

# PIMS Data Elements

Last Updated 15 February 2012

Note that calculated fields, i.e. fields (not including record identifiers) that can't be edited through forms, are not listed.

## Contents

Site/Program Information Entry Form.....	2
Target Community Information Entry Form .....	3
Funding Information Entry Form.....	4
Collaborating Hospitals Entry Form.....	5
Collaborating Medical Clinics Entry Form .....	6
Non-Hospital Collaborating Agencies Entry Form .....	7
Staff Information Entry Form .....	8
Staff Training Entry Form .....	9
Site/Enrollment Definition Form .....	10
Service Level Form.....	11
Instrument Information Form .....	12
Immunization Schedule Form.....	13
Well Baby/Child Visit Schedule Form .....	14
<b>Home Form</b> .....	15
Screening Form.....	16
Assessment Form .....	18
Intake Form.....	20
<b>Participant History Form</b> .....	21
<b>Service Level History Form</b> .....	22
Partner Initial Demographics Form .....	23
Partner History Form .....	24
Birth Information Form.....	25
Child History Form.....	26
Home Visit Log Form.....	27
Individual Family Support Plan Form .....	30
Monthly Contact Log Form .....	31
Medical Visits Form .....	32
Instrument Administration Form (Generic).....	33
<b>Outcome- Edinburgh</b> .....	34
<b>Outcome- HFPI</b> .....	35
<b>Outcome- KIPS</b> .....	36
Referral Form.....	37
Baseline/Follow-Up Form .....	38
Termination Form .....	40
Well Baby Visits Form .....	41
Immunization Form .....	42
Child Development Screen Form (Generic) .....	43
<b>Outcome- ASQ</b> .....	44
<b>Outcome- ASQ-SE</b> .....	45
<b>Outcomes- HOME-infant/toddler</b> .....	46
Child Protective Services Form .....	47

## Site/Program Information Entry Form

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Site ID	Text	10	x
Date of First Grant	Date/Time	8	
Date Services First Provided to Participant	Date/Time	8	
Last Name	Text	20	
First Name	Text	20	
Title	Text	40	
Program Name	Text	50	
Organization	Text	65	
Street Address	Text	35	
City	Text	15	
County	Text	35	
State	Text	2	
Zip Code	Text	10	
Phone Number	Text	20	
Fax Number	Text	20	
Email	Text	50	
Scope	Number	1	
Scope (other)	Text	50	
Population	Number	4	
Square Miles	Number	2	
Target Population	Number	1	
Target Population (other)	Text	50	
Check the box if target population does not apply to all agencies	Yes/No	1	
Describe the Differences	Memo	-	
Is the Site Part of a Multi-Site Program	Text	1	
Does the Site Serve More Than One Community	Text	1	
Is the Site Housed Within A Host Agency	Text	1	
Type of Agency	Number	1	
Type of Agency (other)	Text	50	

## Target Community Information Entry Form

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Site ID	Text	10	x
Name of the Community	Text	50	x
Community Type	Text	50	
>= 25% American Indian/Alaskan Native	Yes/No	1	
>= 25% Asian/Pacific Islanders	Yes/No	1	
>= 25% African American, non-Hispanic Origin	Yes/No	1	
>= 25% Hispanic/Latino	Yes/No	1	
>= 25% White, non-Hispanic Origin	Yes/No	1	
Other (specify ethnicity and %)	Text	50	
% Children Under 5 Living Below Poverty Level	Number	1	
% Single Parent Households	Number	1	
% Households Receiving AFDC/TANF	Number	1	
Average Annual Births	Number	4	
Major Language Groups	Text	25	
Language (other)	Text	50	

## ***Funding Information Entry Form***

<b><u>Field Name</u></b>	<b><u>Type</u></b>	<b><u>Size (in bytes)</u></b>	<b><u>Required</u></b>
Site ID	Text	10	x
Name of Grant	Text	50	x
Source	Number	1	
Source (other)	Text	50	
Amount	Currency	8	
Start Date	Date/Time	8	
End Date	Date/Time	8	

## ***Collaborating Hospitals Entry Form***

<b><u>Field Name</u></b>	<b><u>Type</u></b>	<b><u>Size (in bytes)</u></b>	<b><u>Required</u></b>
Hospital ID	AutoNumber	1	x
Site ID	Text	10	x
Name of Hospital	Text	50	x
Public Non-Profit Hospital	Yes/No	1	
Private For-Profit Hospital	Yes/No	1	
Private Non-Profit Hospital	Yes/No	1	
Children=s Hospital	Yes/No	1	
County Hospital	Yes/No	1	
Military Hospital	Yes/No	1	
Religious Affiliation	Yes/No	1	
University Affiliation	Yes/No	1	
Collaboration Start Date	Date/Time	8	
Collaboration End Date	Date/Time	8	
# of Annual Births	Number	2	
% of Medicaid Births	Number	1	
Screening	Yes/No	1	
Assessment	Yes/No	1	
Financial Support	Yes/No	1	
In-kind Volunteers/Staff	Yes/No	1	
In-kind Space	Yes/No	1	
In-kind Equipment	Yes/No	1	
In-kind Consumables	Yes/No	1	
Advocacy/Support	Yes/No	1	
Paid Staff	Yes/No	1	
Training	Yes/No	1	
Consultation	Yes/No	1	

## ***Collaborating Medical Clinics Entry Form***

<b><u>Field Name</u></b>	<b><u>Type</u></b>	<b><u>Size (in bytes)</u></b>	<b><u>Required</u></b>
Clinic ID	AutoNumber	1	x
Site ID	Text	10	x
Name of Clinic	Text	50	x
Type of Clinic (Prenatal, Ob/Gyn, General)	Number	1	
Ownership of Clinic (Public, Private, Non-Profit)	Number	1	
Collaboration Start Date	Date/Time	8	
Collaboration End Date	Date/Time	8	
Screening	Yes/No	1	
Assessment	Yes/No	1	
Financial Support	Yes/No	1	
In-kind Volunteers/Staff	Yes/No	1	
In-kind Space	Yes/No	1	
In-kind Equipment	Yes/No	1	
In-kind Consumables	Yes/No	1	
Advocacy/Support	Yes/No	1	
Paid Staff	Yes/No	1	
Training	Yes/No	1	
Consultation	Yes/No	1	

## ***Non-Hospital Collaborating Agencies Entry Form***

<b><u>Field Name</u></b>	<b><u>Type</u></b>	<b><u>Size (in bytes)</u></b>	<b><u>Required</u></b>
Agency ID	AutoNumber	1	x
Site ID	Text	10	x
Name of Agency	Text	50	x
Type of Agency	Number	1	
Agency Primary Focus	Number	1	
Primary Focus (other)	Text	50	
Collaboration Start Date	Date/Time	8	
Collaboration End Date	Date/Time	8	
Financial Support	Yes/No	1	
In-kind Volunteers/Staff	Yes/No	1	
In-kind Space	Yes/No	1	
In-kind Equipment	Yes/No	1	
In-kind Consumables	Yes/No	1	
Advocacy/Support	Yes/No	1	
Paid Staff	Yes/No	1	
Training	Yes/No	1	
Consultation	Yes/No	1	
Referral	Yes/No	1	

## Staff Information Entry Form

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Site ID	Text	10	x
Staff ID	Text	10	x
Gender	Text	1	
Date of Birth	Date/Time	8	
Race/Ethnicity	Number	1	
Racial Group	Number	1	
Educational Level	Number	1	
Specialized Educational Training	Number	1	
Specialized Educational Training (other)	Text	50	
Speak a Language Other Than English	Yes/No	1	
What Other Language	Text	15	
Currently Parenting a Child Under 18	Yes/No	1	
Reside in the Target Community	Yes/No	1	
Employment Date	Date/Time	8	x
HFA Primary Training Date	Date/Time	8	
Date First Provided Services	Date/Time	8	
Termination Date	Date/Time	8	
Job Category/Title	Number	1	
Title (other)	Text	50	
Hrs./wk (FTE%)	Number	1	
Primary Function	Number	1	
% Time for Primary Function	Number	1	
Program Management	Yes/No	1	
Supervision	Yes/No	1	
Assessment	Yes/No	1	
Home Visitation	Yes/No	1	
Community Outreach	Yes/No	1	
Direct Participant Services Other Than Home Visitation	Yes/No	1	
Fund Raising	Yes/No	1	
Experience in Child Abuse and Neglect Issues	Number	1	
Experience in Home Visiting	Number	1	
Experience in Early Childhood Programs	Number	1	



## Staff Training Entry Form

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Training ID	AutoNumber	1	x
Site ID	Text	10	x
Staff ID	Text	10	x
Training Date	Date/Time	8	x
Training Name	Text	50	
Training Provider	Text	50	
Continuing Education Unit	Yes/No	1	
# of CEU Earned	Number	1	
Length of Training	Number	1	
The program goals, services, policies and operating procedures	Yes/No	1	
The program relationship with other community resources	Yes/No	1	
Child abuse and neglect indicators and reporting requirements	Yes/No	1	
History and philosophy of home visitation	Yes/No	1	
Issues of confidentiality	Yes/No	1	
<b>Issues related to boundaries</b>	<b>Yes/No</b>	<b>1</b>	
The essential components of family assessment	Yes/No	1	
The essential components of home visitation	Yes/No	1	
The essential components of family assessment, home visitation, and supervision	Yes/No	1	
Infant care	Yes/No	1	
Child development and health- OBSOLETE	Yes/No	1	
Parental health and well-being- OBSOLETE	Yes/No	1	
Language development- OBSOLETE	Yes/No	1	
<b>Child health and safety</b>	<b>Yes/No</b>	<b>1</b>	
<b>Maternal and family health</b>	<b>Yes/No</b>	<b>1</b>	
<b>Infant and child development</b>	<b>Yes/No</b>	<b>1</b>	
The role of culture in parenting	Yes/No	1	
<b>Supporting the parent-child relationship</b>	<b>Yes/No</b>	<b>1</b>	
<b>Child abuse and neglect</b>	<b>Yes/No</b>	<b>1</b>	
Family violence	Yes/No	1	
Substance abuse	Yes/No	1	
Parental issues- OBSOLETE	Yes/No	1	
HIV/AIDS- OBSOLETE	Yes/No	1	
Staff-related subjects	Yes/No	1	
<b>Family issues</b>	<b>Yes/No</b>	<b>1</b>	
<b>Mental health</b>	<b>Yes/No</b>	<b>1</b>	
Use of screening/assessment tools	Yes/No	1	
<b>Infant care</b>	<b>Yes/No</b>	<b>1</b>	
Title Of screening/assessment tool- UNUSED	Text	50	
Other Topics	Memo	-	
# of Days Since Hire Date	Calculated (not editable)		

**Site/Enrollment Definition Form**

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Site ID	Text	5	x
Service Start (Enrollment) Definition	Number	1	x
Service End Definition	Number	1	x
Enrollment Eligibility Definition	Number	1	x
Count Home Visits from Monthly Contact Log	Yes/No	1	x

## Service Level Form

<b><u>Field Name</u></b>	<b><u>Type</u></b>	<b><u>Size (in bytes)</u></b>	<b><u>Required</u></b>
Site ID	Text	5	x
Service Level Code	AutoNumber	1	x
Name of Service Level	Text	255	
Number of Visits Scheduled Per Month	Number	8	
Caseload Weight Assigned to Level	Number	8	
Is this level used for creative outreach?	Yes/No	1	
Is this level used for prenatal services?	Yes/No	1	
Is this level used for another outside program?	Yes/No	1	
Is this level used for temporary termination?	Yes/No	1	

## ***Instrument Information Form***

<b><u>Field Name</u></b>	<b><u>Type</u></b>	<b><u>Size (in bytes)</u></b>	<b><u>Required</u></b>
Site ID	Text	5	x
Instrument ID	AutoNumber	1	x
Name of Instrument	Text	255	x
Type of Instrument	Number	1	
Purpose Used for	Number	1	
Purpose Used for (other)	Text	255	
Concepts Covered	Text	255	
Data Tracking Form	Number	1	
Author(s)	Text	255	
Year of Publication	Text	25	
Publisher	Text	255	

## ***Immunization Schedule Form***

<b><u>Field Name</u></b>	<b><u>Type</u></b>	<b><u>Size (in bytes)</u></b>	<b><u>Required</u></b>
Site ID	Text	5	x
Immunization Code	AutoNumber	1	x
Immunization Name	Text (not editable)		x
Scheduled Immunization Age - Earliest	Number	8	
Scheduled Immunization Age - Latest	Number	8	
Effective Date	Date/Time	8	
Is this immunization currently counted in reporting?	Yes/No	1	x

## **Well Baby/Child Visit Schedule Form**

<b><u>Field Name</u></b>	<b><u>Type</u></b>	<b><u>Size (in bytes)</u></b>	<b><u>Required</u></b>
Site ID	Text	5	x
Well Baby Visit Number	Text (not editable)		x
Scheduled Visit Age - Earliest	Number	2	
Scheduled Visit Age - Latest	Number	2	

## Home Form

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Person ID	AutoNumber	1	x
Site ID	Text (not editable)	5	x
Person ID Local (for aggregated data sets)	Number	1	
External ID	Text	255	
Active Screen ID	Text	255	
Active Assessment ID	Text	255	
Active Participant ID	Text	255	
Active Kid ID	Number	1	
Active Partner ID	Number	1	
Target Father ID	Number	1	
Transfer	Yes/No	1	
Re-enrollment	Yes/No	1	
Exempt from Eval	Yes/No	1	
Gender	Text	10	
Race Category	Number	1	
RaceSubcategory	Number	1	
Mother Date of Birth	Date/Time	8	
Case Notes	Text	255	
Language	Number	1	
Language (other)	Text	255	
Religion	Number	1	
Religion (other)	Text	255	
Target Birth Date	Date/Time	8	
Target Due Date	Date/Time	8	

## Screening Form

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Person ID	Number	1	x
Screen ID	Text	15	x
Screen Date	Date/Time	8	x
Time of Screening	Number	1	
Transfer	Number	1	
Last Name of Expectant/New Parent	Text	255	
First Name of Expectant/New Parent	Text	255	
Street Address of Expectant/New Parent	Text	50	
City	Text	50	
State	Text	2	
Zip Code	Text	12	
Home Phone	Text	15	
Work Phone	Text	15	
Email	Text	50	
Last Name of Screener	Text	50	
First Name of Screener	Text	50	
Phone Number of Screener	Text	15	
Screener's Organization	Text	50	
Type of Screener	Number	1	
Type of Screener (other)	Text	255	
Method of Screening	Number	1	
Method of Screening (other)	Text	255	
Type of Referral	Number	1	
Type of Referral (other)	Text	255	
Marital status is single, separated, divorced, or widowed	Number	1	
Husband/Partner Unemployed	Number	1	
Inadequate Income	Number	1	
Unstable Housing	Number	1	
No Phone	Number	1	
Education Under 12 Years	Number	1	
Inadequate Emergency Contacts	Number	1	
History of Substance Abuse	Number	1	
Late or No Prenatal Care, Poor Compliance	Number	1	
History of Abortions	Number	1	
History of Psychiatric Care	Number	1	
Abortion Unsuccessfully Sought or Attempted	Number	1	

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<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Relinquishment for Adoption Unsuccessfully Sought or Attempted	Number	1	
Marital or Family Problems	Number	1	
History of or Current Depression	Number	1	
Was Referral Made for Assessment	Yes/No	1	
Reason Declined	Number	1	
Reason Declined (other)	Text	255	
Date Declined	Date/Time	8	

## Assessment Form

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Person ID	Number	1	x
Assessment ID	Text	15	x
Assessment Date	Date/Time	8	x
Screen ID	Text (not editable)		
Assessment Time	Number	1	
FAW ID	Text	10	
Transfer	Number	1	
Last Name	Text	255	
First Name	Text	255	
Street Address	Text	255	
City	Text	255	
State	Text	2	
Zip Code	Text	12	
Home Phone	Text	15	
Work Phone	Text	15	
Email	Text	50	
Past Juvenile Probation	Number	1	
Past Juvenile Detention	Number	1	
Past Adult Conviction	Number	1	
Past Adult Incarceration	Number	1	
Assessment Method	Number	1	
Childhood History	Number	2	
Troubled History	Number	2	
CPS Involvement	Number	2	
Coping Skills	Number	2	
Stressors/Concerns	Number	2	
Potential for Violence	Number	2	
Expectations of Infant	Number	2	
Discipline of Infant	Number	2	
Perception of New Infant	Number	2	
Bonding/Attachment Issues	Number	2	
FSC Total Score	Calculated (not editable)		

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<b><u>Field Name</u></b>	<b><u>Type</u></b>	<b><u>Size (in bytes)</u></b>	<b><u>Required</u></b>
Other Instrument Used: Measurement	Number	4	
Other Instrument Used: Author	Text (not editable)		
Other Instrument Used: Publication	Text (not editable)		
Additional FSC Score Was Obtained	Yes/No	1	
Relationship to Target Child	Number	1	
Relationship to Target Child (other)	Text	255	
Past Juvenile Probation (Additional)	Number	1	
Past Juvenile Detention (Additional)	Number	1	
Past Adult Conviction (Additional)	Number	1	
Past Adult Incarceration (Additional)	Number	1	
Current Juvenile Probation (Additional)	Number	1	
Current Juvenile Detention (Additional)	Number	1	
Current Adult Conviction (Additional)	Number	1	
Current Adult Incarceration (Additional)	Number	1	
Childhood History (Additional)	Number	2	
Troubled History (Additional)	Number	2	
CPS Involvement (Additional)	Number	2	
Coping Skills (Additional)	Number	2	
Stressors/Concerns (Additional)	Number	2	
Potential for Violence (Additional)	Number	2	
Expectations of Infant (Additional)	Number	2	
Discipline of Infant (Additional)	Number	2	
Perception of New Infant (Additional)	Number	2	
Bonding/Attachment Issues (Additional)	Number	2	
FSC Total Score (Additional)	Calculated (not editable)		
Was information obtained directly from the respondent	Yes/No	1	
Disposition	Number	1	
Reason for Refusal	Number	1	
Reason for Refusal (other)	Text	255	
Date of Refusal	Date/Time	8	

## Intake Form

See also *Service Level History* and *Participant History* for baseline Intake data

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Person ID	Number	1	x
Participant ID	Text	15	x
Date Accepted HFA Services	Date/Time	8	x
Date Signed Participant Agreement Form	Date/Time	8	
Date Signed Rights and Confidentiality Form	Date/Time	8	
Is Mother Married to Father of Target Child	Number	1	
Is Mother Living with Father of Target Child	Number	1	
Does Mother Have a Current Partner	Number	1	
First-Time Parent	Number	1	
High-Risk Pregnancy	Number	1	
Trimester of First Pre-Natal Care	Number	1	
# of Other Adults Living in Home	Number	2	
Spouse	Yes/No	1	
Current Partner	Yes/No	1	
Mother	Yes/No	1	
Father	Yes/No	1	
Grandmother	Yes/No	1	
Grandfather	Yes/No	1	
Siblings	Yes/No	1	
Other Relatives	Yes/No	1	
Other Non-Relatives	Yes/No	1	
Relationship - Unknown	Yes/No	1	
# of Other Children Living in Home	Number	2	
Last Name of Other Child	Text	255	
First Name of Other Child	Text	255	
Birth Date of Other Child	Date/Time	8	
Gender of Other Child	Text	10	
Relationship of Other Child to Participant	Number	1	
Relationship of Other Child to Participant (other)	Text	255	
# of Other Children Living Outside the Home	Number	2	
Residence of Other Children	Memo	-	

## Participant History Form

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Person ID	Number	1	x
Date of Change	Date/Time	8	x
Last Name	Text	255	
First Name	Text	255	x
Street Address	Text	255	
City	Text	255	
State	Text	2	
Zip Code	Text	20	
Home Phone Number	Text	15	
Work Phone Number	Text	15	
Email	Text	50	
Physician's Last Name	Text	255	
Physician's First Name	Text	255	
Physician's Phone	Text	15	
Clinic Name	Text	255	
Emergency Contact Last Name	Text	255	
Emergency Contact First Name	Text	255	
Emergency Contact Street Address	Text	255	
Emergency Contact City	Text	255	
Emergency Contact State	Text	2	
Emergency Contact Zip Code	Text	20	
Emergency Contact Home Phone	Text	15	
Emergency Contact Work Phone	Text	15	
Emergency Contact Email	Text	50	
Emergency Contact Relationship	Number	1	

## Service Level History Form

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Person ID	Number	1	x
Date Service Level Assigned	Date/Time	8	x
Level of Service	Number	1	x
FSW ID	Text	10	x

## **Partner Initial Demographics Form**

See also *Partner History Form* and *Followup Form* for additional baseline information

<b><u>Field Name</u></b>	<b><u>Type</u></b>	<b><u>Size (in bytes)</u></b>	<b><u>Required</u></b>
Partner ID	AutoNumber	1	x
Person ID	Number	1	x
Start Date	Date/Time	8	
Date of Birth	Date/Time	8	
Race	Number	1	
Racial Group	Number	1	
Marital Status	Number	1	
Language	Number	1	
Language (other)	Text	255	

## **Partner History Form**

<b><u>Field Name</u></b>	<b><u>Type</u></b>	<b><u>Size (in bytes)</u></b>	<b><u>Required</u></b>
Partner ID	AutoNumber	1	x
Change Date	Date/Time	8	x
Last Name	Text	255	
First Name	Text	255	
Street Address	Text	255	
City	Text	255	
State	Text	2	
Zip Code	Text	20	
Home Phone	Text	15	
Work Phone	Text	15	
Email	Text	50	



## Birth Information Form

See also *Child History Form* and *Followup Form* for additional baseline information

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Kid ID	AutoNumber	1	x
Person ID	Number	1	x
Pregnancy ID	Text	1	x
Child ID	Number	1	x
Gender	Text	10	x
Partner ID (Father)	Number	1	x
Delivery Method	Number	1	
Nursery Type	Number	1	
If Premature Birth, Enter Due Date	Date/Time	8	
Birth Date	Date/Time	8	
5-Minute APGAR	Number	1	
Gestational Age	Number	1	
Birth Weight	Number	8	
Normal	Yes/No	1	
Positive Alcohol Screen	Yes/No	1	
Positive Drug Screen	Yes/No	1	
Birth Complications (general)	Yes/No	1	
Birth Defects	Yes/No	1	
Delivery Complications	Yes/No	1	
Newborn Complications	Yes/No	1	
Other Health Issues	Yes/No	1	
Other Health Issues (specify)	Text	255	
Unknown	Yes/No	1	
Child's Race/Ethnic Category	Number	1	
Child's Race/Ethnic Subcategory	Number	1	

## ***Child History Form***

<b><u>Field Name</u></b>	<b><u>Type</u></b>	<b><u>Size (in bytes)</u></b>	<b><u>Required</u></b>
Kid ID	Number	1	x
Change Date	Date/Time	8	x
Child Last Name	Text	255	
Child First Name	Text	255	
Pediatrician's Last Name	Text	255	
Pediatrician's First Name	Text	255	
Pediatrician's Phone	Text	15	
Child Clinic Name	Text	255	

## Home Visit Log Form

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Person ID	Number	1	x
Date of Visit	Date/Time	8	x
Length of Visit	Number	2	
Travel Time	Number	2	
Notes	Text	255	
Location of Visit	Number	1	
Location of Visit (other)	Text	255	
Mother of Child Present	Yes/No	1	
Father of Child Present	Yes/No	1	
Maternal Grandmother Present	Yes/No	1	
Paternal Grandmother Present	Yes/No	1	
Present Target Child Present	Yes/No	1	
Other Children Present	Yes/No	1	
Other Present	Yes/No	1	
Other (specify)	Text	255	
Effects of Others at the Visit	Number	1	
Effects of Others at the Visit (other)	Text	255	
Parent Alert	Yes/No	1	
Parent Angry	Yes/No	1	
Parent Appears Healthy	Yes/No	1	
Parent Appears to be Under the Influence of Alcohol	Yes/No	1	
Parent Appears to be Under the Influence of Drugs	Yes/No	1	
Parent Clean	Yes/No	1	
Parent Depressed	Yes/No	1	
Parent Friendly	Yes/No	1	
Parent Injured/Bruised	Yes/No	1	
Parent Participatory	Yes/No	1	
Parent Quiet	Yes/No	1	
Parent Sad/Tearful	Yes/No	1	
Parent Sick	Yes/No	1	
Parent Sleepy	Yes/No	1	
Parent Stressed	Yes/No	1	
Parent Talkative	Yes/No	1	
Parent Unkempt	Yes/No	1	
Parent Upset	Yes/No	1	
Parent Other	Yes/No	1	
Parent Other (specify)	Text	255	

*Continued on next page*

**Field Name**

**Type**

**Size (in bytes)**

**Required**

Child Active	Yes/No	1
Child Alert	Yes/No	1
Child Appears Healthy	Yes/No	1
Child Asleep	Yes/No	1
Child Clean	Yes/No	1
Child Dressed Appropriately	Yes/No	1
Child Fussy	Yes/No	1
Child Inactive	Yes/No	1
Child Needs Bath	Yes/No	1
Child Playful	Yes/No	1
Child Quiet	Yes/No	1
Child Sick	Yes/No	1
Child Sleepy	Yes/No	1
Child Smiley	Yes/No	1
Child Unkempt	Yes/No	1
Child Other	Yes/No	1
Child Other (specify)	Text	255
Was Anyone Accompanying the Home Visitor on This Visit	Yes/No	1
If Yes, Who and Why	Memo	-
Assess developmental progress	Yes/No	1
Provide education/information on child development and age-appropriate behavior	Yes/No	1
Use formalized child development curriculum with the parents	Yes/No	1
Assess/discuss problem behaviors	Yes/No	1
Assess target child for school readiness	Yes/No	1
Child Development- Other	Yes/No	1
Child Development- Other (specify)	Text	255
Provide education/modeling on positive parent child interaction	Yes/No	1
Use formalized parenting curriculum with the parents	Yes/No	1
Promote positive parenting skills	Yes/No	1
Provide info on activities designed to promote bonding and positive parent-child interaction	Yes/No	1
Recommend parent support group or class	Yes/No	1
Parent/Child Interaction- Other	Yes/No	1
Parent/Child Interaction- Other (specify)	Text	255
OBSOLETE- Provide general health information	Yes/No	1
Provide health and safety information	Yes/No	1
Provide child health information	Yes/No	1
Provide infant/child feeding information	Yes/No	1
Provide nutrition/food preparation information	Yes/No	1
Review target child's immunizations	Yes/No	1

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<b><u>Field Name</u></b>	<b><u>Type</u></b>	<b><u>Size (in bytes)</u></b>	<b><u>Required</u></b>
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Provide mother's health/medical care information	Yes/No	1
Provide other family member's health/medical care information	Yes/No	1
Provide information on parent mental health	Yes/No	1
Health Care- Other	Yes/No	1
Health Care- Other (specify)	Text	1
Teach crisis management and problem solving/decision-making skills	Yes/No	1
Discuss domestic violence issues	Yes/No	1
Discuss substance abuse issues	Yes/No	1
Contact child protective services	Yes/No	1
Family Functioning- Other	Yes/No	1
Family Functioning- Other (specify)	Text	255
Assess need for housing assistance	Yes/No	1
Assess need for food assistance	Yes/No	1
Assess need for financial/public assistance	Yes/No	1
Assess need for education assistance	Yes/No	1
Assess need for employment or job training assistance	Yes/No	1
Provide transportation	Yes/No	1
Provide consultation in legal matters	Yes/No	1
Assist in finding child care/day care	Yes/No	1
Environmental Needs- Other	Yes/No	1
Environmental Needs- Other (specify)	Text	255
Schedule a visit	Yes/No	1
Serve as an advocate/source of referral/linkage to other community providers	Yes/No	1
Help with forms	Yes/No	1
Complete program evaluation/satisfaction questionnaires	Yes/No	1
Administrative Issues- Other	Yes/No	1
Administrative Issues- Other (specify)	Text	255

## ***Individual Family Support Plan Form***

<b><u>Field Name</u></b>	<b><u>Type</u></b>	<b><u>Size (in bytes)</u></b>	<b><u>Required</u></b>
Person ID	Number	1	x
Date Due	Date/Time	8	x
Date Completed	Date/Time	8	
# Goals Set	Number	2	
# Goals Achieved	Number	2	

## Monthly Contact Log Form

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Person ID	Number	1	x
Month	Number	1	x
Year	Number	2	x
No Visits/Contact Start Date	Date/Time	8	
No Visits/Contact End Date	Date/Time	8	
Notes	Text	255	
Reason for No Visits/Contact	Text	255	
# Scheduled Home Visits	Number	1	
# Unscheduled Home Visits	Number	1	
# Scheduled Home Visits Unsuccessfully Attempted	Number	1	
# Unscheduled Home Visits Unsuccessfully Attempted	Number	1	
# Home Visits Cancelled by FSW	Number	1	
# Home Visits Cancelled by Participant	Number	1	
OBSOLETE- # Parent-Child Interaction Activities at HF	Number	1	
# Phone Calls with Participant	Number	1	
# Phone Calls with Participant Unsuccessfully Attempted	Number	1	
# of Episodes of Transportation	Number	1	
# of Episodes of Transportation Unsuccessfully Attempted	Number	1	
# of Parent Education Group Meetings	Number	1	
# of Parent Support Group Meetings	Number	1	
# of Collateral Contacts	Number	1	
# of Crisis Visits	Number	1	
# of Medical Visits	Number	1	
# of Socializations/Outings Outside the Home	Number	1	
# of Letters	Number	1	
# of Electronic Communications	Number	1	

## **Medical Visits Form**

<b><u>Field Name</u></b>	<b><u>Type</u></b>	<b><u>Size (in bytes)</u></b>	<b><u>Required</u></b>
Medical Visit Code	AutoNumber	1	x
Person ID	Number	1	x
Date of Medical Visit	Date/Time	8	
Target of Visit	Number	1	
Kid ID	Number	1	
Type of Visit	Number	1	
Type of Visit (other)	Text	255	
Reason for Visit	Memo	-	
If Hospitalized, Number of Nights	Number	2	
Satisfy a Well Baby Visit	Yes/No	1	



### ***Instrument Administration Form (Generic)***

<b><u>Field Name</u></b>	<b><u>Type</u></b>	<b><u>Size (in bytes)</u></b>	<b><u>Required</u></b>
Outcome Instrument ID	AutoNumber	1	x
Person ID	Number	1	x
Instrument ID	Number	1	
Schedule of Admin. Time Point	Number	1	
Is Repeat Administration	Yes/No	1	
Date Administered	Date/Time	8	
Person Who Administered	Text	50	
Related Outcome Referral ID	Number	1	

## **Outcome- Edinburgh**

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Person ID	Number	1	x
Schedule of Admin. Time Point	Number	1	x
Is Repeat Administration	Yes/No	1	x
Date Administered	Date/Time	8	
Person Who Administered	Text	50	
Score	Number	1	
Is Item 10 Flag	Yes/No	1	
Related Depression Referral ID	Number	1	
Depression Referral Followup Date	Date/Time	8	
Reason for No Depression Referral	Number	1	
Reason for No Depression Referral- Other	Text	50	
Related Suicide Referral ID	Number	1	
Suicide Referral Followup Date	Date/Time	8	
Reason for No Suicide Referral	Text	50	
Notes	Text	255	

## **Outcome- HFPI**

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Person ID	Number	1	x
Schedule of Admin. Time Point	Number	1	x
Is Repeat Administration	Yes/No	1	x
Date Administered	Date/Time	8	
Person Who Administered	Text	50	
Score- Social Support	Number	1	
Score- Problem Solving	Number	1	
Score- Depression	Number	1	
Score- Personal Care	Number	1	
Score- Mobilizing Resources	Number	1	
Score- Role Satisfaction	Number	1	
Score- Parent-Child Interaction	Number	1	
Score- Home Environment	Number	1	
Score- Parenting Efficacy	Number	1	
Is Red Flag	Yes/No	1	
Supervisor Discussion Date	Date/Time	8	
Is Serious Distress	Yes/No	1	
Referral Type	Number	1	
Reason Type- Other	Text	50	
Related HFPI Referral ID	Number	1	
Notes	Text	255	

## **Outcome- KIPS**

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Person ID	Number	1	x
Schedule of Admin. Time Point	Number	1	x
Is Repeat Administration	Yes/No	1	x
Date Administered	Date/Time	8	
Person Who Administered	Text	50	
Score- Sensitivity	Number	1	
Score- Emotions	Number	1	
Score- Encouragement	Number	1	
Score- Curiosity	Number	1	
Score- Child Involvement	Number	1	
Score- Language	Number	1	
Score- Touch	Number	1	
Score- Limits	Number	1	
Score- Agenda	Number	1	
Score- Expectations	Number	1	
Score- Activities	Number	1	
Score- Directions	Number	1	
Notes	Text	255	

## Referral Form

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Referral ID	AutoNumber	1	x
Person ID	Number	1	x
Referral Date	Date/Time	8	x
Referral Service Type	Number	1	
Other Specify Type of Referral Service	Text	255	
Referral Agency Type	Number	1	
Referral Agency	Number	1	
Arrangement	Yes/No	1	
Information	Yes/No	1	
Referral Service Note	Memo	-	
Who was Referred	Number	1	
Kid ID	Number	1	
Service Received	Number	1	
If Received, Date Started	Date/Time	8	
Action Taken (received)	Text	255	
If Not Received, Reason	Number	1	
Reason (other)	Text	255	
Action Taken (not received)	Text	255	

## Baseline/Follow-Up Form

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Person ID	Number	1	x
Follow-Up Period	Number	1	x
Date of Follow-Up	Date/Time	8	x
Marital Status of Participant	Number	1	
Educational Level of Participant	Number	1	
Is Participant Currently In School	Number	1	
Employment Status of Participant	Number	1	
Employment Status of Participant (other)	Text	255	
Insurance Type	Number	1	
Insurance Type (other)	Text	255	
Birth Control	Number	1	
Birth Control (other)	Text	255	
# of Pregnancies Since Last Follow-Up	Number	1	
# of Completed Deliveries (applies to baseline only)	Number	1	
# of Spontaneous Abortion/Miscarriage Since Last Follow-Up	Number	1	
# of Induced Termination of Pregnancy Since Last Follow-Up	Number	1	
Current Juvenile Probation	Number	1	
Current Juvenile Sentence of Incarceration	Number	1	
Recent Adult Conviction for Felony	Number	1	
Current Adult Sentence of Incarceration	Number	1	
Kid ID	Number	1	
Type of Partner's Involvement with Child	Number	1	
Type of Partner's Involvement with Child (other)	Text	255	
Educational Level of Partner	Number	1	
Is Partner Currently In School	Number	1	
Employment Status of Partner	Number	1	
Employment Status of Partner (other)	Text	255	

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<b><u>Field Name</u></b>	<b><u>Type</u></b>	<b><u>Size (in bytes)</u></b>	<b><u>Required</u></b>
Income Level	Number	1	
Income Source	Number	1	
Income Source (other)	Text	255	
AFDC/TANF	Yes/No	1	
WIC	Yes/No	1	
SSI	Yes/No	1	
Food Stamps	Yes/No	1	
School Meals	Yes/No	1	
Medicaid	Yes/No	1	
Housing Assistance	Yes/No	1	
Energy Assistance	Yes/No	1	
Unemployment	Yes/No	1	
Public Aid is Unknown	Yes/No	1	
Other Public Aid	Yes/No	1	
Other Public Aid (specify)	Text	255	
Mother of Child	Yes/No	1	
Father of Child	Yes/No	1	
Grandmother of Child	Yes/No	1	
Grandfather of Child	Yes/No	1	
Mother's Current Partner	Yes/No	1	
People Contributing to Household Income - Unknown	Yes/No	1	
People Contributing to Household Income - Other	Yes/No	1	
Other (specify)	Text	255	
Type of Housing	Number	1	
Type of Housing (other)	Text	255	

## Termination Form

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Person ID	Number	1	x
Date of Last Contact	Date/Time	8	
Date of Termination	Date/Time	8	x
Reason for Terminating Services	Number	1	
Reason for Terminating Services (other)	Text	255	
Is Participant Still Receiving Services at this Agency	Number	1	
If Yes, What Services	Text	255	
Is Participant Receiving Services at Another Agency	Number	1	
If yes, What Agency	Text	255	
If Yes, What Services	Text	255	



## Well Baby Visits Form

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Kid ID	Number	1	x
Well Baby/Child Visit Code	Number (not editable)		x
Due Date (Earliest)	Date/Time	8	
Due Date (Latest)	Date/Time	8	
Actual Date	Date/Time	8	
Skipped	Yes/No	1	
Issues from the Visit	Memo	-	

## ***Immunization Form***

<b><u>Field Name</u></b>	<b><u>Type</u></b>	<b><u>Size (in bytes)</u></b>	<b><u>Required</u></b>
Kid ID	Number	1	x
Immunization Code	Number (not editable)		x
Due Date (Earliest)	Calculated (not editable)		
Due Date (Latest)	Calculated (not editable)		
Date Received	Date/Time	8	
Skipped on Medical Advice	Number	1	
Adjusted Due Date	Date/Time	8	
Skipped Reason	Number	1	
Skipped Reason Other	Text	255	

### **Child Development Screen Form (Generic)**

<b><u>Field Name</u></b>	<b><u>Type</u></b>	<b><u>Size (in bytes)</u></b>	<b><u>Required</u></b>
Child Development Screen ID	AutoNumber	1	x
Kid ID	Number	1	x
Instrument Name	Number	4	
Person Who Administered	Text	50	
Date of Screening	Date/Time	8	
Schedule of Screening Time Point	Number	1	
Developmental Delay Suspected	Yes/No	1	
Notes	Text	255	
Is Referral Made - OBSOLETE	Yes/No	1	
Related Referral ID	Number	1	
Notes	Memo	-	

## Outcome- ASQ

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Kid ID	Number	1	x
Schedule of Screening Time Point	Number	1	x
Is Repeat Administration	Yes/No	1	x
Date of Screening	Date/Time	8	
Person Who Administered	Text	50	
Score- Communication	Number	1	
Score- Gross Motor	Number	1	
Score- Fine Motor	Number	1	
Score- Problem Solving	Number	1	
Score- Social	Number	1	
Is Referral Made - OBSOLETE	Yes/No	1	
Related Referral ID	Number	1	
Is Delay Suspected - Communication	Yes/No	1	
Is Delay Suspected - Gross Motor	Yes/No	1	
Is Delay Suspected - Fine Motor	Yes/No	1	
Is Delay Suspected - Problem Solving	Yes/No	1	
Is Delay Suspected - Social	Yes/No	1	
Is Delay Suspected - OBSOLETE	Yes/No	1	
Reason for No Referral	Number	1	
Reason for No Referral- Other	Text	50	
Developmental Delay Confirmed	Yes/No	1	
Notes	Text	255	

## Outcome- ASQ-SE

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Kid ID	Number	1	x
Schedule of Screening Time Point	Number	1	x
Is Repeat Administration	Yes/No	1	x
Date of Screening	Date/Time	8	
Person Who Administered	Text	50	
Score	Number	1	
Is Referral Made - OBSOLETE	Yes/No	1	
Related Referral ID	Number	1	
Is Delay Suspected	Yes/No	1	
Reason for No Referral	Number	1	
Reason for No Referral- Other	Text	50	
Developmental Delay Confirmed	Yes/No	1	
Notes	Text	255	

## Outcomes- HOME-infant/toddler

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
Kid ID	Number	1	x
Schedule of Screening Time Point	Number	1	x
Is Repeat Administration	Yes/No	1	x
Date of Screening	Date/Time	8	
Person Who Administered	Text	50	
Score – Responsivity	Number	1	
Score – Acceptance	Number	1	
Score – Organization	Number	1	
Score – Learning Materials	Number	1	
Score – Involvement	Number	1	
Score – Variety	Number	1	
Is Referral Made - OBSOLETE	Yes/No	1	
Reason for Not Completing	Number	1	
Notes	Text	255	

## Child Protective Services Form

<u>Field Name</u>	<u>Type</u>	<u>Size (in bytes)</u>	<u>Required</u>
CPS ID	AutoNumber	1	x
Kid ID	Number	1	x
Are There Substantiated or Founded Reports of Child Abuse/Neglect for this Target Child	Yes/No	1	
Date of Substantiated or Founded Report	Date/Time	8	
Physical Abuse	Yes/No	1	
Sexual Abuse	Yes/No	1	
Emotional Abuse	Yes/No	1	
Neglect	Yes/No	1	
Other	Yes/No	1	
Other (specify)	Text	255	
Unknown	Yes/No	1	
Perpetrator of the Maltreatment	Number	1	
Perpetrator of the Maltreatment (other)	Text	255	
Was the Report Made By Healthy Families Staff	Yes/No	1	