

Infant and Child Survey

COMPLETE AT

- Enrollment
- Child age: birth-2 months, 6, 8, 12, 18, 24, 30, 36, 42, 48, and 54 months

Name of home visitor: _____

Name of client: _____

Date of birth: ____ / ____ / ____ Date of visit/survey date: ____ / ____ / 20____

Check which survey time frame this is for (surveys valid +/- 30 days from time frame*):

- | | |
|---------------------------|----------------------|
| Enrollment | Child age: 24 months |
| Child age: birth-2 months | Child age: 30 months |
| Child age: 6 months | Child age: 36 months |
| Child age: 8 months | Child age: 42 months |
| Child age: 12 months | Child age: 48 months |
| Child age: 18 months | Child age: 54 months |

*For example:

- If a child is enrolled at three weeks, this form would be completed at enrollment and again when you see the child at age six months.
- If the child is enrolled at five months, completing this form satisfies data collection for enrollment and six month age. The next completion of this form would be at eight months old.

1. Current zip code of client: _____

i Questions 2-11 for clients 12 months and younger only

i If client is older than 12 months **⬇** SKIP TO QUESTION 12

2. How many weeks or months did the client breast / chestfeed or receive pumped breastmilk?

_____ weeks or _____ months

Less than one week

Still receiving breastmilk

Declined to answer

3. How old was the client the first time they had liquids other than breastmilk?

FOR EXAMPLE, FORMULA, WATER, JUICE, OR COW'S MILK

_____ weeks or _____ months

Less than one week old

The client has not had any liquids other than breastmilk

Caregiver doesn't know

Declined to answer

4. What does the caregiver need in order to continue feeding breastmilk?

PLEASE CHECK ALL THAT APPLY

Not applicable (not breast/chestfeeding)

Breast pump

Community support—specify: _____

Nothing (needs are met)

Supportive work environment

Supportive partner

Supportive child-care

Time to pump at home or work

Declined to answer

Other: _____

5. If the client has not received any breastmilk, or has stopped being fed breastmilk, what are the reasons?

PLEASE CHECK ALL THAT APPLY

Not applicable (still receiving breastmilk)

Chose not to breastfeed

Unsure of the benefits of breastmilk

Partner or other family member suggested formula

It was too painful or difficult to continue

Did not feel supported to breastfeed

Was unable to breastfeed due to work

No community support

Caregiver did not make enough milk and/or no donor milk available

Client is now eating solid foods and doesn't need breastmilk any more

Client has stopped wanting breastmilk

Declined to answer

Other: _____

6. Has the caregiver received safe sleep education?

PLEASE CHECK ALL THAT APPLY

Yes, by home visitor

Yes, by other provider

No

Caregiver doesn't know

7. What safe sleep spaces are provided for the client?

PLEASE CHECK ALL THAT APPLY

- Own crib or bassinet in the caregiver's room
- Own crib or bassinet in a different room from the caregiver
- Safe sleep space was not provided
- Other: _____

8. How often does the client sleep without soft bedding, bumpers, blankets, stuffed toys, or other soft objects?

- Always
- Sometimes
- Never
- Declined to answer

9. How often is the client placed to sleep on their back (or special sleep position as indicated by their medical professional)?

- Always
- Sometimes
- Never
- Declined to answer

10. How often does the client co-sleep on the same surface as the caregiver when sleeping?

- Always
- Sometimes
- Never [⬇️ SKIP TO QUESTION 12](#)
- Declined to answer [⬇️ SKIP TO QUESTION 12](#)

11. If the client co-sleeps, what steps does the caregiver take to do so as safely as possible?

PLEASE CHECK ALL THAT APPLY

- Caregiver(s) do not smoke
- No drug or alcohol use (unimpaired by substances)
- Sleeps on back
- Breastfeeding
- No steps taken to co-sleep as safely as possible
- Other: _____

12. Does the client have a primary care provider or medical home?

PLEASE CHECK ALL THAT APPLY

- Yes
- Not yet, they are on a waiting list
- No, unable to find an appointment that fits their schedule
- No, client/caregiver states they are unable to find a provider that understands their family
- No, client/caregiver states that providers do not treat the family with respect
- No, no transportation to provider
- No, no one to take care of other children during an appointment
- No, cannot financially afford a provider
- No, client/caregiver states the client does not need a provider
- No, unsure how to utilize insurance
- No, no providers in client's area
- Declined to answer
- No, other: _____

13. Who else is currently involved in the care of this client?

PLEASE CHECK ALL THAT APPLY

- | | |
|---|-------------------------------|
| Behavioral Therapist | Pharmacy/Compounding Pharmacy |
| Community/Neighbors/Friends | Physical Therapist |
| Oregon Department of Human Services Child Welfare (DHS) | Religious/Faith Leader |
| Developmental Disabilities Services (DD Services) | School Nurse |
| Early Childhood Special Education | Social Security |
| Early Intervention Services | Special Education Coordinator |
| Extended Family Members | Specialty Provider |
| Head Start | Speech Therapist |
| Insurance/Payer/CCO | Traditional Healer |
| Medical Equipment Vendor | No one else |
| Mental Health Provider | Declined to answer |
| Occupational Therapist | Other: _____ |
| Parent/Partner/Peer Support | |

14. Has the client ever had a vision screening?

PLEASE CHECK ALL THAT APPLY

- | | |
|--|-------------------------------------|
| Yes | No, cannot financially afford |
| No, not age appropriate | No, unsure how to utilize insurance |
| No, none has been offered | Caregiver doesn't know |
| No, no provider available to do screening | Declined to answer |
| No, provider refuses to conduct screening | Other: _____ |
| No, caregiver does not feel client needs a screening | |

15. Has the client ever had a hearing screening?

PLEASE CHECK ALL THAT APPLY

- Yes
- No, not age appropriate
- No, none has been offered
- No, no provider available to do screening
- No, provider refuses to conduct screening
- No, caregiver does not feel client needs a screening

- No, cannot financially afford
- No, unsure how to utilize insurance
- Caregiver doesn't know
- Declined to answer
- Other: _____

16. Is the client receiving fluoride?

PLEASE CHECK ALL THAT APPLY

- Yes, in water
- Yes, in a supplement
- Yes, as a varnish
- No, not age appropriate
- No, no access to fluoride
- No, caregiver does not want to give client fluoride

- No, cannot financially afford
- No, caregiver is concerned about fluoride safety
- No, caregiver states it's too difficult to give the client fluoride
- No, unsure how to utilize insurance
- Declined to answer
- Other: _____

17. Does the client receive recommended dental care from a primary dental provider or dental hygienist?

PLEASE CHECK ALL THAT APPLY

- Yes, from a dentist
- Yes, from a dental hygienist only
- Yes, from a traditional healer
- Not yet, client does not have teeth
- Not yet, they are on a waiting list
- No, receiving dental care from an emergency provider when needed
- No, caregiver states they are unable to find a provider that understands their family
- No, caregiver states that providers do not treat the family with respect
- No, no transportation to provider
- No, no one to take care of other children during an appointment
- No, cannot financially afford a provider
- No, caregiver states the client does not need a provider
- No, unsure how to utilize insurance
- Declined to answer
- No, other: _____

18. At the time of the visit, are the client's immunizations up to date?

- Yes, client has had all immunizations
- No, client has had some immunizations
- No, client has not had any immunizations
- Declined to answer

19. Has parent-child interaction been assessed by the home visitor?

- Yes
- No **⬇️ SKIP TO QUESTION 22**

20. Is a nurse care plan needed as a result of the parent-child interaction assessment?

Yes, nurse care plan interventions needed to assess parent-child interaction

No, nurse care plan intervention not needed at this time, will continue to monitor

21. What parent-child interaction interventions were done?

PLEASE CHECK ALL THAT APPLY

Referral - *example: parent-child interaction therapy*

Education

Partners in Parenting Education (PIPE)

Circle Of Security

Promoting First Relationships

Promoting Maternal Mental Health

Other: _____

22. Mark all screenings the client / caregiver received today:

PLEASE CHECK ALL THAT APPLY

Experiences of racism

Financial

Food security

Housing/home environment

Medical care - *example: PNC, Medical Home, Oral Health*

Mental health/depression

Smoking cessation/rules

Social support

Substance use

Transportation

Violence or abuse

Vision or hearing

23. Did the Home Visitor complete an ASQ:3 at this visit?

Yes

No **⬇️ SKIP TO QUESTION 25**

24. Was the client referred to their provider to follow up on ASQ:3 screening results?

Yes

No, referral not needed

No, monitoring current services

Not at this time, discussion with caregiver done to prepare family to accept referral

If an ASQ:3 was completed at this visit **⬇️ SKIP TO QUESTION 26**

25. If an ASQ:3 was not completed at this visit, why not?

Not age appropriate

Client was screened elsewhere

Client already receiving services/therapy

Caregiver declined further screening

Other: _____

26. Did the Home Visitor complete an ASQ:SE at this visit?

Yes

No **👇 SKIP TO QUESTION 28**

27. Was the client referred to their provider to follow up on ASQ:SE screening results?

Yes

No, referral not needed

No, monitoring current services

Not at this time, discussion with caregiver done to prepare family to accept referral

If an ASQ:SE was completed at this visit **👇 SKIP TO QUESTION 29**

28. If an ASQ:SE was not completed at this visit, why not?

Not age appropriate

Client was screened elsewhere

Client already receiving services/therapy

Caregiver declined further screening

Other: _____

29. Since the last time this form was completed, has the caregiver received car seat safety education?

PLEASE CHECK ALL THAT APPLY

Yes, by home visitor

Yes, by another provider

Not Applicable (no longer age/weight appropriate)

No, education was already provided

No, caregiver declined education

Declined to answer

No, other: _____

30. How often does the client ride in a car safety seat that is appropriate for their weight and length (rear-facing for children until at least 2 years)?

Always **👇 SKIP QUESTION 31**

Sometimes

Never

Declined to answer **👇 SKIP QUESTION 31**

31. If "Sometimes" or "Never" selected for Question 30, what other ways does caregiver make sure the child is safe in the car?

PLEASE CHECK ALL THAT APPLY

Always rides in the back seat

Rides in a booster

Declined to answer

Other: _____

i If client is in Babies First! **✔ END OF SURVEY**

i If client is in Cacoan **👇 ANSWER QUESTIONS 32-40**

32. Does the client require durable medical equipment (DME) for activities of daily living?

Yes

Client/caregiver doesn't know

No

Declined to answer

33. In the last 12 months, has the client experienced any barriers to accessing/utilizing their durable medical equipment (DME)?

PLEASE CHECK ALL THAT APPLY

No

Yes, DME broken

Yes, lack of transportation to obtain DME

Yes, racism/discrimination

Yes, financial barriers

Declined to answer

Yes, insurance barriers

Yes, other: _____

Yes, confusion understanding DME need

34. Total number of medical specialists involved in client's care. Include PCP:

FOR EXAMPLE, MD, DO, FNP, ETC.

0

4 or more

1

Declined to answer

2-3

35. Does the client take any medication regularly (prescription or over the counter)?

Yes

Declined to answer **⬇️ SKIP TO QUESTION 39**

No **⬇️ SKIP TO QUESTION 39**

36. How many prescription medications does the client take regularly?

37. How many over the counter medications does the client take regularly?

38. In the last six months, did the client experience any barriers to receiving any of their medications?

PLEASE CHECK ALL THAT APPLY

No

Yes, confusion understanding medication

Yes, lack of transportation to obtain medication

Yes, racism/discrimination

Yes, financial barriers

Declined to answer

Yes, insurance barriers

Yes, other: _____

39. During the past six months, was there any time when the caregiver of the client needed respite care for the client?

Yes

Client/caregiver doesn't know **✔️ END OF SURVEY**

No **✔️ END OF SURVEY**

Declined to answer **✔️ END OF SURVEY**

40. If yes, were they able to obtain the needed respite care for the client?

Yes

No

Declined to answer