



11. Size of family supported by income <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 or more
12. PC has less than a high school education (including no GED) <input type="radio"/> Yes <input type="radio"/> No
13. Does anyone in the family have health insurance? <input type="radio"/> Yes <input type="radio"/> No
14. How frequently has the family used emergency services for routine health care in the past 6 months? <input type="radio"/> Frequently <input type="radio"/> Once or twice <input type="radio"/> Has not used emergency services for routine care

15. Secondary parent's race/ethnicity (mark all that apply): <input type="radio"/> African American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> White, not Hispanic <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Hispanic <input type="radio"/> Don't know/decline <input type="radio"/> other: _____
16. Does second parent figure have less than a high school education including no GED? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK
17. Indicate second parent figure's employment (if on parental leave, status to which second parent will return). (Leave blank if no 2 <sup>nd</sup> parent figure) <input type="radio"/> Employed full time (30 hrs/week or more) <input type="radio"/> Employed seasonally <input type="radio"/> Not employed, not seeking work <input type="radio"/> Employed part time <input type="radio"/> Not employed, actively seeking work

**FAMILY FUNCTIONING and LITERACY**

Think about your experience with the family at present. *At this time*, how frequently does this family:



	Not at this time	Seldom	Sometimes	Most of the time	Almost always
18. Handle routine child-related household and family responsibilities appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Make use of a positive social support system or person(s) other than the home visitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Maintain consistent daily routines for child(ren) such as bedtimes, meals, naps, baths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Less than once a week	Once per week	Several times per week	Daily or more	
21. How often does the parent read to the child at least 15 minutes every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Items 22-37 are OPTIONAL

22. Which services or resources does the family currently use?

	Yes	No		Yes	No
a. WIC	<input type="radio"/>	<input type="radio"/>	l. Baby supplies or other material goods assistance	<input type="radio"/>	<input type="radio"/>
b. Food stamps	<input type="radio"/>	<input type="radio"/>	m. Legal aid	<input type="radio"/>	<input type="radio"/>
c. Food boxes/Food Bank	<input type="radio"/>	<input type="radio"/>	n. Transportation assistance	<input type="radio"/>	<input type="radio"/>
d. TANF cash assistance	<input type="radio"/>	<input type="radio"/>	o. Child care	<input type="radio"/>	<input type="radio"/>
e. Other cash assistance	<input type="radio"/>	<input type="radio"/>	p. Child care payment assistance	<input type="radio"/>	<input type="radio"/>
f. Housing assistance	<input type="radio"/>	<input type="radio"/>	q. Education assistance (basic education/literacy)	<input type="radio"/>	<input type="radio"/>
g. Utility assistance	<input type="radio"/>	<input type="radio"/>	r. ESL classes	<input type="radio"/>	<input type="radio"/>
h. Medicaid/OHP	<input type="radio"/>	<input type="radio"/>	s. Job training	<input type="radio"/>	<input type="radio"/>
i. Other medical insurance	<input type="radio"/>	<input type="radio"/>	t. A & D counseling	<input type="radio"/>	<input type="radio"/>
j. Dental insurance	<input type="radio"/>	<input type="radio"/>	u. Mental health consulting	<input type="radio"/>	<input type="radio"/>
k. Family planning	<input type="radio"/>	<input type="radio"/>	v. Other _____	<input type="radio"/>	<input type="radio"/>

23. Rate strengths for the parent(s) at this time:	No	Seldom	Sometimes	Mostly	Almost Always
a. Optimistic outlook on life					
Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Sense of humor					
Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Copes effectively w/ stress					
Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Manages anger constructively					
Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Good problem-solving skills					
Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Supportive partner or spouse					
Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

g. Supportive adult friend(s) or family members					
Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Realistic personal goals (education, self-improvement)					
Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Interested in learning about child development					
Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Understands and respects the child's needs					
Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Positive emotional involvement with the child					
Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ENGAGEMENT, HOME SAFETY and HEALTH	Not at this time	Seldom	Sometimes	Most of the time	Almost always
24. Engage actively in home visit discussions and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Seem interested in advice or suggestions that you provide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Keep appointments <input type="radio"/> NA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Call to reschedule appointments <input type="radio"/> NA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Keep the outside of the home clean and orderly – Refers to environmental health and hygiene factors (i.e., very little or no litter, garbage, vermin, odors around exterior of the home) that are within the family's ability to control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Keep the inside of the home clean and orderly – Refers to very little or no litter, garbage, vermin, odors in the home (not the cleanliness of people in the home) that are within the family's ability to control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Keep the outside of the home safe – Refers to thoughtfulness as regards to safety precautions within family's control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Keep the inside of the home safe – Refers to thoughtfulness as regards to safety precautions within family's control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. Do the children receive passive smoke exposure (household member smokes)?

- Yes       Occasional passive smoke exposure from sources outside home, such as visitors       No

33. How would you rate the family's health, overall? (infrequent illnesses, care taken to prevent problems and keep family members healthy, health concerns are attended to promptly)

- Poor       Fair       Good       Very good

34. How would you rate the family's nutrition, overall? (access to adequate food supply, balanced & nutritional meals are served regularly)

- Poor       Fair       Good       Very good