
	Fine motor	31.98	41.97-31.98
	Problem-solving	30.51	40.95-30.51
	Personal-social	26.43	37.22-26.43
18 months	Communication	13.06	30.00-13.06
	Gross motor	37.38	46.42-37.38
	Fine motor	34.32	43.38-34.32
	Problem-solving	25.74	35.86-25.74
	Personal-social	27.19	37.55-27.19

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Age	Area	Seek Consultation	Monitor/Referral zone
20 months	Communication	20.50	34.32-20.50
	Gross motor	39.89	47.85-39.89
	Fine motor	36.05	44.39-36.05
	Problem-solving	28.84	38.54-28.84
	Personal-social	33.36	42.70-33.36
22 months	Communication	13.04	30.00-13.04
	Gross motor	27.75	39.11-27.75
	Fine motor	29.61	39.09-29.61
	Problem-solving	29.30	39.16-29.30
	Personal-social	30.07	40.21-30.07
24 months	Communication	25.17	38.20-25.17
	Gross motor	38.07	46.40-38.07
	Fine motor	35.16	43.43-35.16
	Problem-solving	29.78	39.58-29.78
	Personal-social	31.54	41.34-31.54

Adapted from: Squires J, Twombly E, Bricker D, Potter L. (2009). The ASQ -3 User's Guide: The Ages & Stages Questionnaires 3rd Ed. (pp. 42). Baltimore, MD: Paul H. Brookes Publishing Co, Inc.

Ages & Stages: Social Emotional

The cut-off scores for monitoring and referring using the *ASQ: SE* appear in Table 5 (next page).

- Remember that high scores on the ASQ: SE are an indication for concern.

Guidelines for monitoring:

1. Below cutoff:
   - Provide ASQ:SE Activities for current development stage
   - Reassess in six months as per NFP schedule

2. Close to cutoff:
   - Follow-up on any areas of concern identified by client in the concerns column or open-ended questions
   - Provide ASQ:SE Activities for current development stage and any relevant education and support.
   - Repeat the ASQ: SE screenings every three months using the age appropriate questionnaire until the issue/concern is resolved.
   - Make referrals as appropriate.

Guidelines for referral when above cutoff:

1. Refer to primary health care provider for further assessment
2. Refer to other relevant programs/services
3. Repeat the ASQ: SE screenings every three months using the age appropriate questionnaire until the issue/concern is resolved.

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Table 5: Cut-off scores for monitoring and referring using the *ASQ: SE*

Age Interval (months)	Monitor	Cut-off Refer
2	25-34	35
6	30-44	45
12	40-49	50
18	50-64	65
24	50-64	65

Adapted from Squires J, Bricker D, & Twombly E (2015). *The ASQ:SE User's Guide for the Ages & Stages Questionnaires: Social-Emotional (Second Edition). A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors*. Baltimore, MD: Paul H. Brookes Publishing Co.

INTERVENTION FOR THOSE BEING MONITORED OR REFERRED

For clients whose children are being monitored or referred be particularly conscientious about the Assessment and Planned Guidance in the Behavioural and Emotional Care subdomain in the NFP Visit Guidelines. As part of planning consider supplemental interventions related to the *ASQ* developmental areas and *ASQ: SE* behavioral areas using PIPE as listed in Tables 6 and 7 below. The NFP nurse can also plan related interventions with the parent(s) in consultation with multi-disciplinary service providers if available. DANCE is another resource that is available to the NFP nurse.

Table 6: Examples of supplemental interventions related to *ASQ* developmental areas

Developmental Area	PIPE Lesson	
Communication: babbling, vocalizing, listening and understanding	LISTEN	• Music and Rhythm • Learning Language • Tune In/Tune Out • Baby Cues • Reading to Baby • Small Talk (Appendix)
	PLAY	• Imitation and Turn Taking • Playing is Communication • Playing is Learning
Gross Motor: arm, body and leg movements	LISTEN	• Floortime • Music and Rhythm
Fine motor: hand and finger movements	LISTEN	• Floortime • Music and Rhythm
Problem solving: learning and playing with toys	LISTEN	• Floortime • Music and Rhythm • Reading to Baby • Tune In/Tune Out
	LOVE	• Each Child Is Different
	PLAY	• Playing Is Problem Solving

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Developmental Area	PIPE Lesson	
Personal-social: solitary social play and play with toys and other children	LOVE	• Love and Limits
	PLAY	• Playing is Learning About Differences • Playing is Imitation and Turn Taking • Playing Stimulates the Senses • Roadblocks to Learning

Table 7: Examples of PIPE Lessons related to *ASQ: SE* behavioural areas

Behavioral Area	Age Interval (months)	If child scores positively on these questions	PIPE Lessons	
Self-regulation: Ability or willingness to calm or settle down or adjust to physiological or environmental conditions or stimulation	6	1,8, 9, 10, 16	LISTEN: LOVE:	• Cribside Communication • Patterns and Expectations • Music and Rhythm • Each Child Is Different • Love Needs a Safe Base
	12	5, 8, 9, 10, 15, 21		
	18	5, 7, 9, 11, 13, 25		
	24	4, 8, 11, 16, 21, 25		
Compliance: Ability or willingness to conform to the direction of others and follow rules	6	N/A	LISTEN: LOVE: PLAY:	• Floortime • Love and Limits • Love is Letting Go • Learning the Do's • Roadblocks to Learning
	12	N/A		
	18	19		
	24	18		
Communication: Ability or willingness to respond to or initiate verbal or nonverbal signals to indicate feelings, affective, or internal states.	6	5, 6	LISTEN: LOVE: PLAY:	• Baby Cues • Learning Language • Tune In/Tune Out • Love Needs a Safe Base • Playing is Communication • Small Talk (Appendix)
	12	16. 19, 20		
	18	1, 16, 18		
	24	N/A		
Adaptive behaviors: Success or ability to cope with physiological needs (e.g. sleeping, eating, elimination, safety)	6	11, 12, 14, 15, 17, 18	LISTEN: LOVE:	• Cribside Communication • Tune in/Tune Out • Patterns and Expectations • Each Child is Different • Love Needs a Safe Base
	12	12, 14, 17, 18		
	18	12, 15, 17, 23		
	24	13, 14, 17, 23		

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Autonomy: Ability or willingness to self-initiate or respond without guidance (i.e., moving to independence)	6	N/A	LISTEN: LOVE: PLAY:	• Floortime • Music and Rhythm • Patterns and Expectations • Attachment • Love is Letting Go • Baby's First Teacher
	12	N/A		
	18	21		
	24	20		
Affect: Ability or willingness to demonstrate his or her own feelings and empathy for others	6	3, 4	LISTEN: LOVE:	• Cribside Communication • Baby Cues • Love Needs a Safe Base • Attachment • Joy and Laughter • Touch Tones • Love is in the Palm of Your Hand
	12	N/A		
	18	N/A		
	24	N/A		
Interactions with people: ability or willingness to respond to or initiate social responses to parents, other adults, and peers.	6	2, 7, 13	LISTEN: LOVE: PLAY:	• Floortime • Baby Cues • Tune In/Tune Out • Love Needs a Safe • Base Joy and Laughter • Attachment • Touch Tones • Play is Imitation and Turn Taking
	12	1, 2, 3, 7, 13		
	18	2, 3, 4, 14, 20, 22, 24		
	24	2, 3, 5, 6, 12, 22, 24		
General concerns and comments	6	19, 20, 21, 22		• Intervention will have to be individualized.
	12	22, 23, 24, 25		
	18	26, 27, 28, 29		
	24	26, 27, 28, 29		

Optional PowerPoint:
University of Oregon. Ages & Stages Questionnaires: Social-Emotional; A New Tool for Identifying Social-Emotional Difficulties in Young Children
https://static1.squarespace.com/static/519fe4bae4b02061e74e5de7/t/5278332ae4b041c6624ab49c/1383609130150/ASQ-SE+PowerPoint.pdf

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